Report Appendices L(1) – U(6): The Global Workforce Survey of Healthcare Interpreters

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Appendix L(1). "Other" Comments to Q.42: Certification Requirement

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.)

- 1 company requires it, the other doesn't seem to require and still pay the interpreters the same rate (certified or not)
- 1 organization does, 1 organization does not
- All agencies offer assignments accordingly if you are or not certified
- All interpreters must be certified to do work, per the state requirements, but the BEI - Advanced is the ""key"" to working medical assignments.
- All interpreters must be qualified or certified at the time of hire.
- All interpreters mut be either qualified or certified. Qualified =60 hr training and proficiency test
- As far as I know, most agencies require interpreters to be certified
- ASL interpreters must be certified, spoken language do not
- Certification is preferable, but not required.
- Certification is required for languages that can be certified
- Company certificates and tests
- Currently, I'm not employed with any organ
- Depends on agencies and type of jobs
- I don't have a ""main company"". The only organizations requiring certification are agencies who work with worker's comp
- I get offers from agencies that do not require certification, but my company requires it
- In my case the hospital does not but it is because of the training I have had and the years of experience
- Incentive of pay raise if certified.
- Incentive of pay raise if certified.
- Interpreter I do not need to be certified, but interpreter II and III do.
- Interpreting agencies don't care about interpreters being certified or not. It makes no difference. They just require the minimum 40 hours BTG training.
- It varies, the organization offers different levels of interpreters; limited-role interpreter and the other is interpreters who take a minimum of a 40-hr course.
- It was asked of me to be Certified, so I was. I've since found out that most of my colleagues are not certified, and work in the same settings.
- Language business intermediaries often prioritize filling positions over qualifications; they simply need someone to perform the job. In many cases, the less qualified the individual, the better, as it allows them to pay lower rates. If the interpreter is based overseas, that's even more advantageous for them, as they can further reduce costs.
- Many agencies send interpreters without certification. Very unfair!
- most agencies require RID certification
- Must have at least 40 hour training
- National certification is not required not respected not reimbursed not rewarded yet we are used as a talking point/ tool to negotiate contracts with hospital systems to provide language services.
- No, but as ASL interpreters we must be licensed end medically endorsed in the state of Michigan which requires healthcare interpreting continuing education.
- Not certified but you have to have a minimum of 40 hours training in medical interpreting.
- Not required, but encouraged
- Not required, but highly encouraged
- Not Working
- One client recently began assigning medical assignments to holders of medical certification
- Recommended but not required.
- require certification, but would like to pay less or hire someone without certification (to pay less)
- required to be certified in ASL/English interpreting, but not specifically for healthcare interpreting
- Some did and some didn't.
- Technically supposed to have state required training/qualifications but agencies rarely enforce this.

- They do not care
- They just requiere experience and at least bridging the gap for healthcare interpreters
- to be certified in healthcare interpreting gets more pays
- We are required to have 4hrs CEU annually
- We have to complete a 40 hour course to be considered QBS (Qualified Bilingual Staff).
- We must acquire the necessary training before beimg hired in addition to our past interpreting preparation.
- When I was hired, it was not required. However, in the future new employees will require certification and existing employees will have a grace period to acquire theirs.
- Yes, but the timeframe is not strict.
- Yes, for some positions, but not for all.
- You earn a lot more by being certified. The pay is so low if you're not certified, that by attrition only certified interpreters work for this organization

Appendix L(2). “Other” Comments to Q.43.1: Pay Differential for Certified Interpreters

Question 43.1. What is the approximate pay difference between certified and non-certified interpreters?

- 40%
- 50%
- $ 0.75 / h more for languages without full certification option and $ 1 for those with.
- $1 more than your standard rate
- $200 annual bonus for those holding certification, generally speaking a less than 1% difference.
- 1 $
- 2$ increase to the houly rate
- Certified interpreters are paid up to double what non-certifieds are paid.
- Extra $1/hr
- It varies with the level of experience of the interpreter
- It's based on position. Higher paying positions require certification. I don't know what the percentage is.
- Less than $1 per hour. And CCHI is inventing newer ways to make interpreters poorer. You should have more interpreters in your board and less of those once interpreter now turned trainer and language company Representatives
- Minimal
- My company does not hire non-certified interpreters
- Roughly 50% more but that really varies depending on the interpreter.
- They only hire certified interpreters

Appendix L(3). “Other” Comments to Q.44: Certification Cost Reimbursement

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.)

- $100 for education
- $300 Bonus
- $700 yearly reimbursement benefit for CEs
- A particular hospital I work for paid for my certification (not my workplace)
- All ASL interpreters are required to be Nationally Certified with RID upon being hired. Also, they will not reimburse Healthcare Certification costs beyond that nor will they give a raise for it
- Certified interps get a $200 ""bonus"" a year but it barely covers fees to be certified.
- Currently, I'm not employed
- First round of all fees are paid by employee. If fail one step, student/ employee repeats on own dime.
- gives an extra $100 a year to certified staff
- I believe some colleagues have been reimbursed, but I have not submitted paperwork for reimbursement.
- I came in certified with my current roles. So I don't know.
- I haven't had to renew my certification yet. So, it's not something I have inquired. However, there is an annual scholarship employees can apply for to cover expenses related to continuing education.
- I'm not certain exactly which it is, but there is a certification reimbursement option.
- No, but recently they started allowing a limited number of us at any one time, to take CEUs during work hours so that we do get paid for our time.
- No, I'm an independent contractor, not an employee
- Only for certain people
- Only for interpreters who are already work with the company and get certified the raise is $0.50 or $0.75/hour added to their hourly rate. I did not get this rate having been certified since 2015, way before I was hired with this company. I got the same rate as a non-certifed interpreter.
- Only up to a specific amount
- only when the budget allows
- Sometimes when the budget allows
- They cover the cost for continuing ed courses and certification fees up to $500/year
- They pay the first time. If you lapse or don't' pass, then you pay for subsequent tests.
- They reimburse for some costs, not all.
- This company does not really respond to my needs. Gaslights.
- Up to 500$ per year, for test only
- We have $500 for educational purposes
- Would be nice
- Yes fees if the exams are passed then after we can use our tuition reimbursement for any reimbursable fees
- Yes, all exam fees and renewal fees and any continuing education fees up to a certain dollar amount that I do not remember right now. But certification exams are covered completely
- Yes, bonus for certification
- Yes, if there are enough funds in the budget. I don't believe anyone has received reimbursement though.
- You already have to be certified to work here so they wouldn't pay to get your certification tests because if you are not certified you wouldn't be hired anywhas

Appendix M. “Other” Comments to Q.46.2: Duration of Required Healthcare Interpreting Training

Question 46.2. How long is the required training in healthcare interpreting specifically?

- 10 days
- 60 hours
- 60 hours exactly
- A college 2 semester course training or equivalent.
- At least 40 hours but most interpreter has masters or higher degrees
- Depending on type of interpretation. For example the course for community interpreter will take 3 hrs during 4-5 weekends
- Generally thought of in terms of full years of experience, preferably 5 or more in strictly healthcare and medical settings
- I don't know
- i dont know
- I don't know
- I don't know
- I don't know but I suspect it is the Bridging the Gap training which is 40 hours
- I don't know what the current requirement is.
- I don't know.
- I don't know.
- Just show the proof of completed health care course
- None.
- not fixed
- Not sure
- The hospital used to train for 40 hours in medical interpreting, but they stopped doing it, and don't know if they will continue to offer it.
- There is no specific requirements for the length of training
- Training not required before covid pandemic
- We only require they have a certificate training. We do not have a preference to the length or type.
- We require a minimum of a 40 hour program. The majority of our staff have come from 1 or 2 local community college programs which are both a year long. We also created a 'Grow Our Own' program where we hired bilingual individuals and put them through a 10 week paid training course.

Appendix N. Comments about Contract (Q.47.3)

Question 47.3. Provide any comments about your contract if you wish. Please do not mention any organization/company or individual by name. Any response containing such information will be excluded from the stored survey results.

- A lot of ""do not"" were masked under ""trade secrets""
- A lot of times, when agencies have you sign a contract with them, they also want you to accept a fixed rate for mileage. That seems very unfair since the IRS mileage rate changes every year. A lot of times these agencies want to pay much less than what the IRS recommendation is.
- All agency contracts specify that I am a freelance interpreter. I am required by most to have a business name DBA and to have a local business license.
- All Companies should offer Free Certified certification for development.
- As a staff employee, the contract is the same for all employees hired within the medical facility.
- As an employee of the organization , I signed documents all other employees have to sign as well.
- As an independent contract interpreter I do not sign non compete agreements.
- As it is an independent contractor agreement, it doesn't mention the minimum hours that an intepreter is expected to be connected to a platform AND taking calls.||It mentions that the payment will be according to the ""bid amount"" but there is no actual bid. They impose the rates without negotiation.
- business attire.| Be respectful/professional behavior, an d on time (15 minutes, courtesy)|Follow Standard of Practice: IMIA or NCIHC | Keep certification up to date| Report any problem before and during the interpreting encounter | Report end times and follow-up information immediately. |Invoice according to their specific guidelines
- California is a non-compete state. I'm free to work for whomever
- Companies should have a bigger pay gap for those nationally certified. Truthfully there's not a big incentive to get certified. Non certified get only $5 less per appointment
- Contract could use more layman's terms/legal definition terminology. And should contain agreements referencing amending said contract if needed in agreement by both parties.
- Contract is standard business employment not job specific.
- Contract is the general employee contract for the organization that HR sends to all new staff that are hired.
- Contracts are generally signed annually to confirm standard rate of pay. This rate of pay is determined BY THE INTERPRETER and then approved by the agency. |The non-compete clause refers to agreeing not to take work the agency has given and then offer the consumers private work going forward. | Interpreters are required to have personal liability insurance and to be a licensed ASL/English interpreter in the state of Maine. It is the licensing process that assures language proficiency either by certification via RID/NAD/BEI, etc. or, if non-certified, by a 3+ or higher score on the ASL-PI.
- Each agency I work for has its own rules and contracts. Some pay mikes some don't. Some offer courses some don't. It is different with each agency
- Each linguistic agency for whom I work verifies my certification and qualifications. It is up to me to maintain my certifications, business license, etc...
- Employment at will
- Even though I have my CHI certification two companies still requires a language test.
- Every company has its own contract. Some are more detailed than the others.
- Generally, most of my subcontracted companies understand as a Linguist/Subcontractor or Freelancer I have the right and freedom to work for other language companies if I wsh to do so.
- Hanna Interpreting, LLC doesn't require certifications. They send inexperienced interpreters onsite. Very unethical and unprofessional.
- High level of system and connectivity issues does cause clients to repetively loose their interpreter and feel they constantly blame interpreters as not having reliable service.
- I am a staff interpreter, treated the same as any other staff member such as medical receptionists, MAs, nurses, etc. My contract only refers to hourly rate of pay, benefits, discipline, etc.
- I am allowed to work for as many agencies as I want, but I am not allowed to work independently for the contract under the agency
- I can not work for other companies for the same interpreting language.
- I can only work for 1 freelance one, that does not pay enough for interpretation courses. I thought working for the 2nd organization would help with the cost, but they may not, and I am saving to pay out of pocket.
- I can work for anyone. Not just 1.
- I deleted non-compete clause
- I do not sign non competes|

- I earn 40 to 55 cents per minute, and am expected to complete HIPAA certification once annually per agency.
- I feel that interpreters should receive an increase in payment for the job according to the high cost of living
- I had to amend the contract a few times to increase rates and change the minimum from one hour to two since the contract is binding for 7 years. I initially didn't realize that at the time.
- I hate that I can't freelance.
- I have about a dozen contracts with different agencies. I have never read a contract that didn't have predatory clauses. I will ALWAYS ask the agency to amend the contract to my liking and all but one agency became aggressive when asking for these changes. I stood my ground and still got these contracts changed, but in most cases that change was ONLY made for me. All agencies without exception tell me that no other interpreters have pointed out these issues. Only one agency was appreciative of my feedback. Problematic clauses include: no hourly minimums, no mileage, different rate than what was discussed. The biggest category of problematic clauses has been cancellation policies. Many agencies will skew the definition of cancellation. For instance, an agency may state that if they cancel it in their system but don't notify you, you won't get paid. If an agency notifies you of the cancellation up until the appointment start time (not arrival time) you won't get paid. If YOU have to cancel for ANY reason (even if it's an emergency) with less than 24 hours notice YOU as the interpreter are responsible for any lost revenue the interpreting agency incurs (but does not let you know how much that might be).
- I have Independant Contractor Agreement with most the organizations
- I have worked as W2 and 1099 employee. On the W2 the wage is absurdly low generally from $19 to $21 per hour, plus some benefits; but the volume of call is enormous, the phone does not ring in between calls. Interpreters are closing the call and there is already a new caller speaking. It was very hard to leave the desk for basic needs. The hours were long. And there was a lot of daily training ti be done while still attending calls. It was very abusive, granted their workers/talents are mostly very young. ||As a 1099 the wages are more reasonable, but the taxation system is heavy, there are zero benefits and Interpreters do not get paid anything for the time they are logged in. Example someone may log in the evening at 8pm wait until 10pm, the interpreter will not be compensated, not even a mere 5$ for logging in and being available. Nevertheless in that time frame, there could be a 3min call with a medical provider that speaks only in medical jargon and has a condescending atitude....||On 1099 we service a lot of Government agencies, IRS, DMV, Social Security, etc and generally we have to do an extra background check, that impacts credit..... and in the end we service the government for peanuts and zero benefits, but a lower credit score.
- I haven't revised the contract in a long time but I remember that at the interview (a rather informal one, I thought), they asked me to confirm that I was not in the US. Then they asked me what the local time was, and I believe they did this to check that I was where I said I was. Later I went away for a year to a South American country and they chased me down saying that I needed to report this, and demanded I tell them how long I was staying, which I said that I wasn't sure at the time. I have been told they pay less if you are from a South American country, which is ridiculous. Interpreters often complain about this because companies have this wrong idea that living in our countries of origin is 'cheaper'. It is not. Plus, we are contractors offering a service which remains the same if we change location. In fact, it is great for our language ability to experience life in another language in our pair. So long as we are doing the job, our location is our choice.
- I noticed during all my career as Interpreter a continuous lack of support and total disregard for our ""mental/ physical health"" allowing us to go into complete worn out periods where accuracy was at risk. Interpreters were seeing as lazy and overpaid for the amount of work. Also, during my career I noticed that supervisors were untrained and unaware of interpreter's needs and challenges, making them incapable to provide support neither were they able to advocate for better conditions and continuous education. At times, I faced reprimands for following the institution protocols or when advocating for a better working environment or for simply asking for breaks
- I often see none certified interpreters used that are obviously not very knowledgeable in interpreting, and hear patients comment that often those interpreters did not quite explained doctors instructions well. They often wonder why some interpreters are good at their jobs and some leave them in the dark. I see agencies wanting to save money use more non certified interpreters out in the field. Not good for our industry. Filling out an application form is not the same as filling out medical information forms.
- I signed a regular staff interpreter work contract. It included salary, benefits, Paid time off, and expected work hours and times
- I was forced to provide my credit report check in order to get hired, I really didn't like that and I don't think it's relevant information to get hired.
- I was rejected 3 times from different companies due to this ""non-compete"" agreement so I was stuck getting paid 4.5 USD an hour.

- I wish all company allow us to refuce calls that we are not comfortable with and comply our religion or believes.|And increase the payment based on performance and feedbacks.
- I wish that the contract would not go by a minimum of one hour pay when the duration of assignment is 5-6 hours but that the company honors the payment of the contracted time regardless of how long the assignment takes or if their client cancel it on the same day or dismiss the interpreter.
- I wish to have more assignments from the companies I'm contracted with.
- I work for our local public health and do not do interpreting for multiple companies.
- I work for two different companies: One is Executive Linguistics and the other one is CRLA. |Only CRLA provided training and required a contract.|
- I work full time for a hospital so I am paid by the hour for 40 hour week.
- I work under a contractor contract and that's the reason the company pay us what ever they want and we don't have any employee benefits
- I work with four different companies, they're all different but at least two pay me the best. But I did not receive any training except for the company that is for community interpreting.
- I work with four different companies, they're all different but at least two pay me the best. But I did not receive any training except for the company that is for community interpreting.
- I would like to point out that interpreter pay and working conditions vary significantly from company to company, as there is no standard across the industry. Although many companies promise better pay for Certified Healthcare Interpreters, they often caution that raising your rate could result in receiving fewer assignments (another threat). This creates a challenging dynamic for interpreters, as it discourages advocating for fair compensation despite the additional qualifications and expertise.
- I'm a union member like any other employee in the hospital
- I'm being paid at a per-minute rate. Payment made once a week through PayPal. Contract did not specify hours, only a suggested timeframe in which to work.
- I'm hired as an independent contractor but no need to have the LLC paperwork
- I'm satisfied with my contract
- I'm staff so it wouldn't be any sort of LLC for me
- In 2 occasions, I have been asked to provide my own insurance (for mistakes, law suits, etc.)|
- In conformity with my first and second 3 year contract I had an opportunity to provide interpretation from English to Russian and to Turkmen(by the way my native Turkmen langauge is not in the list of languages, so I had nothing to do but choose Turkish instead) and visa versa The second contract ended in April last year when I was told in advance that I will have to only take calls for Turkmen which resulted in decreasing the hours I work. I mostly provide cervices for the refugees from Afghanistan. It was a big stress for me as now I have very few hours. And I'm not quite clear why I was not allowed to continue my interpretation into Russian
- In the contract with some companies, I read that there is a section that says we cannot work with the clients directly who have a collaboration with the company event for 2 years after ending the contract. This is completely unfair.
- It does not have safeguards for labor instability.
- It is a freelancer contract and gives no benefits
- It is just a normal contract with the company, a formality to ascertain I am an official employee for the company.
- It is very difficult to ask for a payment increase and then you realize that interpreters who are to certified are earning same or more than me.
- It states that an interpreter/ translator should be able to work standing for 7 hours, or sitting for 7 hours.
- It would be better if they offered a combination of a stand-by fee and an on-call pay.
- It would be very good for the interpreters to be have some kind of retirement plan and health insurance
- It's all good but for the type of skills, experience and language appointments, we should be compensated higher then, some large retail stores pay more to their employees (Minimum wage is $30 per hour) it makes no sense to me for the trauma and situations (end of life and sexual assault, forensic interviews. Also, some of the surgeries are very complicated it.
- it's conflict of interest policy
- Many agencies has ""best practices"" for requirements and qualifications but they don't follow them. ||Non-competes are in nearly all my contracts but not enforced unless the interpreter is pouching contracts or redirecting work. My state has limited enforcement of non-competes (via 9th circuit rulings).
- Many language companies try to prohibit interpreters from taking on their clients as direct clients. It's hard because I prefer taking on direct clients (the pay is much higher) and don't know who all is contracted with the language companies.||The contracts are very one-sided--we must provide 3 business days notice when giving back assignments, even if sick (we have to find someone to cover to avoid being blacklisted for a

week), but the company can cancel without pay so long as the cancellation is 2 hours before the assignment. ||If we submit invoices late, we don't get paid, but not a single language company will agree to a late fee if they fail to pay on time or short me on a paycheck. Nearly every pay period there's at least one check that comes up short or is late. I used to spend hours checking every pay period, but don't have time now that I have a baby, and I am sure there are errors I miss.||

- Most companies allow interpreters to work for other companies, only some will ask you to no interpret for their clients outside of their platform. The big ones do force us to not work for other companies =\
- MOSTLY PROTECTING THEMSELVES.
- Mostly unilateral contract, limiting me to change my terms or update it; n forcing me to not be contracted for any change
- My contract does not have a non-compete clause and they allow hired staff interpreters to continue working as freelance medical interpreters during their free time or off days. However, we are not allowed to take a freelance job for any of the agencies that hire per firm interpreters at our hospital. So basically I can only be at my hospital as a staff interpreter during my shift. I cannot come work as a freelance or per diem for one of the third party agencies that we subcontract with.
- My contract hasn't been renewed since 2022
- My contract I think it has the basic, the rates, the type of interpretation, It doesnt let me approach to their clients and work ""privately"" but allows me to work with other companies, it has the pay per mile
- My contract just states that I am accepting of the hourly rate to be an employee of the company.
- my contract was very basic
- My current employer had to pay my previous employer (a language service company) a fee unless the employment is 6 months apart based on a mutual non-compete agreement.
- My independent contractor agreement says I can't login for less than 4 hours a day, I also can't work for any other company while i work for them.
- Need rate increase yearly or every two yrs
- Non-compete clauses are unfortunately not illegal in my state. I think they should be illegal everywhere. About half of the agencies I work with have them in my independent contractor agreement.
- Not a very fair contract to the interpreter but always siding with the agency
- One of the contracting agencies has a non-compete clause, which would result in hospitals hiring inexperienced interpreters. I believe professional interpreters would have the possibility to offer their services where it suits them, especially if the certification and education have been self paid,
- One of the two companies I work for has not adjusted my fees and therefore I have stopped accepting their jobs
- Only one local company to the Orlando, FL area has a Non Compete clause.
- Only when it is a certain company it can be a non compete
- Policies vary and sometimes there are surprises.
- Recently, one organization suddently terminated the contract due to merger, etc. They never informed me in advance. When I contacted a group of emails I used to contact, all 20 of them responded as invalid. What a company!!
- staff interpreter for a school district; therefore, I can work for anyone else as long as I comply with my contracted hours and responsibilities. ||as part of the job requirements for my position at the school district, I had to submit a certificate of proficiency in the LOTE
- Support
- The communication, the transparency is very poor.
- The company I work for, is fair as far as pay, and number of assignments per week.
- The contract is as an independent contractor
- The contract is not reciprocated. They ask interpreter to have interpreting insurance, but the interpreting insurance company declined to offset interpreting insurance's of the area.
- The contract is not reciprocated. They ask interpreter to have interpreting insurance, but too interpreting insurance declined to offset interpreting insurance's of the area.
- The contract is specified as "" independent "" one, which means the company can terminate your contract whenever they want.
- The contract states that the company could terminate independent contractor without any notice, but if interpreter want to terminate contract, he or she should give a 30day notice which is unfair in my opinion.
- The contracts I have seen (2 of the biggest companies in the field) are tailored to focus on the interest of the company only and not the employee at all
- The only contract I have is from when I was hired at the hospital as a full time Spanish Interpreter. That was in December 2017 and since then I am a PRN Interpreter.

- The organization writes the contract with their own rules and specifications , if don't sign it they say that they are unable to put me in their list of contracted interpreters and they do not allow me to write my own specifications on my benefit. And another company doesn't not allow increases in interpreter fees.
- The same organization has employed me for 18 years. A lot has changed.
- The want to stop the contract of all interpreter , how can that be legal. We were for ed to take hours under threat of being removed on the platform
- The way they prepare the contract is an absolute abuse of the employee because everything is adjusted for the benefit of the employer
- the worst I ever had.
- There are occasionally some contracts that try to implement a ""non-compete"", but I usually negotiate those out as I'm a freelance interpreter and they have no authority on my work elsewhere.
- There is no guarantee for work. It's a contract so the company can show their bosses they have certain regions covered
- There is no provisions regarding compensation reviews.
- There is one company that lowered our rates significantly to all the freelancers a 30%, and offers an increase of a12% if we get certified, but does not pay o reimburse the cost of the exam to us.
- They bound me with contract, if I leave before 1 month notice they will not pay me my last months salary.
- They denied me 2-cent increase
- They do not allow to work for other Video Interpreting companies but are fine with Over the Phone.
- They don't call it a contract they call it an agreement.
- They don't pay miles money
- They pay 10 minutes break out of 1 hour for ASL VRIs but NOT for interpreters who voice interpretation.
- They really get you with wording for them to make you do ANYTHING related to language services when the ad only said interpretation. They could want translation for example and so they word it in contracts for us to do ANY other task required.
- This must be your primary job if you are a full time employee.
- Typical at-will employment.
- Upon request of the hospital where I worked 40 hours of week as a contract worker, I was asked to help out an affiliated clinic remotely. When I left the clinic I was helping out with, the hospital limited me to 10 hours of work per week, which has me terrified regarding how my bills will be paid.
- W2 on-call employee
- We also signed NDA
- We can not accept any job offer while working for the agency
- We have individuals that call regularly to check on our interpretations. They don't understand that Spanish is different in different countries. They express differently, accents, slang, no education. Also we are no robots. We get dot if we for example say hmm...or hesitate during an interpretation. To me it is just thinking in the best way to make a patient understand what a Doctor is saying. This depends on the country they come from and or their level of education. Some are even illiterate, or an elderly patient.
- We have to have our own insurance.
- We have to sign a conflict of interest form and disclose if we work somewhere else. Some on-call interpreters work for other companies as well.
- We ste considered independent contractors
- We're only provided with company's standard training
- When I signed my contract I had a rate difference for simultaneous ($80)and consecutive($40). Contract was signed by both parties and they only pay ($65) for simultaneous appointments.|||For pre-op appointment contract are required to follow patient for the entire 4 hours we are scheduled, The patient has 2 appointments scheduled. 1 for other the pre-op requirements (xray, blood, consultation),2 anesthesia consult. The problem with the way interpreters are booked is that if there is a cancellation or no show we are only paid the minimum 2 hours,when the patient was booked as 2 separate appointments.
- When I started with this agency, I asked for clarification regarding working for other agencies/ applying to other jobs, etc. I understood that the main concern would be if I tried to get hired by a specific clinic/hospital system that the agency might send me to. If I would want to transition to working as a staff interpreter at a hospital or clinic where I have gone as a freelancer, it would have to be me applying for the job if it's advertised to the public. ||Honestly, I'm still not 100% sure if I am truly free to work as a freelancer for multiple agencies. I know this happens. The language in the contract was pretty confusing. The phrase ""conflict of interest"" was used a lot.

Appendix O. “Other” Comments to Q.49.1: AI Usage

Question 49.1. For what purpose do you use AI tools or applications?

- Audio transcription, course planning
- Document translation occasionally
- Email composition
- For translation
- For translation
- For translation
- For translation.
- For translations.
- glossery
- I use screne reader (Jaws).
- Internal comms
- Translation
- Translation
- We use AI to log in our travel time to sessions, the duration of the session and then the travel back to the office.

Appendix P(1). “Other” Comments to Q.50: Translation as Part of the Job

Question 50. Is translation of written documents from English (not sight translation) part of your job description or job duties AS A HEALTHCARE INTERPRETER?

- I am a proficient translator so I agree to provide the service.
- I do my own disciplinary packets
- I don't remember, however, I did some document translation, sporadically.
- I have the option to perform translation work as needed. This is not required.
- I have to translate things like lab results for patients over the phone. I don't have to write it, but I am expected to interpret verbatim.
- I normally only due translations for the schools which is normally about immunizations. I also did translate information during COVID.
- I translate written documents primarily from Spanish and French INTO English, including medical documents, but that is separate from my healthcare interpreting.
- I work as a volunteer and there are not interpreters at the clinic.
- Independent contractor
- It is not currently, but we are looking at having our staff interpreters assist with AVS translations.
- It is part of my role
- It used to be when I worked as a staff interpreter but not in my role as a freelance interpreter.
- It's not, but you can exercise your judgment of required of you during an assignment b
- I've been asked on rare occasions to do so. Usually with a provider present.
- just for flyers and no show letters, not legal documents.
- Just Sight Translation is needed
- My position is interpreter/translator
- No the person has to read it in English out loud then I will interpret it into ASL
- No, but it happens rather frequently
- Not applicable for ASL interpreters.
- Not at this time, but I am expected to in the future.
- Not part of the job description but my company has a translation team that you can be part of with additional increase in pay.
- Not really, can choose to take on this task or not.
- not required, but done as needed
- Occasional short sight translations that interpreters are certain are within their interpreting capabilities from time to time, however it does not happen often
- Occasionally
- Occasionally
- Occasionally
- Occasionally HC forms
- on occasions when a practice has VERY badly written Spanish instructions/paperwork I will point out for them and offer revisions.
- Only occasionally to ensure patient understanding of After Visit Summaries or something unforeseen with the encounter
- Only occasionally.
- Part of my other healthcare related tasks
- Rarely but yes
- Requests received to proofread, edit, provide updates.
- Sometimes
- Sometimes
- sometimes only small paragraphs
- Sometimes we are asked to translate documents but that is not a requirement; it is in the job description.
- Translation oversight and brief translation.
- very rarely
- very rarely, I always require the healthcare professional. I'm workg with to read the document and then I interpret it
- We have translators that do that job.
- Yes but I have not been trained yet
- Yes but only small one by one basis as large or formal translations are handled by mother entity.

- Yes to my employees
- yes, as I am a contracted employee for the district and my title is District Translator & Interpreter
- Yes, but I rarely do translations. Within our interpreting team there is a select amount of people that work on translations only.
- Yes, but rarely
- Yes, but we have a document translator who might help out because she was formerly an interpreter. Also, staff interpreters are instructed to limit their translation to short sections of After Visit Summaries. Discharge instructions are to be sent to our Document Translator.

Appendix P(2). Other Non-interpreting Job Tasks (Q.51.1)

Question 51.1. What other non-interpreting job tasks do you perform?

- accompany patients to the lab or another specialty, enter information in job tracking software, dial-outs, assist patients connect with community resources
- enter information in job tracking software, dial-outs
- path finding, b) culture broker, c) patient advocate, d) provider advocate
- Accompany patents to lab. |Help schedule appointments
- Accompany patient to their MRI xray room.
- accompany patients
- accompany patients as needed
- accompany patients to lab or another specialty
- Accompany patients to lab or other specialty.
- Accompany patients to lab or others if needed. Help make appointments/dial outs if needed.
- Accompany patients to lab or pharmacy
- Accompany patients to lab, call patients for appointments
- Accompany patients to lab, provide resources that benefit patients who are in need of food/shelter/clothes, direct them to different agencies/charities.
- accompany patients to lab, xray. Check them in for clinic appointment. Schedule patients.
- Accompany patients to labs on site to interpret for phlebotomist and patient.
- Accompany patients to next location, way finding, resource to bilingual providers on terminology and cultural aspects, advocate for language access within healthcare system that doesn't value LEPs
- Accompany patients to other departments. Explain how to find the bathroom, lunchroom, parking lot.|Update other providers about which medical colleague has already been to see the patient. Check on whether the patient has understood the content of the conversation. Help to schedule a future visit and make sure the box is checked for an interpreter. Call a cab. |For visually impaired patients, I offer my elbow and guide the patient to the next provider.
- Accompany patients to other specialty services.
- Accompany patients to parts of their visit (ex: from clinic to lab or x-ray), take phone calls in my other language and payment information.
- Accompany patients to the lab / pharmacy / billing office |Coordinate appointment scheduling
- accompany patients to the lab or another specialty
- accompany patients to the lab or another specialty
- Accompany patients to the lab or another specialty and entering information in job tracking software.
- accompany patients to the lab or another specialty,
- accompany patients to the lab or another specialty, enter information in job tracking software, dial-outs
- accompany patients to the lab or another specialty, enter information in job tracking software, dial-outs
- accompany patients to the lab or another specialty, enter information in job tracking software, dial-outs
- accompany patients to the lab or another specialty, enter information in paperwork for treatment or general paperwork
- Accompany patients to the lab or another specialty.
- accompany patients to the lab, home health equipment store, scheduling in another department
- accompany patients to the labs, to radiology
- Accompany patients to the pharmacy
- accompany patients to the pharmacy
- accompany patients to the xray room and back, help with simple office tasks if i am free and would like to help
- accompany patients, enter information in tracker, dial outs
- Accompany pts. to lab and radiology, pharmacy. Help schedule follow-up appointments, reminder calls for next day appointments, enter info. into software, dial-outs.
- Accompany the patient to further locations (blood work, pharmacy) to interpret, and to the bus or garage if the consumer is Deafblind and requires sighted guiding
- Accompany to the Lab, food bank (at the hospital), financial assistance department
- Accompanying patients to different parts of campus if necessary.
- Accompanying patients to lab, etc, dial outs, bilingual patient companion, sight transitions, request non Spanish interpreters from other agencies, etc
- Accompanying patients, dial outs, charting

- Administration
- Administrative duties like scheduling appointments, answering phones and assigning interpreters to appointments
- Administrative tasks as an interpreter coordinator
- all aspects of a clinic visit, labs and scheduling next appointment
- All of the above mentioned duties in the question prompt
- All receptionist duties: in/outbound calls, setting appointments, assisting patients in filling out documents, confirming appointments, etc.
- All the time Is interpretation. I can go with then if they have another appointment
- Appointment Desk
- Appointment reminder calls
- Appointment reminder calls, help fill out Medicaid applications, help fill out registration forms for any department, translate vaccine records, create charts in EMRs,
- as per above
- Assisting patients with wayfinding and clinical forms. Dialing out to patients.
- At times some agency's expect us to get a signature of provider or medical staff, and/or patient themselves, to have proof that we were at the assignment. This causes an unnecessary stressor on both medical office and interpreter because it is an unnecessary step we need to take, but if we doing get those signatures, some agency's go as far at to say they can give payment unless that information is provided.
- attend daily team huddle, orient new staff, train staff, team presentations, peer evaluations, newsletter content
- Badge processing for contractor interpreters, rounding on patients who speak languages of limited diffusion
- Book interpreters |Educate New Residents|Lab
- Bring families to lab, pharmacy, Ronald McDonald House, cafeteria, Family Resource center, offer resources for financial aid office, help family get a parking discount. Help families with way finding in the hospital. Offer families information on Dental Clinics outside of where we work. Give families immigration resouces.
- Call center||Work on patient chart
- Call patients for appointment reminders
- Call patients to provide results for Sp-speaking families
- Calling patients, calling attorneys, making appointments, providing interpretation for clients who are private patients for the physician that I can not bill or charge for through me or the company I work for. Filling out disability forms at the office that can be done by the patient at home however the physician requests for them to be done at the office be it an English or Spanish patient. Helping patients fill out private forms that don't have to do with medical issues.
- Chart encounters
- Chart encounters in the computer
- Chart review (in EPIC) for accurate documentation of interpreter services used.|Auxiliary aid delivery (hearing amplifiers, white boards, etc.).|Input number and type of interactions into an Excel spreadsheet.|Provide in-services to staff about proper usage of interpreter services.||
- Charting calls/assignments in Epic
- Charting data from encounter
- Charting, accompaniment to lab or pharmacy
- Clerical
- Clerical|administrative duties|
- Clinical
- Co-administrator of the organization's Facebook page in Portuguese.
- Community Health Worker.
- Complete spreadsheet job tracking, answer calls
- Compliance survey
- Computer related tasks on the EMR software for the hospital
- Computer, Laptop
- Conduct Language Proficiency Assessments. Schedule third party vendor interpreters.
- confirmation calls for all languages|walking patients to places
- Coordinate / assign coverage, maintain assignment-tracking database, maintain interpretation services Intranet page, track patient census for interpreter rounding, accompany patients to a series of appointments in a day (e.g., transplant workups), etc.
- coordinate program
- Coordinate the interpreters for other patients.

- Coordinating- contracting per diems and agency interpreters|Training Interpreters in the office |Educating new employees about Interpreter Services during orientation |Fire coordinator for my office|Patient Navigator
- Coordination and triaging interpreting requests.
- Court
- Creating invoices, inputting job info into software
- Customer service
- Data entry
- Data entry
- Data entry for the interpretation work (individual assignments) completed on a daily basis|-Checking if the video remote machines are charged throughout the hospital(s) and operating (for VRI)|-Showing medical staff how to request in-person interpretation service|-Rounds to see where interpretation service could be needed when not actively interpreting/at a session |-Scheduling interpretation sessions on the work calendar for in-house interpreters and requesting interpreters through contracted language agencies for the hospital
- Data entry|
- deliver interpreting related tools
- Department manager
- department projects like 5S and problem solving, for example.
- Department strategic projects|Inter departmental training on use and policy|Research projects|Training modules on language access|
- Dial outs (37 responses)
- Dial outs & CS & data entry
- Dial outs / 3 way calls.
- Dial Outs |Intake information
- Dial outs and collecting administrative data for billing
- Dial outs for providers. To interpret results, leave messages.
- Dial outs, accompany patients as directed or hold on the line to give them time to do different tasks and tests.
- DIAL OUTS, ACCOMPANY PATIENTS TO THE LAB AND ENTER INFORMATION IN JOB TRACKING SOFTWARE.
- dial outs, data tracking
- Dial outs, enter information in job tracking software
- Dial outs, operator
- Dial outs, transfer,.leave voicemails
- dial outs; review clinic schedules for LEP families
- Dial-outs and operator tranfers.
- Dial-outs and secretary call orientation for patients without the presence of a healthcare professional.
- Dial-outs to patients, clients.
- Dial-outs, accomany patients to the lab, enter information, complete intake forms sometimes.
- Dial-outs, information in-take.
- Dial-outs: Placing calls to clients or patients when necessary.
- Dial-outs|Accompany parents to certain area
- dial-outs|completing billing information
- Dispatch and create encounter for Language Services appointments.
- Dispatching
- Document taken assignments done in-person or video/calls
- document tech or call issues with software
- Documentation and emails
- Documentation of encounters, billing forms
- Educate clinical staff how to document interpreter services.
- Education to providers on Interpreter Services (how to access, how to work), onboarding to new members, interviewing candidates, overseeing QBS program, overseeing interpreters' professional development series, translating parent-provider messages, working on projects.
- Enter appts in a tracker
- enter billing info, dial-outs
- Enter date on patient's encounters.

- Enter encounter forms in the electronic system; deliver ancillary devices when needed; attend minimum required continuing education trainings. As a supervisor, I need to: process payroll, complete performance evaluations, take disciplinary actions, create monthly work schedules, assign shifts and requests to interpreters, complete data reports.
- Enter info in job tracking software, train newly hired interpreters, develop educational materials and train other hospital staff re: using interpreters, effective communication, and cultural competence.
- Enter information for Payroll||
- Enter information in job tracking interface, send interpreter verification forms, occasionally call to confirm or reschedule appointments.
- Enter information in job tracking software
- Enter information in job tracking software
- enter information in job tracking software
- Enter information in job tracking software a dial out the patients
- enter information in job tracking software, dial-outs
- Enter information in job tracking software, dial-outs.
- Enter information in job tracking software|Dial-outs
- Enter information on job tracking software. |Participate in performance improvement projects. |Rounding patients to inquire about their level of satisfaction with interpreter services. |Translations. |Training clinical staff on best practices when working with an interpreter. |Train clinical staff on how to use video remote interpreter platform. |
- Enter information requested from the system and dial outs
- Enter information, dial outs, transfer calls to language required
- enter tracking and patient information, logging bugs, logging breaks, logging need for Deaf Interpreters
- Entering info into the company software after the job
- Entering information in an ATS,conducting interviews , reviewing resumes
- Entering notes relating to appointments. Late, or early arrivals, start times, etc. |Continuing duties for lab work. |Helping with questionnaires.|
- escort interpreting....going to lab. xray etc.
- escort LEP patient to appointments.
- Escort to lab, pertinent counseling regarding visit
- ESCORTING PATIENTS, HELPING WITH FINANCIAL MATTERS AND HELPING MAKE APPOINTMENTS
- Fill out workers comp paperwork, administer psych tests
- Filling out forms
- Filling out paperwork for patients about the accident for IME assignment.
- Filling outcomes in database, coordinate language proficiency assessment of bilingual providers and staff members, in-service educational sessions in various clinics about how to work with an interpreter, organize and design interpreter training sessions for interpreters.
- For my positions as a bilingual public health. I also meet patients and conduct interviews. That is my primary role, but I also interpret for my team.
- For pre-OP appointments we are provided with specific instructions to follow patient to lab, xray, ekg doctor consult for consent, anesthesia consult for consent.
- For some clients, bringing interpeter log sheets to a language office or drop-off point or filing an electronic interpreter log.
- Front desk coverage, Phlebotomy
- gathering and entering client/parties information |dial outs|
- Give lab results over the phone|Give specialty referral information over the phone
- Go to labs|
- Go with patients and interpret for them wherever they go, perhaps between different departments, etc.
- Going with patients to lab or X-ray
- Guide patients through the health care system. Take them physical to departments if needed. Participate in manager orientation sessions. Participate in as committee for the patient experience of care where I bring up issues for patients that don't speak English.
- Guide pt to the lab and other clinic
- guiding patients to Lab and Pharmacy.
- Help patient schedule future appointment. Take patient to lab and X-ray. Listen patient's complaint.
- helping with qualified bilingual staff training
- I accompany patients, provide customer service to Spanish -speaking patients and chart all encounters.|
- I accompany them to the lab.

- I am a Bilingual Plan Advisor for a major Healthcare insurance company
- I am a blind assessment examinator for interpreter candidates
- I am a clerical staff and therefore do payments and mail, incoming calls, I also do programs like Care For yourself and Care for Kids, Family planning, Immunization Clinics, and lead calls
- I am a program manager for Education and Development. I develop continuing education materials for staff and give presentations throughout the hospital to different departments about working with interpreters. |We do encourage our staff to assist with wayfinding when possible.
- I am a Recreation Therapist licensed in New York State and also an immigration advocate.
- I am a Recreation Therapist licensed in New York State and also an immigration advocate.
- I am a senior Medical Assistant and fulfill all the duties of within my scope of care.
- i am an interpreter coordinator. Do the scheduling of interpreters for all the languages for the main hospitals and its branches.
- I am the director for the department
- I am the manager of the department. I supervise 15 staff interpreters of various languages (Portuguese, Spanish, Cape Verdean Creole, Haitian Creole, French and ASL).
- I assist patients to the lab (not all the time and not during their lab draw but to show them where it is and how to register.||We document all our cases in a data base.
- I assist with scheduling interpreter-based appointments in all languages within the department as well as with external agencies
- I document every session, and my note stays in the patient's electronic medical record.
- I evaluate language proficiency tests for interpreters in training and interpreters who are going through the onboarding process.
- I have other roles in the clinic, unrelated to interpreting.
- I have to put in the new leps follow ups of upcoming appointments into the system or website. Also if they have pending referrals or injections we have to add them in the system so they can keep track of it. Sometimes we are asked to follow patients as they call it, meaning we are in charge of all his appoints and we are responsible to cover them with other interpreter or notified the office if we couldn't find an available Interpreter.
- I help patient connect to any resource they might need within the hospital/company.
- I keep track of the OPI/VRI usage system and ensure it is working appropriately. I also maintain a list of bilingual employees and track the interactions they have.
- I may be asked to accompany the patient to the lab, or do dial-outs.
- I present for other departments in the organization about interpreting and interacting successfully with the Deaf community. I call families for the next day visits confirming the need for an interpreter. I update our patient preference list to help our coordinators assign interpreters appropriately. I enter monthly mileage and other office tasks.
- I provide respic services.
- I put pamphlets together, I walk people to other offices
- I register patients, translate simple forms for the departments, take them to lab, to see provider and then to chemo.
- I triage and assist at the bedside when needed. I document in the patient's electronic medical record.
- I work a lot on the development and administrative side of our organization. We are a small team so I wear many hats. These include writing grants and grant reports, dental assistant, writing our newsletter, handling our social media pages, creating event flyers, assisting in event planning, etc.
- I work in in our social services department as a patient care coordinator so I assist patients with forms such as: birth certificates, paternity affidavits, Medicaid applications, food stamp applications, financial assistance applications, etc.
- I'm the manager of the Interpreter Services department.
- In the clinical setting I was a Registrar/Interpreter: translated documents,collect co-payments, updated the patient's profile information, attached referrals, booked appointments, answered the telephone line, and I was the main interpreter.
- Information intake.
- Information on different places in the hospital.
- Intake, dial-out's, reporting of issues during calls.
- Intake|dial outs
- Interactions/resetting/investigating missed appointments.
- interpreter scheduling
- Interpreting equipment updates, set ups, and transfers.
- Just customer service, walk them to a different appointment in the building, cafeteria, etc.

- Keeping track of the remote work I do on Excel worksheets and turning them in weekly.
- Lab work, MRIs,, X-ray. finanacial
- Labs, social workers visit, treatment site
- Labs, X-Rays, Testing, Mammograms
- Language assessment and development
- Language Coordinator
- Leaving messages|Texting instructions|Setting up appointments if necessary |Teaching patients how to log into Tele health
- Logging calls in a job tracking software
- MA
- Making confirmation calls to patients to confirm need of interpreter. |Data entry of interpreting encounters and mileage if travel was required.|
- management
- Managerial duties
- Managing the interpreter team, hiring, training, annual reviews, liaison between patients and staff, sign language scheduling and contracting, assignment of all appointments, paying invoices.
- measure patient
- Medical tourism
- Mentoring new-hires and interns. Practice of Medicine sessions with 2nd year medical students on how to effectively work with an interpreter. Grading of Proficiency exams for interpreter candidates (Agency and Staff) for employment in our department. Grading/ Rating of interpreter Performance on CCHI's certification exam. Created standards and protocols for working with SANE (Sexual Assault Nurse Examiner) providers from an interpreter's perspective. Helped create glossaries and resource materials for interpreters doing SANE sessions. Worked on vetting and collecting and creating resource reading and reference materials and glossaries to provide LGBTQ-informed care that is compassionate and competent and culturally aware. Along with a team of colleague, I worked on creating the evaluation rubric for our institution's interpreter exam for candidates applying to work at our institution. Along with other Subject matter experts and psychometricians, I worked to create CCHI's original and current certification test for interpreters.
- Mentoring, part of a committee, part of candidate assessment platform, etc. No extra compensation for such tasks.
- Monthly reports on translation and interpretation jobs. Entering information in job tracking software
- Navigating mostly from making appointments, to filling out forms, to accompany patients, etc
- No
- Nursing
- occasional dial outs for inpatients
- Occasionally I offer to take them somewhere inside the organization if needed.
- Office work and calls, as needed. We cannot be ""idle"". If no assignments, we should be at the office doing anything that needs help.
- Operator
- Operator tasks i.e. routing incoming calls to the right departments, interpreters, languages, customer service line, etc.
- Ordering interpreting equiment
- Our interpreters follow older original standards of practice developed by IMIA, and also IICARE hospital values which together include, calling patients to remind them of an appointment if they have a high no-show rate, calling patients to see if they know how to connect to Zoom for their video remote visit and helping them connect, suggest referrals to Chaplaincy, Social Worker, Hospital Ambassadors and then wayfinding, such as taking patient to the cafeteria, our inside Pharmacy, Chapel, or Gift Shop, or ED or anywhere else we know, if we happen to be working with the patient or family already and we will end up interpreting at the next point of contact, or in between patients, as time allows and we want to help.
- Outbound (and inbound) calls from Spanish-speaking patients to confirm next-day appointments.
- Patient advocate/navigator
- patient Navigation
- Patient navigator|Chaplain
- Patient record documenting who the interpreter was and all individuals interpreted for. Also, a job tracking software that lets the dispatcher tell me where to go in the building and which provider(s) I'll be assisting.
- Patient Relations
- Patient rounding to check up and talk with on inpatients in the hospital to see how things are going, outpatient bill resolution, wayfinding & escorting patients (non-LEP) anyone who is lost to their destination,

advocacy work getting social work resources, spiritual care & mental health support for patients who request it.

- Performance improvement, OPI and VRI account charges, create and disseminate a daily LEP roster to round and assign Qualified Spanish Medical Interpreters LEP patients.
- Phone calls if they are late for their appointment, pharmacy, labs, Workers comp-pt/ot|||\\\\
- Phone calls to patients confirming upcoming appointments.
- process vendor invoices; collect data about interpreter services and analyze it.
- program coordination
- Program Management
- QA
- Quality rounds on inpatients
- Register patients and schedule
- reminder calls; lecture/presentation; bulletin board; monthly safety check; interpreter services toolbox check-up; compliance poster check-up; community outreach; committee and activity organization
- Rounding on LEP patients to determine compliance and if interpreters are being used
- Schedule appointments, contact patients to confim appointments and also to answer any questions they might have
- Schedules and admin work.
- Scheduling
- scheduling
- scheduling
- Scheduling and admin type stuff
- Scheduling and sending messages for the clinics in English.
- Scheduling medical appointments with patients or working with financial department for insurance issues
- Scheduling, logging, and communicating of prescheduled phone interpreters for other languages. |Assigning other language modalities to schedules.
- Scheduling, Training, ADA audits
- scheduling|call center|reporting
- Scheduling|Reminder calls|Take patients to different departments|Phones|Help with referrals
- screening and training of bilingual staff members and daily rounding on limited english proficient patients
- Secretarial job: this would be my primary job role.
- Showing patients where security is. Explaining to them how to get a visitor bracelet.
- Sign in patients for surgery have them sign consent enter information in the portal |Translate documentation.
- Sometimes I get patients water or blankets with nurse approval.
- Sometimes I'm asked to fill out forms with patients, like the mppi
- Sometimes, I remind patients of their appointments. |Also, I do third party connections when scheduling patients with the scheduler.
- Support Intake, non bilingual staff
- Take history from patient.
- Take patients and family members to the lab to register and or/other facilities.||
- Take patients to different offices or show them around.
- Taking patients to different locations to perform additional tests
- Taking patients to the lab |Fir ultra sound |MRI|Cataract surgery
- Taking patients to the lab or another specialty, scheduling of follow up appointments, arranging transportation, entering of information in job tracking software- are some of the examples that come to mind
- Technical skills.
- Too many to mention since we are in staff interpreters. For that reason our job title is Public Health Language Worker. We assist with filling out Medicaid applications, social security applications, appl to obtain birth certificates or to ammend them. We schedule appts, we confirm, we assist w registration and many more
- Track my patients, schedule contract interpreters for different languages, fix the video remote units that are at clinics, and fix any connection issues that may happen.
- Tracking of all completed interpreting sessions. I have a dual position. When I am not interpreting, I do resource assistance in support of all patients who need assistance with, food, rent, etc.
- train staff on Deaf Culture, |track accommodations and the need for other accommodations (ADA related)|enter tracking/encounters into an excel sheet|answer dispatching calls, when I'm available- not on an interpreting assignment|coordinate with social workers on local Deaf resources|
- training and helping patients complete visits by accompanying to lab, reception, etc.

- Training doctor residents and faculty on how to effectively work with an interpreter
- training of interpreters, IT troubleshooting
- Training to other interpreters, departments, managers, etc. Reports and other department duties
- Translaation||Confirmation calls to patients to determine if they prefer an interpreter for their upcoming appointment,
- translating
- Translation (4 responses)
- Variable on as-needed basis
- verifying next day appointments
- Wayfinding for patients and visitors. Assign resources to appointments. Scheduling interpreters. Dispatch duties.
- We are also advocates for patients, we walk them from one department to another, give them directions,assist their family members as well.
- We chart every encounter in Epic.|We use Servicehub to manage requests.
- We make reminder calls to patients. We can help patients with their schedule since we have access to it.
- We may escort a patient to a different practice within the hospital if needed/requested, and assist with completing forms, checking in, etc.
- We write the information of each assignment on the computer such as name of the patient and provider, location of the assignment, number of patients, and reason for the appointment.
- Website contributor, new hire training, employee support
- Whatever the client asks that I can do
- When I worked at st josephs hospital in houston we were forced to do rounds without a Provider or a nurse and also to bring them water or other needed items / I resigned !! Needs to be investigated !
- Will travel to Dr appointments or labs when needed by client.
- Yes
- Yes
- Yes, those listed: accompany patients to the lab or another specialty, enter information in job tracking software, dial-outs

Appendix Q. “Other” Comments to Q.52.2: Evaluation Kind

Question 52.2. What kind of evaluation or feedback do you receive?

- ALMOST ALL OF THE ABOVE
- And feedback directly from staff and providers
- And monthly meetings with supervisor.
- Annual Assessment of my Medical Interpreter Skills (provided by a third party vendor).
- As an underpaid OPI, I was constantly evaluated and criticized for not repeating ordinals number numbers (1st, 2nd, Once) which it lowered my scores to 90's or 85's and that was unacceptable.
- Company shares clients' feedback on my interpretation with me
- Company shares clients' feedback on my interpretation with me
- Constant monitoring regarding my appearance, how many breaks we take, whether we are staying on camera at all times, even during breaks! It's a terrible work environment. Micromanagement.
- Continuous brief comments from manager about, different aspects of job.
- Conversations with providers after each encounter to debrief and get their take on how things went
- Every now and then the clinic can put a comment on an interpreter's performance in a specific assignment on the portal.
- Feedback provided by clients or other healthcare providers
- I am given feedback by medical office or agency at times, specially when patients are very satisfied with my services.
- I am observed at least once a year.
- I get a generalized form which is color-coded and utterly useless to me as a blind interpreter.
- I get positive feedback from patients and providers verbally and in writing. It feels wonderful to be valued!
- I get reports of feedback through my company from the clients I serve.
- I have to get nquire what my rating are. I like knowing what my ratings are. I take pride in what I do and I want to make sure patients are happy with my work.
- I have yet to receive an evaluation since I started in January 2025.
- I only receive negative feedback despite provider and patient satisfaction and communication to such effect.
- I received feedback only during the probationary period.
- I take an annual test in consecutive and simultaneous modes on immigration hearings
- I used to receive
- If there is ever a concern about our interpreting for any visit, we are communicated with immediately the following day or that same week and we have to account for whatever transpired during a given visit.
- In the year and a half I've been with this agency, someone in the agency reached out to me to discuss a session when provider felt I was unprepared for the session. Other than that, I'm assuming I'm doing an adequate job because I haven't heard anything else! It would be helpful to know more!
- Incident Report
- Monthly meetings with my upper leadership & weekly meetings with my supervisor
- Monthly one to one meeting with my suoervisor
- Most of my feedback comes from providers for whom I have interpreted. They ALL have Spanish speaking skills.
- Mostly the company give evaluations fo justify pay and raises, usually is negative to deny raises. In Healthcare evaluations are a tool for the companies, I do not feel is on behalf of growth and training, Workforce Management software is used and anyone can have a glitch and that be used professionally, these standards are inhumane, interpreters are treated by staff companies as robots, working until exhaustion. I do believe in this AI era, that systems are in place to manipulate data, pay, and even performance of remotes, remotely to increase profits to max.
- Occasional feedback from providers and supervisor
- Occasional review of a interpreting assignment
- Once a year we do a skill pass-off for a chosen facet of interpretation (such as sight translation, or simultaneous interpretation). Quarterly check-ins are focused on our daily productivity, but rarely on our skills. Providers and patient's can send feedback as they see fit.
- Outstanding evaluations from clients were shared with me often, until they lowered the rate in general to all interpreters in that particular platform.
- Patient and providers submit ""Kudos"" for a job well done or when they feel that my services exceeded the expectations

- Patients get to rate each and every interaction they have with me (was I understandable)
- performance check-in's with the manager, quarterly
- Performance reviews recently changed to try to be more job specific. Our new job description is used to ask us to write done what sorts of things we have participated in to meet the description. I have been trying to push for yearly evaluations for all interpreters of compliance with standards of practice and customer service best practices.
- Periodic evaluation by supervisor
- PRN as needed.
- Proficiency test every 3 years
- Proficiency test every 3 years
- Qa
- QA call audits
- Quality Assurance evaluation on a interpreter session and CMS test calls
- Regular (at least twice a month) feedback on quality of internet connection, background, attire, sound quality, professional appearance, customer service attitude and friendliness, and medical terminology from someone from the QA department after they review the medical sessions that the platform records agains HIPAA privacy rules. Anyone from the department or management can have access to those recordings, as it's always a different person with a different title that provides the feedback.
- Regular evaluation of my performance as an interpreter.
- regular evaluation process of the district; every two years all staff gets evaluated on their performance overall
- Someone (I don't know if they are an interpreter or not) listens to one of my calls and assesses my performance. The call is picked randomly and I don't know that someone was listening to my call until I received my feedback.
- Someone from the Quality Dept. monitors a call and gives feedback every couple of months
- Sometimes I'll get call evaluation emails regarding protocol and use of vocabulary / general quality of interpretation
- Started working there recently, so no feedback received yet
- Very occasionally I get an email saying that I am not using the standarised greeting. I believe this is a box-ticking operation because I do not normally use their greeting, I have continued to say the same message in my own words or sometimes I adapt the message, because not all assignments/settings are equal. And they haven't sent one of those for a while.
- We have in our organization 2 interpreter trainers that assess and assist new on-boarding staff with acquiring proper interpreter skills that are accompanied by the professional code of conduct for interpreters
- We receive care on the spot from providers we work with based on how well and convenient the encounter went as well as patients feedback at end of encounter
- Weekly
- We're only rated by the clients and we can rate the clients ourselves.
- When providers or patients make comments to the agency about my interpreting; good or bad
- When the interpreter gets good feedback from clients we let them know

Appendix R(1). “Other” Comments to Q.54: Organization Kind

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).

- Agencies
- Agency
- all of the above
- California Rural Legal Assistance
- CCO
- CCO
- community center
- Court
- Family and Children's services
- Health Care Stuffing & Interpretation
- High School, Community College, Elementary School.
- Hospital that has both inpatient and outpatient centers with varying specialists and therapists
- Hospital, health settings, outpatient clinics, physicians office, and dshs assigned cases
- Immigrant organization
- Interpreter referral agency
- Jewish Vocational Service
- Language companies and a healthcare system, with roughly equal frequency.
- language service companies, worker's compensation insurance company through their vendor
- LSC, Workers' comp insurance company or their vendor, and attorney offices for workers' comp, both defense and applicant
- Medical and legal including Immigration, IRS
- None
- OPO
- Outsourcing company
- Public School
- Public Utilities
- Question does not allow multiple selection!
- Regions
- Resettlement Agency
- School
- School District
- school district/education interpreting during IEP meetings
- Street Medicine Organization
- Various interpreting agencies
- We are a tertiary & quaternary academic medical center with a medical & dental school.

Appendix R(2). “Other” Comments to Q.54.a: Area Served by the Organization

Question 54.a. What area does the organization you work or contract for serve? Wed 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.)

- 2 local companies, and 3 virtual companies that are in other states.
- 7-state region plus some international patients
- Across the US and internationally
- both, in the US and internationally
- ethnic community center
- I do not know
- I'm unsure how many states the company serves but I think it's at least two.
- IN Public Health it is only County, for OPI it is Across the US.
- Last year I worked for 30 agencies. I don't know what their range is
- local, one state and multiple states
- Majority of Intermountain Healtcare of Utah
- New York City and New York State
- One state in the U.S. and international
- Safety net hospital for Hennepin County, serving mainly the county residents, but receives trauma cases and patients from outside the state.
- Several counties in the state.
- The language agency is nationwide and the other agency is only based on one state within the U.S.
- The organization has patients from all over the world, but is U.S. based.
- Tri county
- We serve Western, Central and Upstate NY
- We work in Kansas City, including both Kansas and Missouri

Appendix R(3). “Other” Comments to Q.54.b: Calls Country of Origin for Remote Interpreters

Question 54.b. From which countries are you receiving calls to interpret in healthcare settings?

- Bangladesh
- Brazil
- Dubai
- Guatemala
- Haiti
- Malaysia, Arab Emirate
- Rwanda
- Telehealth only.
- The Dominican Republic

Appendix R(4). “Other” Comments to Q.54.2.3: How does the organization you work or contract for manage interpreting requests?

Question 54.2.3. How does the organization you work or contract for manage interpreting requests? [Limited to U.S.-based participants working in a hospital or health system, regardless of the modality of interpreting.]

- At the request of the work comp facility
- Combination of both
- I am the in house Spanish interreter and I'm also the language services coordinator. We contract with Universal Language Services and I order other interpreters for other languages.
- I manage my own schedule
- Interpreters are under the Care management Department
- no idea
- The requests are posted and the first interpreter to accept gets it.
- Through an internet portal all interpreters sign on. No physical presence in the state that I know of.
- We have a pager, that providers use to get a hold of the interpreter.
- When there is a Spanish speaking patient they call me or my Spanish speaking coworker
- Company redirects the calls to me
- I manage my own schedule
- Interpreters are under the Care management Department
- There is an Interpreter Services Department
- Volunteer coordinator

Appendix R(5). “Other” Comments to Q.54.2.3.b: How many interpreters work in the department?

- 1 staff interpreter & 160 QMI dual role interpreters
- Approx. 10 staff interpreters, with unknown number of contracted interpreters
- Around 11-20 dual role interpreters
- few thousands
- I do not know
- I do not know.
- I don't know, we have bilingual staff (tested for interpreting) as well as medical interpreters with just one role in the entire County.
- I don't know.
- In my location. I do not know how many in the other Luca yikes
- less than 5, hybrid services VRI & OPI with 62 dual roled staff members who have qualified as qualified spanish medical interpreters in different departments and shifts
- not sure
- There are 9 in-house Interpreters working in the hospital. They subcontract with other external companies to provide services for the languages that cannot be covered by the in-house hospital Interpreters.

Appendix R(6). "Other" Comments to Q.54.2.3.c.1: Languages of Interpreters in Your Department

Question 54.2.3.c.1. Please list the language(s) of interpreters who work in your department.

- 36 languages
- 45+ languages are offered by the company
- Acholi, Arabic, Somali, Haitian Creole, Spanish, Portuguese, French, Lingala, Vietnamese, Khmer, Swahili, Kirundi, Kinyarwanda, Russian, Mandarin, Cantonese.
- Albanian Kurdish-Sorani and Bahdini|Arabic Kinyarwandan|Bosnian Kirundi|Spanish ASL|Dari|Farsi|Pashto|Russian|Nepali|Vietnamese
- All different languages.
- All that are needed including ASL
- Arabic Chinese French Japanese Korean Russian Spanish ASL
- Arabic, Amharic, Anuak, Somali, Mandrin, Cambodia, Lao, Russian, Hmong.
- Arabic, ASL, Spanish, Portuguese , haitian , Chinese ,Vietnamese , Somali, Farsi Turkish's and Hindi .
- Arabic, Chinese, French, Japanese, Korean, Russian, Ukranian, Spanish
- Arabic, French, Spanish, ASL
- Arabic, Haitian Creole, Portuguese, Mandarin, Cantonese, Romanian, Spanish, Russian, German, ASL
- Arabic, Nepali, Japanese, Spanish and ASL.
- Arabic, Somali, Spanish, Mandarin, Vietnamese, Khmer, Anuak, Amharic, Lao, Serbian, Bosnian, ASL, Japanese, French, Russian
- ARABIC, SPANISH, ASL
- Arabic, Spanish, ESL, Mandarin, Russian , etc
- Arabic, Spanish, French, Lingala, Mandarin, Cantonese, Vietnamese, Portuguese, Acholi, Khmer, Swahili, Somali, Kinyarwanda, French Creole
- Arabic, Spanish, Portuguese, Cape Verdean, mandarin, Cantonese and ASL.
- Arabic, Spanish, Russian/Ukranian, Turkish and Chinese.
- Arabic|Nepali|French|ASL
- Arabic|Portuguese|Haitian Creole |Cape Verdean creole|Hebrew|Polish|Cantonese|Mandarin
- Arabic|Portuguese|Haitian Creole|Spanish|Chinese Mandarin|Hebrew|ASL
- Arabic|Spanish |Portuguese |Haitian Creole |French|Cape Verdean Creole|
- ASL - Spanish - Chinese - Vietnamese
- ASL |Spanish |Cantonese|Mandarin |Vietnamese |Toishanese
- ASL, Arabic, Chinese Cantonese, Chinese Mandarin, Farsi, French, Japanese, Korean, Russian, Spanish, Tagalog.
- ASL, Arabic, Dari, Korean, Pashto, Russian, Spanish, Vietnamese,
- ASL, Arabic, Hmong, Russian, Somali, Spanish, Ukrainian, and Vietnamese
- ASL, French, Somali, Portuguese, spanish and mandarin
- ASL, Haitian Creole, Burmese, French, Falam, Spanish
- ASL, Mandarin, Cantonese, Russian, Ukrainian, Urdu, Yiddish, Hebrew, Arabic, Spanish, French, Italian, Portuguese (Brazilian), Korean,
- ASL, Somali, Arabic, Haitian Creole, Portuguese, Chinese, Spanish, Cape Verdean Creole, Russian
- ASL, Spanish, Arabic
- ASL, Spanish, Cantonese, Mandarin, Farsi, Korean, Portuguese, Russian, Vietnamese.
- ASL, Spanish, Chuj, Russian, Ukrainian, Arabic, Mandarin
- ASL, Spanish, French
- ASL, Spanish, Somali, Arabic, Amharic, Hmong, Russian, French, Chinese and others.
- ASL, Spanish, Vietnamese, Navajo
- ASL, Spanish, Vietnamese, Thai, Lao, Hmong, Somali, Oromo, Amharic, Karen, Russian, Arabic
- ASL, Vietnamese, Navajo
- ASL|Spanish|French|Creole|Burmese
- ASL|Spanish|Korean|Chinese
- ASL|Spanish|Navajo|Vietnamese
- ASL|SPANISH|RUSSIAN|CHINESE|VIETNAMESE|PORTUGUESE |FRENCH|
- Besides Spanish: Mandarin, Cantonese, Vietnamese, ASL, and relief interpreters for Arabic and Japanese.
- Burmese
- Cantonese, Mandarin, Spanish, Russian, Vietnamese, ASL, Korean, Farsi

- Cantonese. Mandarin. Vietnamese. ASL.
- Cape Verdean Creole|Haitian Creole|Spanish|Portuguese
- Chinese (Mandarin), Cantonese, Vietnamese, Korean, Urdu, Farsi, Spanish, Portuguese, Russian, French, ASL, Eukranian
- Chinese/Cantonese|Tongan|ASL|Spanish
- Chinese|Russian|Spanish
- Dari|Farsi|Russian|Arabic|Albanian|Bosnian|Vietnamese|ASL|Nepali|Spanish|Pashtu
- English to Spanish and English into languages such as Burmese, Tagalog and other languages from that part of the worlf.
- Farsi|Armenian
- Farsi|Russian|Spanish |Armenian
- French, Asians
- French, Lingala, Spanish, Portuguese, Chinese, Cantonese, Cambodian, etc...
- Hmong|ASL|Arabic|German|Spanish|French|Mandarin|Russian|Swahili|And others
- I am the only Qualified Bilingual Staff in my department. I interpret for Spanish and Portuguese speaking patients.
- I can't remember all languages
- I do not know.
- I know in house we have Vietnamese, Spanish and ASL, and I'm not sure if all others are outsourced.
- it varies
- Italian, Portuguese, Spanish, ASL, Dari, Farsi, Korean, Vietnamese, Cantonese, mandarin and Russian
- Japanese, Arabic, Nepali, American Sign Language, Spanish
- khmer, spanish, portuguese, arabic, vietnamese, somali, dari, haitian creole, kikuyu, laotian, pashto, swahili, urdu
- Korean, Spanish, ASL, French, Portuguese, Mandarin, Cantonese, Farsi/Dari, Vietnamese, Russian (possibly more that I am forgetting)
- Lahu
- Literally all languages including ASL and even dialects
- Mandarin, Arabic, Spanish, Japanese, Korean, French and ASL
- Mandarin, Spanish, Arabic
- Mandarin, Spanish, Vietnamese.
- many languages
- Many lenguages
- Mien, Hmong, Cantonese, Mandarin, Russian, Ukrainian, Spanish, Portuguese, Dari, Farsi, Pashto, Arabic, Vietnamese, ASL, Punjabi, Hindi, Urdu, Korean
- Mostly Spanish but also have ASL and Vietnamese, that I know of.
- Mostly Spanish|ASL|Portuguese|Mandarin|Cantonese|Marshallese|Tongan|Samoan|Russian|Arabic
- Not sure
- Not sure, many languages of the community
- On site presence of Portuguese (Brazilian, European, Haitian Creole, Cape Verdean), Chinese, Arabic, Russian, and Spanish interpreters.
- Only Spanish at the location that I work.
- Polish, Russian, Galician, Catalan, Spanish, Portuguese, Italian and French
- Polish, Spanish, ASL,
- Portuguese
- Portuguese, Cantonese, Mandarin, ASL, Tongan, Samoan, Russian
- Portuguese, Mandarin, Cantonese, Samoan, Tongan, Spanish, ASL
- Portuguese, Samoan, Tongan, Cantonese, Vietnamese, ASL,
- Portuguese, Spanish , cape Verdean Creole
- Portuguese, Spanish, French Creole, Russian, Chinese, Arabic, ASL, French
- Portuguese, Spanish, Haitian Creole, ASL, Arabic, Hindu, Cape Verdean Creole, French, Vietnamese
- Portuguese, Spanish, Haitian Creole, Nepalese, ASL, Arabic, Russian.
- Portuguese|Creole|Cantonese|French|Rusian|Hindu|Chinese
- Portuguese|Spanish|Cape Verdean Creole|Haitian Creole|French|ASL
- Punjabi, Hindi, Spanish, Hmong and Laotian.
- Russian
- Russian |Ukrainian |Nepali|French |Italian |Spanish |Arabic
- russian hmong spanish

- Russian, Chinese, Arabic, Spanish, Portugues, Haitian French, Vietnamese, ASL, Albanian
- Russian, Korean, Mandarin, Cantonese, ASl, Vietnamese, Portuguese, Italian, Burmese, and French.|
- Russian|Armenian|Farsi|Spanish
- Several languages
- Sign Language and Phasto
- So many - Farsi, Vietnamese, Swahili, Spanish, Haitian Creole, for example
- Somali, Arabic, Spanish, ASL, Hmong, Cambodian, Mandarin Chinese, Russian, Vietnamese.
- Somali, nepali
- Somali, Spanish, Hmong, Karen
- Somali, Swahili, Kissi, Oromo, French, Portuguese, Mandarin, Hmong, Lao, Tibetan, Russian, Dari, Pashto, Quechua and Mam are both needed but never covered.
- Somali|Spanish|Arabic|Amharic|Oromo|Cambodian|Hmong|Vietnamese|
- Spanish & Arabic
- Spanish |ASL|French|Mandarin
- Spanish |ASL|Haitian Creole|Burmese|Hacka chi
- Spanish |Haitian Creole
- Spanish |Hmong |Russian |Arabic|ASL
- Spanish |Russian |Farsi |Armenian |Arabic |
- Spanish and 1 Somali. Pre-pandemic we also had Arabic, Burmese and Vietnamese.
- Spanish and Arabic
- spanish and ASL, and multiple languages via video
- Spanish and Karen.
- Spanish and Polish
- Spanish- Portuguese- French- German- Akateco- Kanjobal-
- Spanish Portuguese, Korean Mandarin Russian Vietnamese
- Spanish Vietnamese, Arabic, French and a few more
- Spanish with in-house interpreters. Most other world languages are covered by outside interpreters.
- Spanish, |Portuguese,|Haitian Creole,|Arabic,||
- Spanish, Arabic
- Spanish, Arabic, ASL, and Nepali. We are currently hiring for Uzbek as well
- Spanish, Arabic, Chinese, Portuguese, Russian (the top 5)
- Spanish, Arabic, French, Nepali, ASL.
- Spanish, Arabic, Hebrew
- Spanish, Arabic, Mandarin, ASL
- Spanish, Arabic, Nepali, French, ASL
- Spanish, Arabic, Portuguese, Haitian Creole.
- Spanish, Arabic, Portuguese, Russian, Sign Language, Hebrew ...
- Spanish, Arabic, Portuguese, Vietnamese, Chinese Mandarin, Albanian, Haitian Creole, (occasionally) Russian.
- Spanish, Arabic, Vietnamese, Mandarin. Cantonese, Tigrinya
- Spanish, ASL
- Spanish, ASL
- Spanish, ASL and Arabic
- Spanish, ASL, Chinese both Cantonese and Mandarin, Korean, Arabic, Vietnamese +
- Spanish, ASL, French, Haitian Creole, Amharic
- Spanish, ASL, Hmong, Russian, Chinese, Burmese, several others I cannot recall.
- Spanish, ASL, Karen
- Spanish, ASL, Mandarin, Cantonese, Vietnamese, Arabic, Japanese
- Spanish, ASL, Navajo and Vietnamese
- Spanish, ASL, Nepali, Bosnian, Arabic, Kurdish, Russian, Vietnamese, Chinese, Dari, Arabic, Ukrainian, Farsi, Albanian etc.
- Spanish, ASL, Portuguese, Russian, Mandarin, Cantonese, Samoan and Tongan languages.
- Spanish, ASL, Russian, Korean, Vietnamese, Persian, Arabic all in person and many more by phone
- Spanish, cantonese, mandarin, mam
- Spanish, Cantonese, Mandarin, Vietnamese, Toishanese, ASL
- Spanish, Chinese (mandarin/cantonese/fuzhonese)
- Spanish, Chinese, Arabic, and more
- Spanish, French, German, Portuguese, Conjobal,

- Spanish, French, Portuguese, German
- Spanish, Hmong, Punjabi, several others (I'm not sure)
- Spanish, Hmong, Russian, Arabic
- Spanish, Hmong, Russian, Arabic, ASL (currently vacant)
- Spanish, Japanese, ASL, German
- Spanish, Korean
- Spanish, Mam, Cantonese, Mandarin, Toishanese
- Spanish, Mandarin and Cantonese
- Spanish, Mandarin Cantonese, Vietnamese.
- Spanish, Mandarin, Cantonese, Farsi, Dari, Korean, Vietnamese, ASL
- Spanish, Mandarin, Cantonese, Portuguese
- Spanish, Mandarin, Cantonese, Vietnamese Toishanese
- Spanish, Mandarin, Portuguese, Russian, Korean, Samoan, Tongan, ASL, CDI services
- Spanish, Nepali, Somali., Arabic.
- Spanish, Nepali, Swahili
- Spanish, Polish
- Spanish, Polish, Mandarin
- Spanish, portages, Albanian, mandarin, ASL, Arabic, Vietnamese
- Spanish, Portuguese, Arabic, Haitian Creole
- Spanish, Portuguese, ASL, Polynesian languages and others. I don't know specifically what others.
- Spanish, Portuguese, Cantonese, Mandarin, ASL, Tongan, Samoan, Marshallese, Russian
- Spanish, Portuguese, Cape Verdean, Arabic, Cantonese, Mandarin, ASL, Hattian Creole, Russian,
- Spanish, portuguese, Chinese Mandarin, Cantonese, Arabic, Cape Verdean, Haitian Creole, French, Amharic, Somalian, ASL, CDI, Vietnamese, Pashto, Italian, Hebrew and many more. We have 12 in house Interpreter languages , 80 per diem languages
- Spanish, Portuguese, Chinese, French, Somali, ASL
- Spanish, Portuguese, French, Somali, Oromo, Hmong, Kissi, Cambodian, Swahili, Vietnamese
- SPANISH, PORTUGUESE, HAITIAN CREOLE, ARABIC, MANDARIN, VIETNAMESE....
- Spanish, Portuguese, Haitian Creole, Hebrew, ASL, Arabic, Chinese Mandarin, Chinese Cantonese, possibly others
- Spanish, Portuguese, Korean, Mandarin, Cantonese, Japanese, Russian, ASL, and tons more
- Spanish, Portuguese, Korean, Vietnamese, Russian, Mandarin, Cantonese
- spanish, portuguese, mandarin, ASL, somali, french
- Spanish, Portuguese, Vietnamese, Arabic, Haitian Creole, Albanian, Chinese-Mandarin, Russian, ASL
- Spanish, Punjabi, Russian, Sign Language
- Spanish, Russian
- Spanish, Russian, ASL
- Spanish, Russian, Cantonese, Mandarin, Toishanese, Teo Chao, Shanghainese, Korean, Japanese, Vietnamese.
- spanish, russian, chinese (languages), polish, arabic
- Spanish, Russian, Chinese and Arabic
- Spanish, Russian, Hmong
- Spanish, Russian, Hmong
- Spanish, Russian, Portuguese, Arabic, Vietnamese, Chinese
- Spanish, Russian, Punjabi
- Spanish, Russian, Vietnamese, Hmong, Somali, asl,
- Spanish, Samoan, Tongan, Portuguese, Mandarin, ASL
- Spanish, Somali, Arabic
- Spanish, Somali, Hmong, Karen, and whatever else interpreters might know (but weren't initially hired for)
- Spanish, Somali, Hmong, Karen, Oromo, Arabic, and French
- Spanish, Somali, Hmong, Oromo, Amharic, Swahili, Vietnamese, Laotian, French
- Spanish, Somali, Karen, Hmong, French
- Spanish, Somali, Oromo, Amharic, Chinese, Vietnamese,
- Spanish, Somali, Oromo, Amharic, French, Portuguese, Hmong, Mandarin, ASL, Thai, Vietnamese
- Spanish, Swahili, Kirundi, Kinyarwanda, French, Arabic, Dali
- Spanish, Vietnamese
- Spanish, Vietnamese, Arabic and Hebrew.
- Spanish, Vietnamese, Chinese

- Spanish, Vietnamese, Chinese Mandarin
- Spanish, Vietnamese, Mandarin and Korean.
- Spanish,Portuguese, Haitian Creole, Cape Verdean, Mandarin, Cantonese, Arabic, ASL, etc
- Spanish. Portuguese, Arabic, Mandarin, Vietnamese.
- Spanish|Arabic |Mandarin Chinese |Cantonese |Portuguese |Russian|
- Spanish|Arabic |Mandarin Chinese |Cantonese |Portuguese |Russian|
- Spanish|Arabic|French|
- Spanish|Arabic|Manderine |Mong |Japanese |Nepali|Hindi|Bengali|Many other
- Spanish|Chinese
- Spanish|French|Vietnamese|Tagalog|
- Spanish|Mandarin|Cantonese|Vietnamese|ASL|Japanese|Arabic
- Spanish|Polish|Arabic|ASL|Hmong|Tagalog|Cantonese|There are others I don't remember
- Spanish|Portuguese|Khmer|Vietnamese|ASL|Arabic|Mandarin/Cantonese
- Spanish|Russian|
- Spanish|Somali|Nepali|Arabic|Mandarin|French|Urdo|Russian
- Spanish|Ukranian |Russian|Vietnamese |ASL
- Spanish|Vietnamese|Chinese |Cantonese
- tongan |ASL|Samoan |Chinese |Portuguese
- Tongan, Samoan, Portuguese, Mandarin, Cantonese, Russian, Spanish, ASL
- Too many to count or know.
- Vietnamese, Arabic
- Vietnamese, Chinese Mandarin, Albanian, Russian, Arabic, Portuguese, Haitian Creole
- Vietnamese, Russian, Mandarin, Spanish, ASL, Ukrainian, and Arabic
- Vietnamese|Chinese|Spanish
- We have more than 25 languages
- We provide more than 125 languages.

Appendix S(1). “Other” Comments to Q.57.b: Asian Ethnicities

- Asian American
- Bangladeshi
- Burmese
- Burmese
- Cambodian
- Hmong
- Hmong
- Hmong
- Hongkonger
- Kazakh
- Malaysian Chinese
- Mongolian
- Myanmar
- Nepali
- Pakistan
- Pakistani
- pakistani
- Pakistani
- Rohingya

Appendix S(2). “Other” Comments to Q.57.c: Black or African American Ethnicities

- African
- Afro Peruvian
- Both Jamaican heritage, born in the U.S. and also identify as African-American
- Burundian
- Congolese
- DR Congolese
- Eritrean
- Hebrew Israelite
- Kenyan
- Kenyan
- South Sudan
- TOGOLAISE

Appendix S(3). “Other” Comments to Q.57.d: Hispanic or Latino Ethnicities

Afro Peruvian	Brazilian	Guatemalan	peruvian
Argentina	Brazillian Chilean	Guatemalan	Peruvian
Argentina	Chilean	Guatemalan- Italian	Peruvian
Argentina	Chilean	Hispanic from Ecuador,	Peruvian
ARGENTINA	Chilean	but mix of Italian,	Peruvian Peruvian
Argentina	Chilean	French, Spaniard,	Peruvian
Argentina	Chilean	Black,	Peruvian
Argentine	Chilean	Honduran	Peruvian
Argentine	Chilean	Honduran	Peruvian
Argentine	Chilean	Honduran	Peruvian.
Argentine	Chilean	HONDURAN	PR-Cuban
Argentine	Chilean	Honduran.	Salvadoran-Peruvian
Argentine	Chilean	Mexican	South American
Argentinean	Costa Rica	Nicaragua	Spain
Argentinean	Costa Rica	Nicaragua	Spaniard
Argentinean	Costa Rica	Nicaragua	Spaniard
Argentinian	Costa Rica and US	Nicaragua (Nica)	Spaniard
Argentinian	citizen	Nicaraguan	Spaniard
Argentinian	Costa Rican	Nicaraguan	Spaniard
Argentinian	Costa Rican	Nicaraguan	Spaniard
Argentinian	Costa Rican	Nicaraguan	Spaniard (Spain)
Argentinian	Costa Rican	Nicaraguan	Spanish
Argentinian	costarican	Nicaraguan	Spanish
Argentinian	Ecuador	Nicaraguan	Spanish
Argentinian	Ecuador	Panamanian	Spanish (Spain)
Argentinian	Ecuadorian	Panamanian	There are 33 different
Argentinian	Ecuadorian	Panamanian	Latin American
Argentinian	Ecuadorian	Panamanian	countries out there!! My
Argentinian	Ecuadorian	panameña	suggestion is to put all
ARGENTINIAN	Ecuadorian	Paraguayan	of them or none
Argentinian	Ecuadorian	Paraguayan	Uruguay
Argentinian	Ecuadorian	Peru	Uruguayan
Argentinian	Ecuadorian	Peru	Uruguayan
Argentinian	Ecuadorian	Peruvian	Uruguayan
Bolivia	Ecuadorian	Peruvian	Uruguayan
Bolivian	Ecuadorian	Peruvian	
Bolivian	Ecuadorian	Peruvian	
Brazil	Ecuadorian	Peruvian	
Brazil	Ecuadorian	Peruvian	
BRAZILIAN	Ecuadorian	Peruvian	
Brazilian	Ecuadorian	peruvian	
Brazilian	ECUATORIAN	Peruvian	
Brazilian	from Ecuador	Peruvian	
Brazilian	Guatemala	Peruvian	
Brazilian	Guatemala	Peruvian	
Brazilian	Guatemala	Peruvian	
Brazilian	Guatemalan	Peruvian	
Brazilian	Guatemalan	Peruvian	
Brazilian	Guatemalan	Peruvian	
Brazilian	Guatemalan	Peruvian	
Brazilian	Guatemalan	Peruvian	
Brazilian	Guatemalan	Peruvian	

Appendix S(4). “Other” Comments to Q.57.h: Hispanic or Latino Ethnicities

American	Haitian Creole, Latin	Scottish
American	I am 3rd generation	Portuguese, Spanish
American	American from Italian	romanian
American, with Irish and other unknown European ancestry	descent.	Romanian
	I am 3rd generation N.	romanian
	American, background	Scottish, Icelandic
Arabic	Eastern European	Scottish/Irish/French/Dutch
Arabic	I like to say 'European	American Mutt
Arabic	grab bag'. My surname	Serbian
Argentinean	is Czech but there is	Serbian
Argentinian	English/Welsh, French,	Spaniard
Armenian	and other in there.	Spaniard
Armenian born in Lebanon.	Iberian	Spanish
	I'm a mix of several	Spanish
ASL	European heritages	Spanish
Born in Argentina to Ukrainian born parents	I'm an Argentina	Spanish
	national, but my	Spanish
Born in the US, Swedish heritage.	ancestors are Italian,	Spanish
	Spaniard, French and	Spanish
Bosnian	Jewish.	Spanish
Bosnian, Croatian	Mexican	Spanish
Brazilian	mix	Spanish
Brazilian	Moldovan, Rumanian,	Spanish
Brazilian	Dutch	Spanish
Brazilian	My native language is	Spanish
Brazilian and EU Portuguese	American English.	Spanish
	Spanish is my second	Spanish
Bulgarian	language. I am married	Spanish
Catalan/Spanish from Spain	to a woman from	Spanish
	Mexico (31 years now)	spanish
(White/Caucasian).	and we always speak	Spanish
Colombian	Spanish at home.	Spanish
Cuban	Norwegian Danish	Spanish
Danish, Jewish	Norwegian, Slovak	Spanish
Dutch	Persian	Spanish
Dutch	Portuguese	Spanish
Dutch	Portuguese	Spanish,Portuguese
Dutch	Portuguese	Swedish
Dutch	Portuguese	There was an incomplete
Dutch and Spaniard	Portuguese	question asked in this
Duth	Portuguese	section I did not know how
English/Spanish combination	Portuguese	to answer it
	Portuguese	This question makes no
Father is from South African, English descent. Grandmother from Slovenia	Portuguese	sense.
	Portuguese	U.S. American
	Portuguese	Unknown
	Portuguese	USA background for 3+
From Spain	Portuguese and	generations.
German/Hispanic	Spanish	What's the question?!
Greek		
Greek		

Appendix T(1). Reasons for the 5-year Outlook (Q.58.a)

Explanations from respondents answering YES to *Question 58.* Do you see yourself working as a healthcare interpreter 5 years from now?

- I like helping people and I don't think AI will take over within 5 years.
- Love the profession
- I am passionate about interpreting
- This is my career.
- I am passionate !
- Because I have a passion for the underserved Spanish speaking population and my community
- I love what I do.
- I love it
- Because I enjoy what I do, and I continue learning my field.
- I am currently the Language Access Coordinator, and I hope to keep growing the department to become the Director.
- i love it
- I love my profession, but my first income is throughout my husbands job. If we need to increase our income for some reason, then I need to switch profession
- I love interpreting and helping people. I am a people person.
- I love it
- Pay and continued education
- I enjoy it.
- more than 10 years
- Because I love helping people
- I love helping people have a better life and als I have the flexibility to be able to spend time with my kids
- Love the job and my contribution to the wellbeing of others
- That's the profession I chose and went college for.
- I like to help people , in special older people . A immigrant needs always help if does now the language Older people needs a lot more atention /they need a lot help .
- Because I am very good in what I do
- I love to Interpret.
- I like my profession and I see there's a demand
- Because I love learn different Hispanic culture, linguistic and medical terminology.
- This is the best job that fits my abilities and excel in it.
- High demand for interpreters
- Because it is something that I do well and I am constantly validated by providers and patients. Also, I like the care industry and I feel that my work contributes to improving the lives of many many people.
- I LOVE IT
- I love working in the healthcare setting
- Because i enjoy the work
- It's a booming industry in the US for my language pair and I feel there is room for professional growth through certification and an opportunity for greater income if professionalization is pushed.
- Love it.
- I ENJOY WHAT I DO. IT IS EXTRA INCOME TOO. IT KEEPS ME BUSY AND OUT OF THE HOUSE. I AM EXPOSED TO PEOPLE FROM MANY DIFFERENT LATIN AMERICA COUNTRIES.
- I like to help people and keep learning.
- Because im good at it
- I see myself working using my native language as part of my professional skills and the interpreting profession brings me an extreme amount of professional satisfaction and makes me feel connected to myheritage.
- I love my job
- I like it
- Because I believe there will be changes for the better in the profession
- I just love my profession.
- I love my job. I love what I do. And I am too young to retired.
- Because I enjoy the work
- I enjoy it

- I like being an interpreter!
- I love doing it and it's in high demand.
- Fulfilling work, growing need
- healthcare interpreter is a meaningful job
- I love to help people.
- It's what I do and love.
- I've always dreamed of becoming a UN interpreter. I've always been very passionate about helping people, communication, immigrants and as a daughter of physicians, always been very connected with the healthcare sector as well. I'm also very passionate about speaking and advocating for others or in favor of others. I also adore languages and continuing learning and as an immigrant myself I couldn't be prouder of a career where I get to be of service and support of others. I am very fervent and dedicated to what I do.
- There is a need for professional healthcare interpreters.
- I am already familiar with these subjects and the pay is good
- I am good at it.
- because I'm good.
- It's my professional job
- If I am healthy and I have the opportunity to do it, I would like to do it.
- I'm passionate about medical interpretation, and I love helping my community getting better healthcare in the US.
- I have no plans to retire so it will remain in my portfolio of work I accept
- I enjoy been a bridge to better commnication .
- I love what I do!
- This is the most marketable skill I have, I have been doing it for almost 7 years, and I think I am quite good at it and it brings me lots of satisfaction.
- It is my job and I know how to do it before I retire
- Helping others is my mission
- I save lives, regularly. I feel a sense of satisfaction from my work everyday and I want to continue that for the rest of my life
- I love doing it and it's in high demand.
- I love Interpreting and helping people and doctors. It's a wonderful feeling when a patient leaves the consultation feeling understood and heard and being finally able to convey their concerns to the doctor and finally recieve treatment.
- Good opportunity as remote interpreter where I can work and earn at the home while taking care of other mandatory responsibility I have to deal with
- Sierra Leone Krio is a rare, low-resource language. There will still be a need for me to advocate for Sierra Leonean patients who have cultural sensitivities not understood by many healthcare providers.
- This is what I do. It's my career. Stressful yes but I love ir. I learn something new everyday
- I love interpreting and the healthcare field. I want to star interpreting also in medical conferences
- I like it
- I love my job
- retirement age
- I love my profession
- Great company, benefits, and environment
- I love what I do
- Love what I do.
- I believe in assisting Non English Speaking Individuals be able to understand and communicate with any healthcare or social services that individual is receiving. I also believe in providing culturally sensitive care in the main language my patient speaks.
- I love it, stimulates the brain and a public service at the same time
- I am passionate about this career. The goal is to get certified and keep working as an interpreter. The need is great and it makes me happy to help others.
- I am nearing retirement would rather not start a new career path
- I love my job
- I believe is a great path in my career as a professional interpreter and I would like to continue learning and specializing in te medical field,
- Still exploring other academic options with interpreting serving as primary source of income until education is complete
- I enjoy it
- I love this job

- I love what I do, even if it doesn't pay well.
- It's simply my career.
- I like my job.
- It's my life's mission, other than my family.
- This is my profession, I love my work
- I like longevity and loyalty.
- I enjoy it so very much
- As long as I can, I would like to continue doing what I love.
- Because it's a really beautiful job I love to help people to understand what others are saying specially when there is people that doesn't understand the language and the doctor is telling them thinks that are important for them . I help them them to conecte and communicate
- I love interpreting in healthcare settings
- Because I love the profession; if the profession will have me, I will have the profession.
- It is very gratifying for me.
- It's what I know
- I like to help
- Its good work
- I enjoy the work and the pay is good.
- I love my current job and I know I am providing great interpreting services to both providers and patients.
- Because I love what I'm doing and want to get an expertise in that field....
- I enjoy it.
- Because I love my job
- I really like my job and for the benefits.
- I enjoy interpreting
- because I have an interest in driving the development of our translators and interpreters
- I love the challenges, everyday a new matter to be helping with.
- I enjoy the sense of accomplishment that this job brings me.
- I do it well and I'm created by Jesus Christ to do good work before the foundation of the world
- Language solutions is essential needs for non- native English speaking people.
- I enjoy working with patients and the healthcare team.
- Enjoy my work
- Why not, Deaf people will still get sick right?
- It's the most rewarding feeling at the end of every encounter
- Flexibility and keeping up with my languages and certification
- I love the profession and it's impact, hoping that the interpreters community can find a path for total fairness as we are one of the few truly global communities that actually understand what being human is all about, regardless of ethnicity or nationality.
- I like my job
- I love my job and I love making a difference in people's lives.
- I started this profession as an amateur but now that I am 2 years old in the field, I feel there are a lot of people in the world who speak the language I interpret for and need support communicating, be it the elderly, someone who lives all by themself and has no one to help communicate in English. So, yes i do see myself working as a Healthcare interpreter 5 years from now
- I love my work providing language access to LEP in the healthcare field.
- I have been employed at the same hospital for 23 years.
- I think it's a good job in general, it can be stressful at times, but you learn to manage it.|I receive a good salary (for my country) and flexible hours.
- I LOVE what I get to do!!
- Is my passion
- I love my profession and the place I work
- I enjoy my job very much as a healthcare interpreter
- My BA and MA are in linguistics so I love languages and interpretation is really a great way to help others and connect with people yet I wish we were fairly compensated
- I love helping patients, the work is steady, I can easily retire from here.
- I love my interpreter carreer
- I'm in the prime of my career, love medical interpreting, and am very skilled at my work.
- jo satisfaction
- Because I like my staff job. Already been there almost 8 years and will keep working there

- I love the profession and enjoy working with my Latino community as well as health care interpreting
- I LIKE IT.
- Cause I love that field
- I am continuing my education into attaining a bachelors degree in Human Services with a minor in Psychology
- I can currently make a living as an intepreter. If I cannot in the future, I will return to my previous profession.
- Because I love it
- i am not ready for retire yet, need work.
- I love it.
- I love interpreting
- I love it and there's always so many new things to learn.
- because it's valuable work that I love
- I love my job. providing access is my passion and I enjoy the field of medical interpreting.
- I like helping people communicate, entrepreneuring as a company
- Because the profession is incredibly challenging, fulfilling and rewarding intellectually, professionally and personally.
- The joy of being able to help people communicate fluently its what motivates me to keep improving myself
- I love it and I learn so much
- Because I like helping others in this way
- It's my passion
- I love what I do, I always wanted to be an Interpreter and I am one now, so I will keep doing it, I can manage my own time and I am makeing more $ than in a company with my Bachelors degree
- The pay is good and the schedule is flexible.
- It is my main source of income.
- There is no reason that comes to mind as to why I would not.
- I love my job.
- It's the only thing I know I can do proficiently. I love my job and how I help the LEP community.
- It was my first job 11 years ago, I have worked so close to people that I enjoy it.
- I will be retiring from nursing and will continue working from home as an interpreter. I enjoy work and would like to remain involved. I see the great need of interpreters that are well versed in the hispanic culture and beliefs. I also see the great need of interpreters that are proficient in medical terminology.
- I like what I do.
- Love my job, need the income
- N/A
- This is not a job, this is my life
- I enjoy the work.
- I enjoy it
- I enjoy the work, I feel it is important, and I feel I am good at my job. ||However, I do have fears that Trump will minimize the importance of what we do while he's in office.
- I like interpeting for patients.
- I love the environment
- I enjoy the profession that I'm in. I help patients by making a difference in the communication process as well as learning on a daily basis.
- love doing this type of work
- I love interpreting!!!
- It is a work I feel comfortable with
- I love being an interpreter :)
- I love what I do and I feel rewarded when helping LEPs. I see the future of the interpreters as a changing and growing career. There is a huge need for interpreters and I see myself helping and educating new interpreters to become certified.
- I like it
- I love my job and organization.
- Beacause won't be able to retire yet unfortunately
- I like it, it goes well with my set of skills
- I love what I do
- I enjoy helping others, especially the elders who struggle to communicate with those outside their home/family.

- Cause I love my job
- I like what I do. I like to help with my language skills.
- Because I enjoy it and feel it's a valuable service to the community
- It has many possibilities within the healthcare industry in terms of variety of work
- Cus I love doing interpretation
- I would like to work as a coordinator and dual role Interpreter.
- Because I love my job as an interpreter.
- I love and have passion for it.
- Yes, I can see myself working as a healthcare interpreter in five years because:||Growing Demand: There's an increasing need for interpreters in diverse healthcare settings.||Patient Impact: I would play a crucial role in helping patients understand their care.||Cultural Bridging: I enjoy fostering communication between different cultures.||Language Skills: It allows me to use and improve my language skills regularly.||Job Stability: The role offers good job security in a vital industry.||Overall, it's a fulfilling career that makes a real difference.
- It's a good pay, good benefits, calm job.
- This is my career. This is my passion.
- I love this profession and how it allows me to help people and do something positive in this world.|From the moment I started my Healthcare Interpreter training program I knew this was what I was meant to do.|Also, as a white American whose family has been in the US for 150+ years and is VERY against the current government and it's attitude towards immigrants this feels like something tangible that I can do to resist, push back, and help immigrants.
- I have enjoyed it for over a decade and I like where I work. It is a relatively new program and the services are getting established within the organization. There is a lot of room to work!
- I like what I do
- I love the work I do
- Because it's always been a passion of mine to do this
- The job is good and rewarding when the interpreter is respected so I can see myself still doing it
- Love it. Love the pay and flexibility.
- Because I like healthcare interpretation, I am well prepared to do so. Have received and continue to receive expressions of satisfaction and gratitude for the work that I do from language company personnel, LEPs and clients in general. Like the flexibility I have to log in or take off and travel.
- I like the work and to be able to help the patients.
- I love my job
- I Love it!
- I enjoy what I do and I have a flexible schedule.
- I love it
- I enjoy it
- i like it
- I enjoy the work and I am glad to help LEPs who are facing difficult moments.
- I find healthcare interpreting fascinating and incredibly gratifying. It feels so good to contribute to healing. I also do conference interpreting and non-court legal interpreting and, although medical interpreting is the worst paid of these three types of interpreting, I think I will continue to do at least some of it for the years to come because of the gratification I receive while doing it.
- I love what I do!
- I have been working as a healthcare interpreter all of my career, and I am scheduled to retire from working in more than five years.
- 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.
- I love interpreting.
- Because it is my profession and passion.
- Because it's rewarding and has a good pay.
- I love what I do, I make a difference every day.
- I like my job
- Good pay
- I love my job and I feel like I have a good balance of support, skills, and benefits
- Because I like the interpretation job
- It is my passion and what I am best at
- I would like to gain experience and advance my career as a healthcare interpreter.
- I love my job

- Because I like what I do, and I can grow professionaly.
- Love my work
- It's fulfilling work and I am able to work in a full-time benefitted position
- Because this is what I love doing
- I love helping my community in such an important setting that deals with their health and life.
- I left teaching in 2017 and I can't imagine ever returning. I am only trained as a teacher or an interpreter, I have a small child, I need a stable job with health insurance. I also take pride in my work and especially over the next 4 years I feel like supporting people who speak a LOTE is extra important.
- I am passionate about the work we do and value our deaf community.
- The job suits my lifestyle and family commitments. I also like the profession.
- I have put so much energy into this profession, having switched from my previous profession of teaching ESOL. I have learned a lot, and I need to keep learning more and more. It's a good challenge for my brain, and I feel it is a great and needed service to patients.
- I loved the job I would love to keep doing this but I'm not sure if Ai will let us.
- 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 (e.g. ICU team, cardiologists, lung transplant team, palliative care, PT/OT, etc.) and interacting harmoniously with these teams so that collectively we can make a difference in patients' lives. I enjoy the fact that every single day is different at work (e.g. medical encounters, topics, medical teams, departments). Even when there are days that the settings are so dynamic and I don't stop seeing one patient after another (as many as 13-15 in a very busy day when a colleague has called out sick because life happens), I would not want to be doing anything else for work but being an in-house medical interpreter.
- Me Gusta mi trabajo
- its needed
- I enjoy my work
- I enjoy interpreting in the healthcare setting
- It's what i love to do and i know i do it well.
- I have been working in this sector for 8+ years and enjoy the challenge and meaningfulness of the work.
- I love making a difference and helping to ease the language barrier by providing my best ability as an Interpreter.
- I like to keep up with the profession since I am also a trainer I need to continue to Practice and use my interpreting skills
- Good business pay is good
- Enjoy the job although benefits are limited
- It's my current profession. I love it, and it's rewarding in many aspects.
- Because it's rewarding and sometimes you are the only person advocating for your patient population
- What else would I do?
- It's my passion. it's an ongoing learning and challenging job.
- I love helping the Spanish speaking community and I would like to do my part in reducing the disparity in healthcare as it pertains to LEP patients
- not ready to retire
- I see myself remaining in the company. As we serve a large Spanish population I imagine that I will still be utilizing and sharpening my interpreting skills.
- I love to help people.
- Because I am planning to get the recertification.
- I enjoy what I do and I like my work.
- I have found the perfect job position for me and my family since it allows me to work from home and be able to support my family needs for daily living. Addiotionaly, intepreting for the hispanic communty has become my inspiration for seeking excellence in my career as an interpreter.
- Because it's a very flexible job that I can carry out in any state or city of the United States of America.
- My organization prefers on-site interpreting and demand is not projected to decrease for my language pair.
- Only way I can keep what I have is by sharing it.
- I love it
- I enjoy it!
- I would like to continue doing this line of work
- It's going good. Getting more systematic and organized. Still sometimes some healthcare staffs doesn't accept us as a important team member like them.
- I love my job, it's my career

- I like my job I like helping the LEP and the providers. So they are able to do their job.
- It has been my most fulfilling job, by far. My only hope is being offered health insurance in the future.
- I love what I do. Love helping people.
- Even though AI has been developed continuously to replace the human factor with most of the actual jobs, Interpretation requires a vast knowledge of terms spoken in different accents from different regions, that, depending on how it is said it may mean more than two different things at the same time. This (localization) is not something that the AI may understand at the moment. Also, I deeply enjoy what I do an I would like to build up a lifetime career doing this.
- Fulfiling profession.
- I love what I do and I love to help connect people
- I love my job!
- This is the path I have chosen to follow since I left teaching. I truly enjoy the learning and value every experience. I strongly believe that medical interpreters make a difference in the community and I am proud to be one of them.
- I love my job!
- At age 63, I have no retirement funds so I need to work as much as I can for the next 8 to 10 years.
- I love the job.
- I love it
- It is my passion to help people who cannot express themselves about their own health.
- I truly love doing what I call, my job. Dedicating my time to be the voice for all these patients that are unable to express themselves is an honor to me. Notice that I am not saying here that I help them. By saying and expressing their mindset is a blessed opportunity to get them to be able to communicate with their doctors.||Being professional, reliable and punctual for them is the minimum I can do and the minimum they deserve as the hard working community they truly are.
- Plan to retire in this job as a interpreter coordinator / interpreter.
- I love what I do and I am not planning to retire anytime soon. Hopefully AI will not take over our interpretation services.
- Because it is a good place to work. I will likely not find another job in language services anywhere else.
- Supplemental income, keep certification current
- I love what I do.
- I ENJOY MY JOB
- Love my job
- being a freelancer gives me flexibility, and I love interacting with people, Being a HC interpreting is a very rewarding career as I have the privilege to touch people's lives and help them with my bilingual gift.
- Because I want to retire as an interpreter.
- Its my career
- I absolutely love what I do.
- I truly love interpreting. It challenges me mentally and it's rewarding knowing that I can help people communicate.
- I enjoy it and is something I plan to do as far as my head keeps working well
- i love my job
- i enjoy it
- It's a good industry
- I love what I do for my patients.
- I love being an interpreter!
- I love my job & making a difference in our community
- I grow with the job, and I am able to work from home while my child is small
- I don't want to retire. I may even go back to teaching secondary Spanish in the junior high or high school level, way into my 70s.
- I love being an interpreter!
- I love this job so much. It is a passion.
- I do like to work as an interpreter, I just hope LSPs realize us non US based interpreters need to be paid decent wages to survive just as anybody else.
- It's my passion!
- I am good at it and am always improving. I used to be a language teacher and this is the next step.
- I enjoy it. I still need it and probably will for another 5 years and maybe more.
- I have plans to grow as a business owner, but I still want to maintain my certification, so I plan to continue interpreting in the medical field.
- Gratifying work.

- It is a fulfilling role, I love helping people
- I love it
- JOB SATISFACTION
- I enjoy the job, although not the leadership in my current department.
- There is a high demand!
- Because I love it, this is what i like to do.
- I love my work
- Love my work
- Because I enjoy it and I need the money
- Keeps me learning and love helping people communicate
- I love my job and the flexibility it allows in the position I hold (on demand interpreter)
- I enjoy assisting patients and helping to fulfill the needs of our communities. I find the medical field fascinating.
- I love this profession.
- I enjoy interpreting
- I love to be an Interpreter, you are really helping people and it is a very rewarding experience every day.
- I like my job and I'm good at it.
- It feels like what I am meant to do.
- Because I love to help people
- I love what I do. Interpreting is my passion. It feels good to help out our people in their language. And the feeling you get when your patient leaves the room feeling confident because they understood their medical plan.
- I love helping our people with medical terminology and meeting them as well.
- I like my job as interpreter and working more to gain more skills
- I enjoy my career and its flexibility
- yes, work for better salary
- I enjoy what I do. I have a mission and a vision
- like the work.
- My main field of study has been music composition and I hope to make it my full time career eventually but I still want to work part time in interpreting because the job is so fulfilling.
- I absolutely love my career and the opportunity to serve as a conduit between patient and provider.
- I love the difference that I am making in working with our medical staff and our patients.
- I love helping the Hispanic community.
- Because I love everything about it.
- I wan to look for a job specifically as a healthcare interpreter in a healthcare setting.
- I live my job
- I love it.
- Because I love helping people and continuous learning is vital for me.
- Because I love my profession.
- I am very experienced, I love my job and I have great personal learning oportunities working as a Medical Interpreter. It is the perfect job for me.
- It's very useful to serve the community and it's very rich in learning.
- I'm not changing jobs at my age
- I love the work, and I'm good at it.
- I love this profession.
- I love my job as an interpreter
- I love it. It's a passion of mine. I find interpreting very interesting. We as interpreters learn a lot.
- I am the first ever interpreter educator in our department, a position created for me, for which I returned to university to soon complete a Bachelor of Science degree in adult learner education and Instructional Design.
- Love help lep
- Yes, because of my extensive professional work experience and continued rigorous Adult required competencies - to adapt to the needs of the various clients, patients, and Service Providers in the Health local and international sectors in addressing the worldwide health crises these days.
- I like it a lot
- I am a seasoned medical interpreter. I love this profession.
- I like my job.
- It brings a feeling of purpose and love to help the Latin community

- I love interpreting, I consider it one of my passions and I plan to interpret in some capacity for the rest of my life.
- I've been a Spanish interpreter for the last 12 years and it is still something I do within my career and as supplemental income. I do not see this changing for a long time.
- I like the job.
- Because I can continue working as an in-person independent contractor; I will always be requested in the settings I work for.
- Love this and love to help my community.
- Interpreting is my professional career I really enjoy helping, this is a job that has a purpose. I studied Modern Languages to be familiar with cultural nuances and provide a significant meaning to my professional career. I've interpreted for 7 years as an OPI and VRI remote interpreter. My main goal this year is to certify as a medical interpreter and be able to increase my income while doing what I love and what I'm actually good at. | |
- interpreting is my main way to support my family my main income source
- I love my job and my patients
- It is good pay and flexible, the job is at risk due to Donald Trump's immigration policy unfortunately. Less interpreters will be needed, I am sure. I hope to continue working.
- It is something that I enjoy, read, learn and grow. I am planning on keep looking for different areas. I am trying to be qualified as a court interpreter.
- Because I like to help people and there's a need yet for interpreters.
- I enjoy helping others
- I enjoy the profession and will wait for retirement.
- I am passionate about providing in-person healthcare interpreting to injured workers. I want to expand my healthcare and medical terminology to expand in other healthcare fields.
- love what I do
- I love my work and consider myself a professional with a very strong work ethic.
- It is a job I love.
- I enjoy the work and I am physically able to do it.
- I love the work we do. It is rewarding, it keeps me honing my skills and always learning. I feel like I make a difference in people's lives by assisting in effective communication in the healthcare setting which is so important.
- My job is very fulfilling
- I look forward to getting a healthcare interpreter certification
- It's what I do
- I love it
- I like it
- Like to work not retire Like working with people Some additional income to Social Security
- I've been working for over 15 years already and I don't see myself doing something else.
- I am happy to provide language support
- I love my job and there continues to be a need
- I love it!
- Because I love it.
- I like it
- I love what I do
- Is a job that I care about. Love helping people and patients. Better to work from home you can concentrate, no traffic, no pay for gas and less stress that in a office.
- My career as an administrator has just begun
- Enjoy the freedom, the challenges and love learning||New things constantly
- I love my job It is my passion ||
- I love helping others by breaking language barriers and giving them the same opportunities I had when I became blind and received treatment from my doctor|in London.
- I love interpreting in this field and helping to break down language barriers in the medical field.
- I see myself working as healthcare interpreter because this job is now evolving with technology, now I interpret over the phone and virtually, and like that the languages are also evolving and is modernizing, This is a field where you keep growing and evolving.
- I like what I do.
- Professional care giver
- I enjoy my job. I like to help and to serve others
- Because I like working on this field.

- I believe I will, because I love my profession, and I see a great need, specially in the aging population of the language I interpret for. however the modality might change. |In fact I might be interpreting in other areas as well. As I am already doing when I interpret remotely. I think the trend will continue in that direction.
- I love my job
- I love it.
- I love what I do.
- I love my profession
- I thoroughly enjoy using my polyglot skills within the context of healthcare.
- I am passionate about it.
- I love what I do
- I enjoy the work that I do, and I feel I have the opportunity to make a difference.
- Because I really love doing my job!
- I love my job.
- I love my profession, and he support i receive from my organization.
- I enjoy the work and helping others navigate the healthcare system. I hope to have my own agency in the next 5years and not have to work for other agencies.
- Is my main source of income and main Degree
- I like it
- I love what I do , interpreting and translating
- Because I love to help people
- I like it
- I'm a translator and interpreter by trade
- Rewarding and meaningful
- Because I love what I do.
- I love helping people communicate in healthcare settings and I learn new things on a daily basis.
- I like my schedule and I would like to improve.
- I am passionate about providing culturally and linguistically appropriate services to our patients and families.
- I like the flexibility
- I love the job but my goal is to interpret in more than 2 languages
- I love my job, I love helping people communicate and I also love learning about different things every day.
- I love my job
- I like being an interpreter
- I enjoy what I do and as long as I continue to do a good job I want to continue to work as an interpreter.
- i love it
- I am passionate about medical interpreting. Medical interpreters leverage their linguistic skills to overcome language barriers within the healthcare industry, providing crucial services to both medical professionals and patients. While the responsibilities are significant, a career in medical interpreting offers considerable professional fulfillment. I find this work highly rewarding.
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- I like it and will continue as long as possible
- Because I love what i do and i am very passionate about my job.
- I will need extra income when I get Soc. Sec.
- I love my job
- I very much enjoy what I do.
- I love this job and my place of employment
- i enjoy doing it
- I like this job
- Interpreting is my passion.
- "" I Enjoy the work and find it meaningful. The flexibility and opportunity to help others while using my language skills is something I value. I also see potential for growth in the field.""
- I plan to keep my certification and continue serving our community as it grows in Spanish speaking residents.
- I LOVE THE PROFESSION AND HAVE A PASSION FOR IT

- Because I enjoy it
- I like it|combination of my medical knowledg and language skills, remoted job
- I like it.
- Because I enjoy it
- I have passion for it
- I enjoy this work and I'm good at it. I'm happy to help people. I may branch out to another area, but there is no reason for me to discontinue my interpreting work.
- Because that is what i being doing from 2005 to now and i like to help others that don't understand in their language and i want to help then.
- I love my job.
- This is my specialty
- Helping people is a fulfilling job|Convenience
- Because i specialized in this field and I do this work for living.
- I like working in the health setting. I have skills in this field and feel comfortable. There is also more work in thif field.
- Passion
- Because I really enjoy what I do, I'm always up to learn more and more and I really love to help 2 individuals communicate.
- I like to help to communicate in this field.
- I love my job, and as long as AI doesn't substitute interpreters, I will keep interpreting
- I believe is a field that won't be able to be replace and as the telecommunications grow I will be more and more necessary to provide understanding worldwide
- I love my work and will do it as long as I am competent and able.
- I love the place and what I do in my field.
- I like to help my community who don't speak English.
- I like it and I feel useful
- I just love helping people with their language barriers
- Because I love the job and fits me well
- I want to maintain my certification, and this is a practice I can take with my into the Christian mission field.
- I love my jjob, specially in the hospital setting it allows me to see different specialties and procedures. I learn something new every day , and it's different every day.
- I love what i do.
- Because I like my profession.
- I like what I do and helping others that don't understand the language
- I enjoy it and need to work.
- I love helping people.
- I have always been interested in medicine and healthcare since primary school, and I enjoy interpreting in healthcare. I enjoy and am motivated to learn more about medicine and anatomy and how to interpret these concepts and I feel a lot of personal achievement and satisfaction when I can help a Deaf patient communicate and connect with their providers and navigate a healthcare system that is often not designed with them in mind. Additionally, my husband is applying to medical school next year with the goal of becoming an MD, so I foresee a lot of opportunities to study and grow our knowledge together and support each other's careers.
- I love working in the healthcare setting.
- I enjoy interpreting.
- Because I love my job, I am a dedicated interpreter who invest time on continue education.
- It is my passion
- Because, I love the field of healthcare interpreting, and it is crucial to assist LEPs have equal access and ability to communicate about their healthcare needs with the medical providers in various settings. and different modalities of interpretation.
- I like it
- with better conditions, off course i would like to.
- I love what I am doing.
- I love what I do.
- I see myself enjoying the job and happy to share, use and help with my skills and expertise
- I regularly feel the importance of my role as a medical interpreter
- I love to serve my community. I also enjoy learning and interpreters learn something new every day.
- I love what I do

- It is a profitable area and invaluable opportunity to learn about the US system
- I really like the job, the fact that we are here to help people from different nationalities, my favorite quote based on the job is ¨Turning barriers into bridges¨ ¨
- I would like to provide my best interpretation service in Burmese / Karen language to help with those who need my services.|Moreover, I would like to earn my own income to contribute and help my family as possible as I can.
- I enjoy it and I feel the fulfillment of helping people from my culture.
- I adore the health field, and it is gratifying to serve as a brisge of conmunication.
- I enjoy it
- It's a very important life line.
- Since childhood, translation has been a passion of mine. My learning of English began by translating the lyrics of songs I enjoyed as a child and memorizing entire English-Spanish dictionaries. I aspire to dedicate my life to this profession, as it represents my true calling.
- Passionate about my job
- I love what I do
- I want to become a freelance interpreter and be able to spend more time with my kids and during school breaks.
- I love the job. From the actual job to all the benefits I get from being an independent contractor: manage my hours/workload as I choose.
- i love what i do
- enjoy my work
- it's my passion
- I enjoy my job
- I love my job
- I love helping those that can't speak for themselves.
- I love to serve others
- I like my job and at a person level don't envision a career change in the next 5 years.
- I can work the hours I choose to
- Tio many immigrate to USA from Latinamerican countries
- Love being able to help people
- I enjoy being an interpreter. I learn , excel use my brain, keeps me physically active and socially engaged.
- I'm in good health and like to work to help my community.
- I love this job.
- plan to continue with the district until my retirement; still have between 5 and 8 years before retiring
- I enjoy it
- I enjoy my work and the organization i work for.
- Because I need to work.
- This job is very fulfilling and I am extremely passionate about bridging the language gap to ensure quality healthcare. I just wish there were more in-person opportunities in hospitals where I live so I did not have to work remotely.
- Flexibility of schedule and I love what I do.
- I like being able to ease communication between staff and our Spanish speaking patients
- Yes, because there is a need for this language.
- I love my job and everything one gets to be exposed to and LEARN
- My goal is to work as in-person interpreter at a hospital or clinic. I enjoy what I do and wish to continue improving professionally to utilize all my skills.
- I love it
- i love this work to help those who cannot speak English
- I love my profession.
- I like it
- I love helping people.
- I am interested in working as a healthcare interpreter and serving the community to the best of my ability
- It makes a difference.
- I love it and need the money.
- Enjoy this work and there is high demand.
- Why not?

- Well, I already have 15 years in the healthcare industry in different functions and capacities. I will continue my journey within the linguistic field related to medicine and health care, as an interpreter and translator. Perhaps, in a leading or managing position or training new interpreters.
- This is my career.
- It's my career of choice.
- i enjoy it...flexible for my kids
- I like the Interpreter profession and consider myself young to keep working
- I love what I do.
- I love to help other people, specially if they are immigrants like me.
- I love what I do.
- i love what i do and it pays the bills
- I love it
- i love it
- I love what I do
- This is my career
- i need to work
- I believe I will eventually find a solid job within a hospital or dr office where I can be a full time employee with benefits
- I love my job, I am good at it, and it provides the flexibility I need.
- I enjoy what I do. |
- I love the work environment and health care setting, as well as serving our community.
- I plan to work as an Interpreter until I retire
- Love this job!!!
- I enjoy what I do
- I enjoy it. I see the effects on the work I do every day and it gives me satisfaction
- I feel that it is a great way to help the non-English speaker community to obtain and understand their healthcare access and not being restricted because of language barrier.
- It is good job.
- I am skilled at interpreting, and I enjoy it greatly. I also want to stay current in the profession to better train interpreting students
- Because I love interpreting, plus I'm now working at a hospital which is a dream of mine. I also want to continue expanding my knowledge in the field.
- There are very few interpreters and I see a large need in our community
- I like to keep my skills up and sharpen my mind, plus it's very much needed in my community.
- living income and I love to be an interpreter
- It's rewarding to be able to assist those who have difficulty communicating in their native language. Giving each individual the right to be heard and understood without fear of miscommunication. We are their voice and being able to assist at bedside give a more personal experience that can make a tremendous positive impact in their care.
- Flexibility
- I believe that there will be still the need for in person interpretation in a near future.
- Because I believe the human element is key to providing quality health care.
- I like to work from home and from anywhere
- I love my job and serve my community
- I like what i do
- Because I really like this job
- Because I like the profession and helping community.
- I would like to continue providing language service for those who need to communicate in a healthcare environment
- I love interpretation and translation. This is a profession I could have for as long as possible, offering the flexibility and autonomy. Plus the longer I am in this profession, the more experience I build.
- I love it
- I really enjoy what I do and I hope to continue helping my community and be an advocate for patients who have limited English proficiency, and lastly, I enjoy working in healthcare.
- I like it
- I like my job and its impact
- I can keep working until I am not able to do it.
- I plan to retire from my current employment

- As a trainer, I am making a difference not only in the hospital setting but also in health entities in the county.
- Love what I do in the company!
- I started as a legal interpreter in courts and then found medical interpreter was easier for me since my B.A. was in Biology and I had volunteered in hospitals when I was a teenager. I find helping people in the healthcare system is very rewarding and stimulates my brain always being exposed to different specialties and acquiring knowledge as I do research for my assignments.
- I can see myself working in that setting. I t will not be easy but fulfilling.
- The profession is rewarding and there is always something new to learn.
- I love this profession and I still see the need for Interpreters
- Because I enjoy languages and communication, helping people understand each other. Besides, I want a job that challenges me intellectually. I also like the idea of working in medical settings.
- Because, I would like to help more clients
- I enjoy service based Job especially in healthcare.
- My professional career
- Why not?
- I enjoy the work and it keeps my mind sharp
- I enjoy it
- I love this profession.
- I hope to continue interpreting as long as I am able to do so.
- I would like to interpret remotely and be able to take my job with me wherever I go.
- Because I love what I do.
- Since I am bilingual English in Spanish, and my current career interests are within nursing field, becoming certified interpreter could help me be paid more compared rain to as a bilingual, and not being certified I said an interpreter
- Ideally yes, but given current advances in AI and government policies, I'm not sure if I will still have a position in 5 years. I have a lot of things that I would still like to accomplish as an interpreter.
- I love this profession. I feel I can help people.
- I like my job.
- I will have more available time
- I like doing work in mental health settings. That is my specialty. Also I like that I can pick up quick gifs on nights or weekends after my full time job to supplement my income.
- It is my passion.
- I love what I do
- I still have the stamina to do it
- I like it! , remote work is the best thing that could happen to me now because unfortunately due to my age it is no longer possible for me to work on something else even despite being fully capable of doing so, in my country adults are not considered hireable; this industry allows me to work and continue generating income to support myself and feel useful and active. For this reason I am interested in training and studying and obtaining the necessary certifications and training to be able to perform adequately in this job and do it in the best possible way.
- It is my profession
- I love to help and I don't see the need for interpreting going away anytime soon.
- It's a rewarding profession and what I;m most experienced in.
- I love to help others
- I really love my job, and to be a healthcare and school education interpreter to help people to communicate with each other.
- I love my job
- I am able to reach more people and help them, making their voices be heard.
- I have a career in this field, and I am about to retire
- I have been working as a healthcare interpreter for 12 years
- n/a
- I am passionate about it and enjoy being for service.
- I love to interpret. Iam good at what I do.
- I love what I do.
- I have done it for several years, I love helping patients and Medical Staff to overcome the language barrier, for the benefit of the patient.
- we have a community who need help on managing their health so make them understand how to do, it is my pleasure to be as a bridge. i love my job and willing to help my community as many years i can.

- I believe that AI will not replace skillful interpreters and I do love my job. I will keep seeking companies I can work for to keep my skills sharp.
- YES,` I have been a language interpreter for 11 years now and continue to educate myself in various languages so that I can continue to be the best in my field. This is a long-term career choice for me.
- It is my personal business and my passion.
- As a retired physician with a love for languages, it is a joy to serve patients and providers as a healthcare interpreter.
- Because I am about to take my CHI exam for certification and hopefully I will get more assignments
- I enjoy interpreting and I've been employed by the same state hospital system for over 8 years now.
- I love working as an interpreter and meeting new people.
- I love my gift of bridging gaps between language barriers. I care deeply for the clients I serve.
- I enjoy working as a healthcare interpreter. I would like to continue translation work in institutions in which I can make a difference and continue to help others.
- I love to interpret. I love being a Healthcare Interpreter Instructor, and make a difference in human lives.
- it flexible hours, keeps me moving out from the saame place, cotact with people, different people and some regulars. I chosse my work load.||
- Because I love what I do.
- Because its part of who i am and the need is there
- I really enjoy helping the community.
- I love it
- There is always international patients who need language services
- I majored in Translation and Interpretation and that has always been my call.
- I love it, it is my specialty
- Because it is a job that does not require physical activity and I can do my job for a long time
- I hope to maintain the same satisfaction I feel today in enjoying continuous learning and helping individuals in their healing process.||I like to keep learning. I enjoy languages and working in the medical and research field. I have been actively working in this field and have a strong academic background that supports my experience and continuous growth.
- I feel that it is a rewarding job. I think that I can help the patients and the doctors. It is self-rewarding.
- I enjoy it
- I enjoy helping others
- I enjoy my job
- I enjoy it
- Because this is what I love to do.
- I really like people & being of help.|I also understand how difficult it is for adults to learn a new language as it was for my mother. In addition, i have seen their fear when they or their loved ones get sick & they don't know what's happening. |
- Love the profession.
- I enjoy helping both clients and professionals understand each other and communicate questions and concerns that could save time or someone's life.
- I love it!
- I have the passion to work as an interpreter to Faiza challenges and obstacles every day learning more about culture either for the providers or the patient. I love helping my customers.
- I shifted my career to be remote interpreter to be capable to manage my work -life balance and I am enjoying being an interpreter and would love to continue working for the coming years
- I like Interpreting and helping bridge that gap.
- I love my job. Good pay and benefits.
- I enjoy helping my community
- I love my profession and my field
- It works for me, I can manage my time, and I have the capacity to perform well.
- Because I enjoy so much and because it's a way yo help people and still get paid.
- I like being able to help people have a voice and express their concerns specially when their health is at stake.
- I would like to get a full-time position in a Hospital.
- I LOVE MY JOB!
- Easy work for a senior
- I enjoy learning all types of health situations and cares and provide helps to the patients needed.
- I love my job.

- Because I love my job and my mind is still working =¯ %.
- Because I enjoy so much and because it's a way yo help people and still get paid.
- I love it.
- Because I enjoyed the diversity that my work brings
- I love this profession.
- Because I'm good at it and I enjoy the work.
- I like my job.
- I like to help patients
- I enjoy helping individuals
- I am a professional.
- ASL interpreting in healthcare is my favorite thing to do.
- I love my job
- I love it
- I love healthcare interpreting.
- I love my job
- I want to continue
- I have been an interpreter for almost a decade now. Compassionate from helping others
- I like my job but don't think there would be that much of demand for it
- I see myself working as a healthcare interpreter because I am passionate about bridging language and cultural gaps in healthcare. Effective communication is crucial for patient care, and I believe that by ensuring accurate and empathetic communication, I can help improve health outcomes and reduce disparities. I enjoy learning languages and understanding diverse cultures, and this role allows me to combine those interests with my commitment to patient advocacy. Additionally, as our society becomes increasingly diverse, the need for skilled healthcare interpreters will continue to grow, offering me opportunities for both personal fulfillment and professional development.
- I love what I do.
- because I love interpreting
- Because I Can work from home, and I feel really comfortable helping people to communicate
- I like it and enjoy learning new terms constantly,
- I like it
- I love my job
- I love it. It gives me a lot of satisfaction despite the difficulties we face.
- I love helping the people who can't speak English |It is ratification to me that I can help these people in their own language to explain their health conditions and what kind of treatment their that will help them |Talking to them in their own language and a person from their own country makes them feel comfortable
- I enjoy interpreting, I keep learning new things everyday. I have made a career out of it and it still allows me to have some flexibility for family and volunteering.
- I love my job :)
- I love working in the maternity ward
- i enjoy what i do and enjoy helping others understand and express their concerns
- retired in 5 yrs
- I love my job.
- Language access for all
- BECAUSE I'M VERY GOOD AT MY JOB AND HAVE A LOT LEFT IN ME
- I love what I do, I feel lucky to be the channel of communication between pts and providers. Specially because I feel I help the most vulnerable people.
- I need the income
- Even though there is a lot of hopelessness in the industry nowadays I still want to believe there is a chance to work for fair compensations and companies putting their patients wellbeing, service quality and workforce wellbeing over their profits. I find this profession a really important and sensitive one that I want to be a patt of in order to contribute to human dignity in healthcare.
- Why not? I will continue with my CHI-Spanish.
- I enjoy interpreting and I enjoy the learning that goes along with it.
- |Because I am very passionate about my job. That is why I instruct future Medical Interpreters, as well.
- I love my job
- Because I work in the medical field and I interpret many patients a enjoy it and an interpreter gets to pay better.
- I have a passion for interpreting and connects me with my community besides earning additional income.

- I love helping people like my parents.
- I'm a community health worker as well. My focus is to ensure our marginalized communities receive care in their native language and with a cultural approach. Being an interpreter nit only helps provide accurate interpretation and translation, it also helps provide insight on areas health care settings need to improve
- I love it!
- I like my job, it is interesting and beneficial for providers/patients communication
- I like what I do.
- It is and has been my profession at the HD for the last 19 years.
- There is a need in my community, and I enjoy the work.
- I like the job and I care about people.
- Yes, because I love what I do, and I'll keep doing the great webinars to keep learning.
- Because I like helping people who cannot express themselves in English.
- I really enjoy the field. It is something I have a good amount of experience with and I see it a career.
- I enjoy this helpful work
- I love my profession.
- Job demand
- I enjoy it very much.|
- Our community needs it.
- different specialties, b) not bound to a routine - every day is different, c) challenged to stay on top of current updates in the medical field, d) can see the progress in health in patient
- I went to a medical school in Colombia and I worked for 10 years as a doctor. I have found in the interpretation work my passion, helping people, being around the hospitals and patients. It makes me really happy.
- Because I Love my profession, and I love working with patients and providers.
- I am fortunate to work for a stable employer.
- I like to help people. It is important to keep your brain working. Love this job.
- I like the linguistic challenges and like helping people
- I plan to retire from the JEFFERSON COUNTY HEALTH DEPT.
- i love it
- I love my job and the organization I work for
- I care about giving meaningful healthcare access to LEP patients. It is not only a job, it is being part of a community and helping others.
- I love my job and it suits me.
- I'm still healthy.
- I love my job and my profession
- I enjoy my job, I may not be full time but possible per diem.
- yes, because it is a beautiful profession. Plus, I would like to be able to manage or supervise a team in the future.
- I love my profession, which I am passionate about. |It's my ""ikigai""!
- I love helping people. And I love my job.
- It's meaningful work that I can continue to perform for years to come. I very much enjoy helping LEP patients and their providers have Smith and meaningful interactions. Patients are often intimidated by the health care system, but having a friendly face in an interpreter helps them navigate the process more smoothly.
- I enjoy my job.
- I like being my own boss and setting my own schedule.
- I'm passionate about my job and the type of work that I help to assist with
- Because i like help others
- I like the work
- Love what I do. I am also close to retirement. Would like to continue working part-time as an interpreter in the same organization after retirement.
- I am passionate about helping
- Yes, I am passionate about my work and serving my community
- I love this profession
- I love this career
- There will be an increased need for interpreters in the next 5 years due to immigration
- I love what I do.
- Because I can

- I love what I do.
- I love my work and to help those in need.
- I enjoy helping others, and it's fairly easy for me
- I do it well, the process is rewarding and my pay has increased steadily over the past 5 years.
- It is my calling. I am getting a Master´s degree in Medical Translation for these purposes, and I intend to continue working on my professional development to have better opportunities and for my own personal satisfaction.
- I can always learn and keep growing.
- I love what I do
- I enjoy my work.
- Because I like it and I would like to grow as a medical interpreter
- I am 70 years old. I may decrease the time I will be working as an interpreter.
- Because I enjoy and like helping my community
- I love helping people
- I have been working in the healthcare industry for more than 20 years.
- I love my job
- I love my job and helping people
- Because I enjoy helping others understand how they will receive their medical treatment or procedure to be better informed of their medical condition.
- I enjoy my work at both the personal and professional levels.
- I enjoy my work. It is very gratifying
- I like to continue interpreting for the rest of my life.
- I love what I do. Medical interpretation and translation are two of my passions.
- Because I love my job, it's an interesting career - you see a lot and learn a lot every day.
- I love what I do for the living!. |||In addition medical and other benefits provided are hard to obtain.
- I am passionate about what I do. I love to be that bridge between pats and providers and have that connection with my roots.
- I like this work, helping people.
- I love what I do
- I have interpreted my whole life for family members and friends. I know that what I do is very much appreciated by my providers and patients.
- I love my job!
- I love being a medical interpreter. I will retire as a medical interpreter.
- Because I love to interpret, and I love people.
- I love interpreting. I will retire from my job as an interpreter
- I enjoy my interpreting career. I enjoy helping patients and interpreting for them.
- I enjoy my job and am passionate about helping everyone truly understand communication.
- love it
- It is a rewarding career
- I enjoy my Profession
- Because I enjoy the field.

Explanations from respondents answering NO to *Question 58.* Do you see yourself working as a healthcare interpreter 5 years from now?

- Retirement BABY! |
- I don't think the ETOE works for testing other languages besides English.
- Will retired
- I'll be retiring.
- There are very few jobs available, around 1-2 assignments in a month or two.
- Too old
- Very low, way below the average pay, just few dollars more than minimum wage. Lenght od experience does not matter in this profession (those with 6 month experience are offered the same rate as those with many years). Dead end - no room to grow. Will never be able to retire if I continue working such low paying, no room to grow jobs.
- Healthcare interpreters are undervalued, and although I earn more than a lot of people it's not profitable to stay in this line of work when you have financial responsibilities like a family to support or if you want to professionally grow and invest in your education, the pay is not enough.

- The lack of support from my manager now is very disheartening. Although they want to see the department grow, they offer little to no support in helping us get the respect that we deserve as interpreters.
- Retirement
- Planning to retire
- I'm going to retire before that
- I will retire soon.
- Retiring
- Burnt out
- Getting to retirement age.
- the pay is not sustainable|and there is growing concern about AI programs doing this job|
- I don't like this job
- I am retired
- it is an abusive industry , working like slavery . 99% percent of incomes goes to the employer pocket even though the main tasks are done by poor interpreters
- I'm planning to retire.
- Pay is low, benefits are awful, and the trauma of VRI with the large staffing company resulted in my burnout after only a year.
- I'm retired already and pushing 69 years old. I'm doing this since 2005.
- I cannot keep working on this much longer because my mental health is declining. I am forced to do this to pay rent, I can't even apply to corporate positions inside the company I work for because I get declined instantly just for living outside the US.||I am stuck on a rut. Doing the same thing to get paid and pay rent, food and utilities. I can't even pay for the certification course (+40hs) (395 USD).
- Pay has not increase since I started in 2017
- I'm burned out help :)
- pay can't keep pace with cost of living, it's unsustainable; hospitals don't care about quality, they'd rather outsource to companies like AMN who outsource to Mexico and Costa Rica
- I dont feel like the payment is fair at leasr for the non Us based interpreters
- retire
- Retired from interpreting, focusing on training and creating curriculum
- Because I'm an airplane pilot and I expect this to be my future job in a sooner future; however, I consider to continue working as an interpreter, but more occasionally than often.
- Pay
- Incoming executive administration for 2025 will undo the federally mandated provisions requiring access to trained interpreters for LEP and non English speakers. Advancement of AI will make the use of devices and applications (perhaps with software contract) for providers and organizations more cost effective leading to rely on its use,|.|
- Affecting my health
- I'm only working to pay for my college.
- I am so burned out
- Because it's been a long time since I've been doing this job, and everything is still the same. For some organizations everything is our fault, but they don't train providers how to use OPI/VRI interpreters. They forget they've been speaking with us, they talk as close as possible or as far as possible from the devise. They hung up on us without letting us do the closing (and yes, that is our fault).
- It's very emotionally and mentally taxing to work as a healthcare interpreter, as fulfilling as helping people is. I'd also like to explore a career in project management.
- Low pay and for not paid equal to other interpreters for the same job and less qualified or experienced.
- I have come to hate this job due to capped low wages and no career path.
- Im studying biology and planning on switching careers
- I want to focus on work in courts
- I'm passionate about helping others communicate. Nevertheless, I cannot depend on one career due to the current state of AI development and financial-related reasons.
- Low income. Micromanaging from the company. No job advancements
- Lower pay than Court
- Retiring
- Interpreters are not well paid. Impossible to make career and have a fair income from healthcare interpretation
- Retirement
- I'm changing careers.
- Low income, no insurance.

- Too tiring mentally and physically. Besides mainly hispanic secretaries make fun of me when they realize I'm a Spanish speaking native. I don't feel very respected at health care facilities.
- Interpreters are not well paid. Impossible to make career and have a fair income from healthcare interpretation
- Retirement
- Healthcare interpreting, both VRI and OPI, has become overly commercialized, resembling a call center environment rather than a professional interpreting field. ||**Issues:**|- **Respect and Professionalism:** Interpreters feel more like call center workers, subject to fluctuating company policies.|- **Inadequate Work Conditions:** Workforce management software imposes unrealistic expectations, such as 15-minute breaks without time for hydration or restroom use. Tired interpreters are prone to errors, which jeopardizes the quality of service.|- **Micromanagement:** Experienced, certified interpreters face constant oversight, driven by company policies rather than professional standards. This results in pay docking and denied raises. HR systems are used to control profit, deny vacation, overtime, or undertime, we ended up a minute interpreter.|- **Pay Disparity:** There is an unfair wage gap between ASL and language interpreters, and language cathegories that needs to be addressed.||**Suggestions:**|The interpreting industry requires regulation, a minimum wage, and support for unionization to ensure fair treatment and standards for all interpreters.
- Because I would like to better pay (if they offer more pay absolutely)
- Because I am going to retire.
- I am completing a Masters of Social Work degree.
- It does not pay enough
- Because they don't respect interpreters
- In the current conditions, it's getting harder to catch up to inflation with the rates we're given. Also since we are not assured a number of calls per day it's hard to maintain a decent salary and that makes it almost imposible to save for things like buying a house or a car.
- Because this industry is destroying their employees more and more every day.
- Extremely stressful job working as,a VRI. I really live helping people in healthcare, but the pay is terrible and the job is thankless. AI may be coming to take us all away which may be a good thing since AI doesn't have feelings.
- The pay is too little, at this point my salary is not enough to support myself even in Colombia. I just went to EMT school and I'm planning to go to Med school in a couple of years to change paths.
- I do not see enough professional or financial growth.
- I am perusing my Legal studies towards getting my JD in those 5 years. I may start working for a law farm as a paralegal soon as I pursue my degree.
- Planning to retire
- Wages are very low and interpreters are not seen as people but as mere disposable tools. It's a very underrated job.
- I am afraid of the future of interpreters. That is why I'm using the resources provided by the company to become a nurse
- I'm hoping to retire.
- my age?
- Because it might not be enough for my needs in the future.
- Retiring
- Too old
- No respect, diminishing pay, no future. CHI did not make a difference. Unregulated industry.
- Pay is too low for the effort
- Because the salary is really low!!! USD 4/logged hour! I think it's shameful. If I can get a better salary, I can definetly see myself working as a healthcare interpreter.
- I will probably work as legal interpreter for the foreseeable future. Both the pay and benefits are better.
- Want to move to the legal sector
- I will be 77 by then.
- I'm tired, most of the companies have policy that make the interpreter feel like slave, no consideration, no rights is getting worst every day
- I will be 79 in 5 years.
- Retirement
- Not as healthcare interpreter, but supporting language assistance initiatives.
- I am planning to retire this year at 62.
- No opportunnities for growth
- Conditions are not fair nor right for skill interpreters.

- NA
- I do not see this as a sustainable career for me. It is better as a side-job with occasional in-person assignments. But the renewal fee is too large and the requirements too high for me to justify, given the occasional nature of my work. (I wanted to renew, but the cost for renewal plus all the CEUs was a lot, and I could not get the company I worked for remotely to sign a verification of interpreting hours.)
- Interpreting is mentally exhausting and not well paid
- Hopefully I can RETIRE :-)
- Low pay
- I am more interested in Managing Interpreters and education
- Because of artificial intelligence
- I am 78 years old.
- Retirement
- I don't imagine my body can handle it too much longer, and I won't continue working if I or any consumers feel I am providing less than equitable access to communication.
- I want to retire by next year.
- AI will take over
- I will turn 80 this year
- I'm going to start on my Masters in Nutrition soon and will work in the field of Nutrition more.
- Planning on retiring
- Looking for more opportunities to use other skills and knowledge while obtaining greater pay
- No, because I will be retired. I began my career as a medical interpreter in 2011.
- Moving up
- Low pay, lack of progress, extremely stressful and demanding in comparison to teaching (for example).
- Exploring opening my own interpreting agency.
- I am planning to retire
- Retirement
- That's the career I chose.
- Maybe. Want to retire before five years.
- I would like tobe a full time translator.
- I would rather work as a translator
- retire
- Will retire
- The State of Colorado Division of Workers Compensation has limited what interpreters can bill for Work Comp appointments in addition they add continually more requirements for interpreters and pay less and less. As a result, I have taken a part time job for the State of Colorado as the staff interpreter for the Office of Environmental Justice and the other half of my time is mostly dedicated to interpreting in Education - both are better paid, are more challenging and have better support and systems.
- Our in-person roles are quickly being replaced by contracted video interpretation devices. And the compensation is not keeping up with the need.
- Move to different job
- Becoming M.D.
- Getting to retirement age.
- overworked under paid
- Bachelors degree obtained in different field.
- I don't see a clear path for professional growth and pay so I plan to pursue another healthcare career.
- Hopefully, I am retiring at age 65 years.
- The Pandemic years took a toll on my mental and physical health.

Explanations from respondents answering I DON'T KNOW to *Question 58.* Do you see yourself working as a healthcare interpreter 5 years from now?

- I may choose to stop working when I am 70
- Because the time
- I'm getting tired of fighting to be recognized as a valued member of the healthcare team instead of an animate tool others use.
- VRI and AI could replace a lot of our work. I am also considering early retirement
- Need a better paid career position. + benefits
- It is getting harder to afford living each year

- Outside contractors are being used
- Not financially lucrative and no prospects for growth.
- I don't think the volume of work will increase for me (not for lack of need in neighboring cities, but because of the pay rate, the use of automated interpretation and interpreters of other languages who speak Portuguese 'covering"" PT as well.
- I would prefer working in a court setting
- The moment AI start turning closed captioning (which is available now) to speech, we don't have jobs as interpreters at all. with how fast AI is improving, it's a matter of a year to 2 years maximum.|New policies of immigration
- May retire.
- There is very little respect and growth opportunities for Language Services SMEs. For example, instead of paying a language services expert to lead our department, an outside manager, from an unrelated field was hired to lead department.
- The pay is very unstable, the company treats the interpreters subpar. They get paid on a set schedule and we don't. Considering we are the ones providing the services you would think they would want to keep us happy- by paying us on time.
- Preparation for the assignment takes long. |If patient information is provided like other health care providers. like therapists or nurses, preparation time is shortened. But hospital does not allow providing inf because of HIPPA even though signed contract which included HIPPA and annual education is completed.
- AL. Also, I deserve more pay, and field seems to be getting worse. Interpreters in mefival settings getting less respect snd value from providers|
- I love doing interpreting, but sometimes the lack of vertical movement, motivation, or challenge is frustrating. If an opportunity to be full-time outside of medical, I would take it.
- Age
- Poorly paid and extremely exhausting.
- It's not my career, so if they keep paying us unfairly I will focus on something else, otherwise I would like to
- Unsatisfied with pay. I would like to earn at least 15 usd/hour or around 30,000 pesos a month working no more than 40 hours a week.
- I like the job, but roll is limited and compensation insufficient
- Health reasons.
- May choose to retire in a little less than 5 years
- Low Pay and low job stability
- burnout.
- Because I am starting to feel vicarious trauma, because I can get better paid doing conference interpreting (my degree), because I don't want to work online every day.
- Because employers change the rules constantly, and they are paying less and less every time, and now there is the threat that we could be changed for AI
- Not sure not enough pay but I love it
- I like what I do but it all depends on the pay.
- I like this profession, but not sure about it's future
- I'm at retirement age and the working environment for in person healthcare interpreters is very difficult.
- I am doing my masters in another field.
- It's not my career, so if they keep paying us unfairly I will focus on something else, otherwise I would like to
- Because I'm staring my own business and I need to escalate my income 100x.
- Im a getting certified in cybersecurity since I don't think there are many opportunities for growth in the field of interpreting.
- It depends in how well companies start to care about interpreters, with our mental health, also the wages which are pretty low, many of them are insulting offers.
- The pay is great but with economy going up and not the pay I would have to find something else to balance my income
- This is my first year interpreting as a freelancer, and I don't know if I will make enough money as to pay for my continuing education and expenses. I live an hour drive from all of my appointments.
- Retirement looming
- Rolling in to full retirement soon.
- One company I used to work for merged with another company and now we no longer will be able to work directly with them. Their subcontracting companies offer lower rates and fixed schedules. Sadly, this is common practice in the industry. Language companies offer us Latin Americans really low rates with few to zero benefits, and each year it's getting worse and worse. I fear that it will no longer be sustainable for us.

- Salaries are too low and they never give raises. If I continue working as an interpreter for 5 years I'll never be able to buy property
- Call volume
- Pay never increases.
- If I find a steady, higher-paying job, I might quit
- ASL interpreting/translating has many facets, and I like a variety of settings
- I do love the job, but the industry is horrible. Compensation, working hours, grow opportunities, none of that reaches the minimum of a fulfilling job. It`s depressing.
- Planning to transition to interpreting training in the next 5 years
- Because the rate the language service companies offer is decreasing and there are more new Interpreters day by day.
- It is not fulfilling enough.
- rates
- Low paid.
- My husband is retiring soon and I may decide to retire in a few years, depending on how things go with the new administration in Washington, DC.
- I'm just starting out and not sure whether it's a sustainable career personally, given the uncertain development of the industry and rise of AI tools.
- I would like to move ahead to a more stable position.
- I would like to increase my monthly income, as well as grow in a company
- Pay
- payment is very low
- I would love to but rates for contractors outside of the USA are very low. Even if I am a Certified Healthcare Interpreter with an MA in Conference Interpreting and a BA in Translation and Interpreting, I do not get paid enough. Unfortunately, I haven't found a US company that would be willing to hire me and sponsor me for a work visa to work in the USA.
- Interpretation is hard work without any laurels or recognition and the pay is very low. The increments lowest possible. The cost of living is going up in leaps difficult to make ends meet. Staying an interpreter is even difficult with the expensive CEUs and bodies like CCHI adding more expensive layers to their qualification. We also have a threat of AI invasion. In the next few years maybe interpreters, trainers and regulating bodies might become redundant.
- Low pay, less appreciation for the work done, no appreciation for being a Certified Experienced Interpreter.
- I have had a negative experience being overworked as the only dedicated in-person staff interpreter in a large hospital with 5,000 employees. It's a new program and I'm constantly being ""pushed"" to work without enough breaks and I feel very isolated being the only interpreter. As well I have not been given time during my working hours for training I feel I need, and sometimes asked to do things that go against the interpreter code of ethics. Because I am the only one I frequently feel like no one understands me and what my needs are. In short, I burned out. In addition I am making half what I used to make in my last career as a teacher, so I will need to go back to that job for financial reasons but also I feel it's more sustainable as it allows to to have better work/life balance financially and mentally enough time off to recover from work demands.
- Scarce financial earnings
- I can't live with my current income. I can't afford to pay my mortgage, car loan and help my children to attend school with my current income
- The industry is so bad at the moment, all the companies refuse to increase the rate and AI is evolving rapidly.
- I also want to be a translator
- I hope to continue. This is my main occupation. I love this job; it brings me a lot of satisfaction and joy. |However, maintaining a stable income is difficult due to the high volatility of job opportunities. To make ends meet, I have to work for multiple agencies, on-site and remotely, with almost no breaks. ||We tend to get fewer on-site appointments because many medical facilities prefer OPI/VRI options even though they don't always work efficiently and the patients may not be happy with them (connection disruptions, poor quality of sound, etc.). ||I do remote interpretation as well. But here I am facing another problem: low rates. A few years ago, the minute rate was 0.70-0.75 cents, now it is 0.50!!! If I go on a so-called dedicated schedule, I would get paid only half of what I can make for one hour working per minute: $19-23. It would take 5 hours to earn $100!..|||| |||| ||
- I'm at retirement age and the working environment for in person healthcare interpreters is very difficult.
- Im scared of how the trump administration will affect access to healthcare and court interpreting.

- Mostly stagnant wages and an inability to move up the ladder with purpose. The politics of the organization.||The organization I work for isn't prepared to pay for or recognize interpreters who specialize in healthcare interpreting plus other equivalent and relevant specialties like mental health.||They are happy when we arrive in-person and are grateful for the service. When it comes time for an annual review the increase in pay doesn't reflect the gratefulness we receive when on the floor.||I can work from home on VRS without the wear and tear on my car. I would make more money.
- Things can change
- I really enjoy the job, I love helping people and being a bridge to ease the language barrier. Unfortunately, for interpreters outside the U.S., there is no professional growth, no promotions, no better pay... all of that is very discouraging. The companies keep us isolated from our colleagues, they keep us abandoned and unmotivated.
- depends on the rate
- Technology is growing too fast and IA's are quite accurate for translation and interpretation, so I'm not sure if we, interpreters will survive such a technological advance in the future.
- I cannot assure that I will still be working as a healthcare interpreter five years from now. While I am passionate about the profession, I am currently seeking an in-house position with benefits. Unfortunately, the most recent offer I received in Long Beach, California, was for an 8-hour shift, Monday to Friday, with a salary range of $25-27K per year. The recruiter informed me that I would be closer to $25K due to a perceived lack of experience.||It is disheartening and shameful to receive an offer like this, especially considering that I hold a Master's degree related to the field and a Bachelor's degree in Communications. This profession is not respected or valued as it should be, given the critical role interpreters play in healthcare settings.
- I am concerned about the future of interpreting due to the increase of AI presence in the field
- I renewed my certification, since love what I do, but I am close to my retirement.
- Job is not remunerated accordingly
- Going to retire
- i may retire.
- Uncertainty
- Low and unpredictable income
- It depends of what kind of inquires I get to interpret. It an be educational, healthcare, court, immigration, etc.
- because I'm not sure if I'll have a job or not due to AI and companies continue to lower our rates
- AI and technology might take over. Legislation my impede us from working.|I might be promoted or switch careers.
- Only time will tell
- I'm an MD I want to pursue revalidation here
- Because I'll be 78 years old then.
- I'm eligible for FRA Social Security and retirement benefits and onsidering retirement in the next 1-2 years.
- unstable, not paid well
- I have a master's degree in an area of study outside of interpreting
- AI will be gradually replacing most interpreter jobs
- I'm close to retirement.
- I am a full time ESL / Bilingual teacher in public schools - I plan to work minimally due to my full-time work load - that may increase or decrease within the next five years
- I am not sure if this type of jobs will replaced by AI in a near future.
- Won't make enough money to retire if I do not get promoted.
- No growth no money no benefits
- Because I am a little bored and I enjoy legal interpreting and conference interpreting much, much more.
- I am a very adventurous person and enjoy learning new things. I don't know what tomorrow will bring and like to keep an open mind in case anything were to change.
- I like the medical assistant job
- I currently do my healthcare job role
- I'm at a juncture in my life where I'm young and major life changes-- like having kids-- could affect my career path. I've also considered getting masters in Speech Pathology.
- I might leave the US to live somewhere else, where I may or may not continue to work
- I have ither main job.
- Too much driving for me as I get older; most assignments are an hour away one way; I don't want to spend my life on the road. I'd like to be able to work near where I live and have a steady part time job instead of scrambling to accept jobs scheduling on a website portal with who knows how many other people.

- I am no sure yet if I want to work 5 more years
- I am no sure yet if I want to work 5 more years
- Truth be told. The industry is rapidly changing, not always for the better. The compensation some of us are receiving is lower than we deserve and need to support ourselves. LEP patient population is starting to decline in certain areas of the USA due to new laws and federal regulations. And room for advancement is not always available, offered or encouraged. Some organizations don't recognize the true value of a competent interpreter who is adequately certified versus and as hoc interpreter or new computerized systems. And also doing the best to keep a certification that often makes one wonder, is it worth it?
- I volunteer, so I don't know if I will have the time in the future.
- I am approaching my retirement age. However, I will keep working as long as I can.
- depends on the market and industry
- only if working conditions are humane
- You never know
- I may retire. I am currently 65. |
- I'm pursuing another career
- Pay is not sufficient
- Not happy with workplace!
- Because of my age. I might want to reduce the pace or stop completely.
- The rate of pay for medical interpreters is lower than the rate for legal interpreters, so there's a lack of financial incentive.
- Poor management behavior is a big problem in my work environment, lack of ethics, professionalism, personal harassment such as unsuitable comments, intimidation tactics, and behaviors that are degrading, lack of trust and negative stereotype.
- Ai may take everything
- May be retired.
- Maybe AI will replace us all
- Pay continues to decrease. Companies would rather contract barely bilingual people without any training to interpret in highly-sensitive medical settings than value training and professional conduct. They know they can get away with providing terrible quality services with high turnover of ""interpreters"" they pay half of what I earn. The complaint system for end-consumers of services is convoluted, disjointed, and disconnected. The majority of the healthcare facilities I interpret at do not have direct contact with the interpreting agencies because they're going through a middle-man (e.g., insurance company or subcontractor). I love interpreting but I'd almost rather do it as a volunteer because at least in non-profit settings, they value and appreciate their interpreters.
- The pay is not increasing as it should be for healthcare salaries.
- Personal reasons
- Only God knows. My life is in His hands.
- Low pay, inaccessible technology with companies who don't care about certification, feeling used and underappreciated as a human being with very little remedy for ameliorating the situation.
- The assignments has been getting fewer and fewer and thinking of changing into other healthcare settings.
- It's a gloomy job and we're not paid well.
- Trump.
- If I can't depend on getting more work in the state of South Carolina, I'm not sure the profession is worth the expenses, such as wear & tear on my car.
- Maybe retired
- I don't know
- hoping for additional training to have full time employment.
- Hope to publish, sell, more Books, in English and Spanish.
- I am not satisfied with the rate of income.
- Better pay or opportunities
- may retire
- Because of my current age -83
- Occasional projects only
- It's a dead-end job. Very low pay, no ladder to become something else.
- I enjoy my career but do have some concerns over the current political climate in the US and how it may affect my profession.
- Salaries do not increase, ever. while inflation rises constantly.
- Because Im transitioning into hospital leadership/management and foresee myself leading a team.
- Due to the low pay for interpreter, I'm transitioning to another career.

- I am in a 'wait and see' mode given all the changes taking place in the language industry
- because I would like to finish my studies in psychology, but I dont know if i would be able to earn a living with that.
- With AI and other things happening with the interpreting field, the opportunities may be extremely limited!
- It's not a well paid field for us that work remotely, if you get a better deal is probably as much as 10USD per hour, and its also somehow mentally taxing.
- Income isn't sufficient for a stable living situation
- Interpreting in the healthcare field is greatly misunderstood and therefore, not respected enough. By these companies, who only care about profit, hiring unqualified people just because they are bilingual, they are continuously undermining our profession and placing LEPs in danger. I have tried so many times to educate those around me about what it takes to be an interpreter, from my current employer to other companies, only for it to fall on deaf ears. Its profits over people and I am beginning to lose hope for the future of this professions. Specially now with AI. I am debating moving over to legal interpreting because at least in the courts, the requirements for interpreters are much more rigorous, and one cannot just be bilingual to work there.
- Taking care of parents. Getting closer to retirement.
- I don´t know if i can make a living with the salary that hey offer. I cannot balance my life with the schedule either
- I would really love to if I could earn a decent pay and have a relatively secure work-flow. Paid by the minute and as it comes does not meet that criteria. |I typically earn 700 -1300 $ monthly working for 3 different language companies.|I would prefer to work for one and have the pay doubled or tripled to see myself working in that field in 5 years from now. |
- There is no stability or benefits
- growth
- Age
- Near retirement age
- Companies take all our money from our talent as interpreters and we get paid an absurd fraction of that. Especially certified interpreters should be paid a lot more. By far more
- Pay is awful and not feasible for where I live.
- At some point I would like to retire
- I am concerned that AI will replace healthcare interpreters. |I am more interested in training and educating interpreters.
- It does not pay enough
- I am treated like trash and dehumanized by the clients despite my hard work, Master's degree, and excellent performance. I am just a voice coming out of the device. The company I work for never offers any bonuses or salary raises, instead regularly criticises for the most ridiculous things.
- Not currently working
- Based on my current age - no.
- Flexibility issues
- Since I am retired I only work if not traveling or attending personal matters.
- Personal health issues and age. Difficulty finding healthcare interpreting assignments in current location (healthcare interpreting services not widely provided here, and Spanish may not be a high need language)
- Trump
- There isn't a balance for mutual benefits, growth nor development in this field. LSP are only about themselves and take for granted all an interpreter has to do to become certified and keep that certification up to date. |
- It depends on my respic needs.
- I am retiring.
- I will likely be moving out of the United States due to the current federal administration.
- Don't know.
- I'm focusing more on medical/scientific translation to expand my horizons, and to enter partial retirement.
- I am passionate about interpreting, and I love helping people.
- I'm retired and looking for a PRN in person position, preferably in a hospital.
- life events and depends on how things progress in the industry
- closing to retirement
- You're asking me to predict the future during an acceleration of climate collapse & increasing fascism, c'mon lol
- No growth in pay or career advancement

- I enjoy it and value the schedule flexibility, but it is very difficult to be hired as a certified interpreter when the agencies prefer to go with non-certified, bilingual individuals because they pay them less. They can get away with it, disregarding the time, effort, and money needed to maintain the certification. Whereas, non-certified individuals will not make an effort to get certified and take courses/webinars, as long as they are allowed to work just like they always have, this will continue.
- Current country situation
- I may change to different field because of lacking of professional development
- The corporate greed that promotes racism and inequality is overwhelming, and it makes for very harsh working conditions for interpreters.
- If it's an in-house position, the pay is not grate. If a freelance one, there are no benefits, pay is not regular
- because I am doing really good in legal interpretation
- It doesn't pay enough
- Emotional wellbeing and lack of Healthcare benefits
- less demand for the Polish language
- I am preparing for my retirement but I might just reduce my workload instead of a full retirement. I like interpreting and helping people.
- Pay is awful and not feasible for where I live.
- It doesn't pay enough
- The interpreter pay isn't enough.
- If the pay improves, I might consider.
- This question leaves me questioning the role and impact of your board members. Do they truly understand the realities at the grassroots level? Their profiles seem impressive, but are they merely ornamental? The real issue is this: you need to decide whether you stand with the association of language companies or with the interpreters themselves. Can't you see the pattern? Talented interpreters either leave the profession, become trainers, or start their own language companies because the current system is unsustainable. With low pay, minimal raises, and the burden of costly certifications, it's nearly impossible to thrive. There are boards that dictate what interpreters should do, yet fail to address the core issue-improving their wages and living conditions. Isn't it time to take a stand for those who keep this industry alive?
- It depends on demand
- I am open for interpreting in other areas as well
- If it's from home maybe, but I tried and it's low paid and demanding.
- I might retired
- AI
- This is my 2nd certification. I am currently working on my next or 3rd certification or renewal.
- Change is inevitable sometimes.
- I am getting old
- Semi-retiring plus with the current State of Affair is I'm not even sure if we'll be here in 5 years...
- Might retire soon
- Aging parents out of state
- No sure
- I may retire in 3-4 years
- I love interpreting and try to do my best when doing my job as an interpreter and the fact that I can contribute in communication between the English language person and a representative of other nationality (LEP) makes me happy. This job of mine helps myself to grow further
- I might venture into the legal field interpretation.
- Uncertainty with benefits.
- I plan to retire before I turn 65.
- No room to advance
- Because I am nearing retirement.
- Calls - OPI and VRI - are just a fraction of what they used to be.
- Age
- I have been in this field for more than 20 years and they pay has not increased much, however the demand to keep up with the certification keeps increasing the requirements. I am a licensed trainer for TOT cross cultural, I teach almost every training there is for continuing education in CCHI. I do 40 hour trainings every 2 months, I am also a full time interpreter, however, I am still required to do my CEU hrs. I don't know if I'll be able to renew my certification because of time.

Appendix T(2). Reasons for the 10-year Outlook (Q.59.a)

Explanations from respondents answering YES to *Question 59.* Do you see yourself working as a healthcare interpreter 10 years from now?

- Love it
- I see myself working the rest of my life as a healthcare interpreter
- I am taking it as career.
- Same reason, I'm passionate about my community and improving health equity
- I love it
- Same as above
- i love it
- I love interpreting and helping people. I am a people person.
- I love it
- Pay and continous education
- more than 10 years
- Love working with healthcare
- Love interpreting
- I enjoy interpreting and helping my community.
- I like my profession and there will still be a demand for it
- High demand for interpreters
- I LOVE IT
- I love working in the healthcare setting
- Fulfilling.
- I can share my experiences with other interpreters.
- I love my job :)
- Because those changes will contribute to the professionalisation of the field
- See above.
- I'm a workaholic
- I love doing it and it's in high demand
- This is what I want to do
- I can help people
- I need to work and it's the only skill that I can be valued for. I have a doctorate, conduct research, publish, and both organize and present conferences but, apparently, these have no monetary value. I am also a cultural mediator but that too is not recognized or valued either financially or institutionally.
- It's what I do and love.
- As I mentioned before, yes. Not only as a healthcare interpreter but also an interpreter within many fields, particularly immigration, legal, diplomatic and educational sectors. And I even see myself perhaps as a healthcare provider of some sort eventually, who knows what the future might hold.
- I love it
- I would like to keep interpreting on medical settings at that time but my focus by that time would already shift to other settings
- I like to work.
- It's my professional job
- I'm passionate about medical interpretation, and I love helping my community getting better healthcare in the US.
- I imagine I'll begin to retire in ten years, so I'll still be doing it
- I hope that my workplace continues to be a place where I can work my whole career, this is how it was advertised to me and I hope to work here as long as possible.
- Because, innocent people with a language barrier deserve a chance too. I can help them with my experience to live a comfortable time
- I love doing it and it's in high demand
- I found my passion and I love the flexibility of working as an interpreter. As long as I can continue to provide language services I will.
- I would like to choose this as my career option
- There will still be a need for me to advocate for Sierra Leonean patients who have cultural sensitivities not understood by many healthcare providers.
- See above

- I love my profession
- I love interpreting
- I believe in assisting Non English Speaking Individuals be able to understand and communicate with any healthcare or social services that individual is receiving. I also believe in providing culturally sensitive care in the main language my patient speaks. Also understanding information in your language improves healthcare outcomes and other social services being provided. Also assisting those in need is my nature.
- |I want to keep working for as long as I can. There is great satisfaction helping others.
- Same reason
- I love this job
- I'm passionate about my job.
- Again it's my career and I'm still young enough then to continue.
- It's my life's mission.
- I feel is very satisfying.
- Same reason mention before: I love my job.
- I love working as a healthcare interpreter
- the US does not have any kind of comprehensive safety net for its citizens. We work until we die.
- I believe healthcare interpreters are still needed in 10 years as long as I continue to improve my knowledge in this field.
- I enjoy this work.
- Because I like it and I keep learning a lot
- I love the challenges.
- Because I feel myself as breaking language barriers and bridging the bridge for language solution.
- I like the overall purpose of the healthcare interpreter, which is beyond the words. It is to be able to serve in healthcare for those who cannot speak for themselves and assist them with tools to understand how the healthcare system works in the U.S.
- Interesting and rewarding retirement job
- I would love to expand my services not only as an interpreter but an advocate for the profession as well as providing training in the future.
- I started this profession as an amateur but now that I am 2 years old in the field, I feel there are a lot of people in the world who speak the language I interpret for and need support communicating, be it the elderly, someone who lives all by themself and has no one to help communicate in English. So, yes i do see myself working as a Healthcare interpreter 10 years from now. I love this profession and I would want to continue my work in the same field for years to come.
- Although I fear for our profession due to AI, I think we cannot be replaced.
- I am 51 years old and in 10 years, I will still need to work since I will not qualify for social security although I could retire from my current job.
- I LOVE what I get to do!!
- Is my passion
- I love my profession and the feeling that I can make a difference in someone's life.
- I enjoy working as a healthcare interpreter
- I love helping patients, the work is steady, I can easily retire from here.
- I love it..it's my purpose!
- I am a dreamer. I hope things change in the future.
- See 58.a. Yes I plan to retire from interpreting in 12 years from now at the age of 60.
- Because I like it
- I enjoy helping other people communicating
- I LIKE IT.
- Cause I love that field
- Healthcare is my comfort zone and it is something that I am very familiar and comfortable within this world of terminology and procedures
- may not yet ready for retirement
- I love it.
- I love interpreting
- because it's valuable work that I love
- I love my job. providing access is my passion and I enjoy the field of medical interpreting.
- The joy of being able to help people communicate fluently its what motivates me to keep improving myself
- That is if AI hasn't taken over. I love it
- It's a rewarding profession

- I really like it, but maybe I'll change settings, and maybe work in a hospital or in a University, I would also like in school settings and I am studying ASL
- It is my main source of income.
- Perhaps I finish my second career in psichology and do that as my main job and interpreting on the side
- As explained above.
- It's convenient for me and I like it.
- N/A
- Wisdom comes with age, practice brings improvement
- love it its very rewarding and keeps me curious
- I really do enjoy working at the hospital.
- I enjoy the work, I feel it is important, and I feel I am good at my job.
- I like what I do.
- I enjoy the profession that I'm in. I help patients by making a difference in the communication process as well as learning on a daily basis.
- as a volunteer
- I love interpreting!!! The reason I would say no is because I do think AI will take many jobs
- It is a work I feel comfortable with
- I feel that it's my vocation , So I love it :)
- I believe the need will be there growing for at least the next 30 years.
- I like it
- same
- Because like I said before, I love this profession
- There a lot of options as to where to work.
- It's an interesting job, with decent pay and acceptable work conditions. I like the fact that it helps people too.
- I hope to one day be a trainer or manager.
- Of course, If in 10 years from now I am in good condition to do a good job as an interpreter.
- Passion
- Same reason as before
- see above
- See answer above.
- Same as above.
- I like what I do
- I love the work I do
- Love it. Love the pay and flexibility
- Same reasons given in question 58a unless I choose to retire.
- I hope to work for a hospital as an interpreter as they have great benefits and better pay.
- I love my job
- I Love it!
- Same as above
- I enjoy it
- I absolutely love my job
- i like it
- I have been working as a healthcare interpreter all of my career, and I am scheduled to retire from working in more than ten years.
- same as above
- I have found that interpreting is my passion.
- Because it is my profession and passion.
- This is my career that I would continue to pursue until I retire, like my place of work.
- Good pay and great benefits
- I hope to remain a medical interpreter until I retire.
- I would like to be a healthcare interpreter as a lifetime career.
- same as above
- Same, i love this profession
- I love helping my community in such an important setting that deals with their health and life.
- I'd love to retire early but doubt that will happen. :)

- I hope to continue in this profession as long as possible! So far I've only done in person sessions. I might try to do remote video interpreting in the future. I truly hope this profession continues to be needed, and not taken over by AI.
- Same response as 58.a.
- Me gusta mucho
- I enjoy interpreting in the healthcare setting
- same as question 58.a
- Retirement is a long ways away!
- Also I enjoy working from home.
- G99d business pay is good
- It's a great career and there's always room for growth
- I need to retire with healthy 403K
- I love what I do and helping others
- I want to help others for a very long time.
- I my dream job for many years now.
- I look forward to becoming an in person interpreter and be part of an international language agency.
- Because it's not a physically demanding job.
- As a language access coordinator, my organization will depend on me to coordinate language access needs for interpreting and translation services.
- Only way I can keep what I have is by sharing it
- I love it
- Because I love to do interpretation and I love linguistic and learning medical terminology.
- It's part of life now. Learning opportunities, meeting, trainings, knowledge, good satisfactory environment, most important a true service to the humanities, no manipulation helps to evolve a better human being by clear thought, always ready to coordinate, good listening habit, connect deeper to the sensible life. Good reason, great purpose and so many things..... Thanks
- It's my career
- I hope so, although I hope I'll be working not just as an interpreter, but I would like to be able to train interpreter o be a supervisor.
- Given the enormous number of terms and accents and gestures used in different cultures, regions and countries of Latin America, It is not going to be a easy task for the AI developers to replace us, yet.
- Love my job, I will probably switch to per diem
- Because hopefully I will still be healthy, strong and mentally sharp to do it. I love what I do and I would like to continue learning and growing to keep on helping and giving.
- Love my job, I will probably switch to per diem
- At age 63, I have no retirement funds so I need to work as much as I can for the next 8 to 10 years.
- I enjoy it.
- Why not?
- If God allows me to do it, this is the same answer as above.
- Plan to retire in this job as a interpreter coordinator / interpreter.
- Supplemental income, keep certification current
- career
- I cannot see myself doing anything else in the near future.
- I consider myself good at this job, I'm curious and like acquiring more knowledge about medicine.
- same answer as above
- i love my job
- Still a great industry
- I love to help paeople.
- I know I will have options interpreting: I will have the option of doing it by video , telephonic or in person.
- I would like to continue my develop as a spanish medical interpreter
- I know I will have options interpreting: I will have the option of doing it by video , telephonic or in person.
- I don't have the possibility to retire.
- I want to continue improving and working as an interpreter.
- I have plans to grow as a business owner, but I still want to maintain my certification, so I plan to continue interpreting in the medical field.
- It is my calling
- JOBS SATISFACTION
- There is a high demand!

- See above
- I like going to all kinds of settings, I learn a lot about many things
- It is a rewarding profession
- I love this profession.
- I enjoy interpreting
- Same answer
- People need help communicating with their medical providers and I possess those skills.
- I feel competent in my abilities to be able to carry out the work.
- Again, I love what I do. Learning something new every day because in this field you never stop learning.
- because i really enjoy what i do as a medical interpreter.
- Same
- with retired benefits no good, it is impossible for me to retired at retiring aged.
- My main field of study has been music composition and I hope to make it my full time career eventually but I still want to work part time in interpreting because the job is so fulfilling.
- Same as above.
- Not as frequently
- I want to stay within the healthcare environment.
- I have more experience in this field.
- I love my job and I have great personal learning oportunities working as a Medical Interpreter. It is the perfect job for me.
- I love the work, and I'm good at it.
- I love this profession
- I love it
- Same reason as above. I will be an interpreter, even after I retire.
- My mother lived to almost 100 so I have the ""longevity gene"" and I intend, Lord willing, to take advantage of that. My intention is to leave a more permanent and structured legacy position. My goal is to have healthcare interpreter education become part and parcel of our organization's Center for Lifelong Learning where the next person after me will be able to design curricula for all our 47 subspecialties, addressing interpreter educational and professional development needs, while also developing continuing education courses, and standardized patient simulations, similar to what we have for our medical students. These would be, free of charge, and available via our Learning Managment System to all our staff, med students and providers at all levels, across all the clinical and non-clinical areas, to learn how to work with interpreters. I also continue to learn from all my patients and love interpreting so as long as I can walk and talk, I will be interpreting regardless of what else I do here.
- Rewarding
- Yes and maybe because of my extensive professional work experience and continued rigorous Adult required competencies - to adapt to the needs of the various clients, patients, and Service Providers in the Health local and international sectors in addressing the worldwide health crises these days.
- I like it
- I love to help others in need.
- I love interpreting, I consider it one of my passions and I plan to interpret in some capacity for the rest of my life.
- I've been a Spanish interpreter for the last 12 years and it is still something I do within my career and as supplemental income. I do not see this changing for a long time.
- Love this and love to help my community
- Interpreting is my passion
- I love my line of work
- It is very fulfilling work
- It is good pay and flexible, the job is at risk due to Donald Trump's immigration policy unfortunately. Less interpreters will be needed, I am sure. I hope to continue working.
- It is something that I enjoy, read, learn and grow. I am planning on keep looking for different areas. I am trying to be qualified as a court interpreter.
- i love it
- By then I shall have owned my own company, and I shall model professional healthcare interpreting by leading my team of interpreters interpreting myself providing accurate, complete and trustworthy interpreting to ensure ""healthcare"" occurs.
- I enjoy it more than I enjoyed working with the court system, which retaliated against me when I brought up complaints of national origin discrimination from the bench.
- I love it

- same answer from 59
- Flexible work hours. Learing opportunities and most important to facilitate the communication between two parties.
- I love it!
- It is a passion of mine; language is my escape.
- I like it
- Convenient for when you are older and you can work from any State or Country.
- Cannot afford early-retirement
- No heavy lifting!
- I love my job It is my passion ||
- As I mentioned before, my goal is to provide others with equal access and opportunities, just as English speakers have
- It's what I've specialized in. I look forward to perfecting my craft.
- I like what I do.
- Family
- Currently I am working to obtain my National Certification and to apply the knowledge and experience..
- Because I like working on this field.
- I like to help the community, I love my job.
- I love it, great benefits.
- Because I like to help the English limited patients. I want them to feel save, understood, and to understand the information they are receiving form the providers.
- I thoroughly enjoy using my polyglot skills within the context of healthcare. I will continue to increase my proficiency in other languages so I may interpret in other languages as needed.
- I love it, and I can do VRI as an option when I am retired.
- I love what I do
- I love my job.
- I love my profession and am working towards certification and also interpreter trainer.
- Is my main source of income and main Degree
- Like it
- I see myself doing this until I retire
- N/A
- I like the challenge and variety
- I'm a translator and interpreter by trade
- Same reason as for 5 years
- Because it's a career that I love and is very rewarding.
- I love working in the environment.
- I love my job and if my health holds up, I plan to retire from this career
- i love it
- My commitment to languages and linguistics fuels my pursuit of translation and interpretation careers. Furthermore, I am driven by a dedication to bridging cultural gaps and promoting effective cross-cultural communication.
- My commitment to languages and linguistics fuels my pursuit of translation and interpretation careers. Furthermore, I am driven by a dedication to bridging cultural gaps and promoting effective cross-cultural communication.
- I would love to bulit a career on it
- I really like what I do
- I love this job and my place of employment
- I like this job and the job is flexible.
- I see the trend continuing to grow, and since I am passionate about my work, it provides everything my family and I need.
- Healthcare Interpreter are in high demand w/ room to grow.
- feel passionate about interpreting and foresee continued growth in my career.
- same as before
- IT'S MY CAREER
- I like it|combination of my medical knowledg and language skills, remoted job
- I won't retire yet
- I have a passion for it
- I love my job.

- This is my specialty
- As a professional healthcare interpreter i would like to proceed with this until i retired.
- This is my long-term career.
- Passion
- Once again because I really enjoy what I do, I'm always up to learn more and more and I really love to help 2 individuals communicate.
- It is a regarding activity and I love it
- I want to keep practicing Spanish translation and linguistics, and the medical field is an area in which I still seeing a growing need.
- Same reason as before, it is a rewarding career to help those that need help to communicate.
- same as above.
- I enjoy it and need to work.
- The same as above. I don't see myself moving away from healthcare, even as I diversify and interpret in other areas I will always want to come back to healthcare interpreting when I can. There is also a persistent need for healthcare interpreting in my area.
- I like to be a Medical Interpreter
- It is my passion
- Yes, if I am capable and healthy why not. I always have had the passion to assist LEPs in various encounters, especially healthcare.
- I really enjoy my job and the flexibility
- is great, but we need better payment and conditions.
- I love working remotely from my home. I love the job itself.
- I really like the job, the fact that we are here to help people from different nationalities, my favorite quote based on the job is ¨Turning barriers into bridges¨ ¨
- It's important to have professionals to help people in need of this service
- The flexibility freelance employment provides is priceless.
- Since childhood, translation has been a passion of mine. My learning of English began by translating the lyrics of songs I enjoyed as a child and memorizing entire English-Spanish dictionaries. I aspire to dedicate my life to this profession, as it represents my true calling.
- I love what I do
- This job is very rewarding knowing that you are helping people from you community.
- Same answer as before, I love the job. From the actual job to all the benefits I get from being an independent contractor: manage my hours/workload as I choose.
- i love what i do
- I love helping those that can't speak for themselves.
- I will need the money
- Many immigrate to US
- I want to work if I can
- Same
- I enjoy it
- I would like to retire with the pension that is offered.
- Same
- I work in an academic hospital , where you are always learning do to experience, experiments and technologies
- I like it
- I love my job
- I love helping people.
- Same ad above
- Enjoy the work and there is high demand. Flexible for my life style and my degree path.
- I will continue my journey within the linguistic field related to medicine and health care, working as an interpreter and translator. Perhaps, in a leading or managing position or training new interpreters.
- I love my job.
- i enjoy it...flexible for my kids
- i love what i do and it pays the bills
- I love it
- like it
- This is my career
- i need to work

- Same as above but I may start doing more virtual or phone appointments when I get older
- Love this job!!!
- I enjoy it. I see the effects on the work I do every day and it gives me satisfaction. As long as I am accepted for the role, I will continue developing it.
- I am passionate about the work I do to serve others
- Same as above. I love interpreting!
- There is a lot of work left to do and I'll only get better if I keep going.
- It's very much needed in my community.
- I truly enjoy what I do and believe that the service I provide makes a difference everyday. The connection each patient feels with their live in house interpreter assures them that they do have a voice and that we will advocate for them without a doubt.
- Flexibility
- I love to serve my community
- Because I like the profession and helping community.
- I would like to grow as an interpreter, but at times I wonder if I will be able to transition full time as an interpreter
- I love interpretation and translation. This is a profession I could have for as long as possible, offering the flexibility and autonomy. Plus the longer I am in this profession, the more experience I build.
- Job security
- I will keep working until I can't do anymore.
- I plan to retire from my current employment
- I LOVE IT AND I HAVE TO WORK
- Because I consider an Interpreter will be needed in 10 years from now.
- WHy no? its very rewarding as interpreter what we do
- I am passionate about interpreting, and I love helping people. Additionally, as I train new interpreters, it is important to me to ensure they respect the profession and do not do a disservice to our communities. I value what we do, and being a medical interpreter is not just about speaking a different language; it involves creating a bridge between language, culture, and traditions.
- It's the most satisfying field of work for me.
- Love my job.
- I love what I do
- I love this profession.
- I enjoy what I do and hope that I can continue to help the French speaking community.
- it will be something that I will add to my work skills
- Ideally yes, but given current advances in AI and government policies, I'm not sure if I will still have a position in 5 years. I have a lot of things that I would still like to accomplish as an interpreter.
- Because, as a language teacher too I know that the amount of LEP will never decrease... Thus lep need assistance with interpretation.
- I loved helping people, being paid for it. It also allow me to learn more medical terminology. Is keeps active my learning motivations. And medical languages interpreters always going to be need for a while.
- I love what I do. Good pay for this area
- I love my job
- I love my job a lot! :)
- It is the way to go.
- n/a
- I enjoy the work.
- I want to continue helping my community through my work .
- I will probably still be working in 10 years.
- Same reasons as mentioned above.
- "ü Passion for Language: A love for languages and linguistics often drives me to pursue translation or interpretation. The ability to work with different languages can be both intellectually stimulating and creatively fulfilling.|ü Cultural Exchange: I'm motivated by the desire to bridge cultural gaps and facilitate communication between people from diverse backgrounds. This role can enhance mutual understanding and appreciation of different cultures.|ü As an interpreter, I do more than speak languages; I carry voices, cultures, and stories. I can bring patience, cultural sensitivity, and professionalism to every assignment. |"
- Same above
- I enjoy it
- The non English speaking population need us the interpreters.

- In 10 years, I will still be translating in a healthcare setting because this is something that gives me much satisfaction. I am currently an advocate for children and being bilingual makes a huge impact. For this reason, I will continue translating in the settings that are necessary.
- Same as above
- It is a growing profession.
- Until retirement
- again I really enjoy the field, I will be much older and 10 years, but I will still take medical work occasionally
- I hope to maintain the same satisfaction I feel today in enjoying continuous learning and helping individuals in their healing process.|||||||
- I want to help as long as I can.
- I enjoy it
- I love to work as much as I can and be able to decide when and how many hrs I can
- I like my job
- s long as I am healthy and able it is a great job!!
- As long as I have the ability to be an interpreter and there is a need. Yes I see myself being an interpreter in the next 10 years.
- I like Interpreting and helping bridge that gap.
- Medical interpreting is my passion
- Possibly because I can continue helpiand because it will help my hrain stay active
- I like interpreting because I also get the flexibility that I need to be able to spend time with my family., so I think in long term this is a good option for me
- I would like to continue my contribution to the society as an interpreter working with LEP communities
- If we are still needed. I will
- ..
- If I am healthy yes!!! =O
- Possibly because I can continue helpiand because it will help my hrain stay active
- The industry is growing and more interpreter services will be needed
- It is a very important and satisfying profession.
- Because I'm good at it and I enjoy the work.
- I like my job.
- I enjoy helping individuals.
- Same as above.
- Same reason
- I want to help those who don't have a voice
- I have been an interpreter for almost a decade now. Compassionate from helping others
- Yes, I do see myself working as a healthcare interpreter 10 years from now. I am passionate about bridging language barriers and ensuring that patients receive accurate and culturally sensitive information. As our communities become increasingly diverse, the need for skilled interpreters will only grow. I believe that clear communication is essential for effective healthcare delivery, and by serving in this role, I can contribute to improved patient outcomes and a more equitable healthcare system.||Over the next decade, I plan to further develop my language skills and cultural competencies to meet the evolving needs of diverse populations. I also envision expanding my role to include mentoring and training new interpreters, helping to build a robust workforce dedicated to reducing health disparities. This long-term commitment not only aligns with my professional goals but also fulfills my personal passion for advocacy and service.
- I love what I do and feel I'd be a good resource for incoming interpreters.
- Again... I really enjoy my profession
- Same as above.
- I would hope so. Unless the new administration makes changes that affect the volume of work assignments we receive.
- I love my job and am not old enough yet to retire
- i am always learning new things and enjoy working with others
- I do love my job and the hospital I work for.
- Language access for all
- I am passionate in love with my profession.|
- I will need the income
- Why not?
- Because I am very passionate about my job. That is why I instruct future Medical Interpreters, as well.
- I have a passion for interpreing

- It is something I really enjoy doing, and feel like I am very good at it.
- I want to make it a career.
- It is and has been my profession at the HD for the last 19 years and I enjoy it.
- It is a career that I like and has very good future.
- I think this is only the beginning for remote interpretation.
- Because I have hope that this job will turn to be more beneficial. And that we will still be need it in this field. I feel like AI needs more then 10 years to be more trustworthy.
- Because I like helping people who cannot express themselves in English.
- The same reasons.
- same as above. also good for our brain activity
- On going job demand
- I really enjoy it very much.
- I like working for the health department.
- Medicine is always evolving and new protocols, new therapies, new techniques allow for better outcomes. |Interpreting is also evolving with AI tools, need to be flexible to use different techniques (simultaneous, relay, note taking) to implement with individual/group settings.
- for same explanation on 58
- I like helping people and speaking two languages
- I plan to retire from the JEFFERSON COUNTY HEALTH DEPT.
- Same reason as above
- I enjoy being able to contribute and I love what I do.
- Same as above
- yes, because it is a beautiful profession. Plus, I would like to be able to manage or supervise a team in the future.
- I love my profession, which I am passionate about. |It's my ""ikigai""!
- I love to grow and help people and I love what I do.
- It's meaningful work that I can continue to perform for years to come. I very much enjoy helping LEP patients and their providers have Smith and meaningful interactions. Patients are often intimidated by the health care system, but having a friendly face in an interpreter helps them navigate the process more smoothly.
- I enjoy my job as an interpreter
- Same as above.
- I enjoy what I do.
- Yes, i will like to have my own interpreter company.
- Love what I do. I am also close to retirement. Would like to continue working part-time as an interpreter in the same organization after retirement.
- I am passionate about helping. Rewarding career
- See above
- I love what I do.
- I love this career
- There will be an increased need for interpreters in the next 10 years due to immigration
- I love what I do.
- I'm 52 therefore I might be able to work another 10 years if able .and continue staying healthy
- The same above
- If it continues to pay well, I will continue to pursue the work.
- It is my calling. I am getting a Master´s degree in Medical Translation for these purposes, and I intend to continue working on my professional development to get better opportunities and for my own personal satisfaction.
- Even if I get another career I would probably interpret at least part time.
- Love what I do
- I would like to work for the next 10 yrs and hopefully it will be as a medical interpreter
- I will be working until I am 65 years old.
- Really enjoyed this job
- I will be close to retiring
- I wish to keep growing in this industry.
- Because I like the profession, providing a service for people that really need it.
- I very much enjoy working as a healthcare interpreter and want to continue serving patients and their families, and medical providers.

- This is not just a job to me, it is a career.
- I want to be able to provide services to those who need it.
- As long as we are not eliminated by AI.
- I love what I do. I will retire in as a medical interpreter I.
- I am young and I may be retire early, but in 10 years I will still be young and younger than retirement age. And again, I love my job and the work that I do each day.
- As a Freelancer my hours can be less and once I become licensed my salary will be better.
- love it
- It's a rewarding career
- work stability
- Because I enjoy the field and am continuously educating myself on the type of job.

Explanations from respondents answering NO to *Question 59.* Do you see yourself working as a healthcare interpreter 10 years from now?

- Still retired AMIGA!|
- Will retirement soon as interpreters income are too low.
- I will be retired
- will be retired
- I'll be retired.
- I'll be fully retired.
- Retired
- I will retired
- No income
- Dead
- I do not see any career opportunities for a medical interpreter in my area at this moment.
- AGE.
- Same as above.
- Not profitable
- Not financially lucrative and no prospects for growth.
- I will probably retire by then
- I'm getting a degree in something else
- Retirement
- AI
- Will be retired.
- Too old.
- Probably will be retired then
- I would like to be retired by then
- will have retired
- My age
- I'm going to retire before that.
- Age
- I will retire soon.
- Poorly paid and extremely exhausting.|At that time I might be too old or unable to provide effective interpretations.
- Age
- Health reasons.
- retiring
- Retirement
- turns 65 in 9 years - plan to retire
- Retired
- Low Pay, low job stability and AI technology advances
- Retiring
- Because I am starting to feel vicarious trauma, because I can get better paid doing conference interpreting (my degree), because I don't want to work online every day, because I want to have children and with my rate I can only support myself, but not a child.
- Burnt out

- I am planning on retirement before then.
- It is really demanding
- Looking to having completed new training in new career
- I like to gain new knowledge and work experience.|
- I will be retired
- I will be hopefully retired and enjoying other activities, such as literary translation.
- Retired
- retirement
- AI is prolly gonna run us all out
- Ditto
- Mentioned the reason the previous question
- I'm planning to retire.
- Plan to retire
- I would like to do something in the industry, for example have a career as a Recruiter
- I like to reinvent myself more frequently than 10 years
- Old
- Same reasons. No increase in pay despite organizational growth and profit increases.
- Retired
- Retired
- I don't see my role in healthcare translation being relevant or paid enough in 10 years
- Emotionally draining
- No retirement plan
- for reason above
- It is not fulfilling enough.
- Same as 58a.
- I think I will be ready to focus on other things in 10 years.
- I would like to move ahead to a more stable position.
- age
- Pay|
- I feel my brain wouldn't be able to tolerate it
- Reasons listed previously
- I be looking into doing business
- Hope to be retired
- Healthcare institutions are using more remote/video options than in-person interpreters.
- I'm only working to pay for my college.
- I need a job with a better pay
- Because by then I would be 78 and I think I would stop working by then
- Most providers do not care to learn how to use our services, they are very rude to us.
- The industry is so bad at the moment, all the companies refuse to increase the rate and AI is evolving rapidly.
- For the same reason as above.
- See above.
- age
- Retired
- Same reason
- I would be retired.
- I have come to hate this job due to capped low wages and no career path.
- Same reason stated above
- Too old
- I'll be dead
- Mucho trabajo y poco dinero
- Will retire
- I am older. I need a break. I come home exhausted after the assignments. Drained and exhaustion.
- Probably because our rate will be too low by then, and companies would prefer to cheap out by using AI
- Low income. Micromanaging from the company. No job advancements
- im hoping to be retired by then
- My age
- I will be retired

- I'll be 83. I kind of doubt it.
- Age-related, and anticipating that I might not be able to keep up with technological advances that will become part of interpreting and translation work practice.
- I hope to retire
- Same reason as above
- Retirement
- See above.
- I will probably retire by then
- I should be retired by then.
- Too tiring mentally and physically
- Same reason as above
- Retirement
- Retired
- as above
- Likely retired
- Possible retirement
- Burn out, low pay, unfair treatment, lack of time off, micromanagement. High expectations, low benefit offering. Interpreters are just profit tools not professionals who save lives. Other types of interpreting offer better professional treatment and higher pay.
- Most of my work in on the back end of language services. I am a good interpreter, but my skills are more on the compliance and management of language services.
- Because I would like to better pay (if they offer more pay absolutely)
- Because I am going to retire.
- I WILL BE RETIRED
- Will retire
- I am completing a Masters of Social Work degree.
- Too long. I'm 58 already.
- It does not pay enough and there is not enough opportunity for growth
- I'll be too dang old.
- Move up in the ranks.
- Same reason as above.
- Same answer as 58
- The pay is too little, at this point my salary is not enough to support myself even in Colombia. I just went to EMT school and I'm planning to go to Med school in a couple of years to change paths.
- I will hopefully have moved back to Spain and the profession does not exist there.
- My age
- Age!
- same as above
- I am perusing my Legal studies towards getting my JD in those 5 years. I may start working for a law farm as a paralegal soon as I pursue my degree.
- Retirement
- Too old
- Wages are very low and interpreters are not seen as people but as mere disposable tools. It's a very underrated job.
- Too old
- Age limitations.
- See previous answer.
- I hope to retire before then,
- Retirement
- retired
- what i said above.
- I'll retire
- I'm hoping to retire.
- retirement
- Retirement
- I hope I'll be retired by then
- I plan to retire in 10 years.
- my age?

- Pay is not sufficient
- Not happy with workplace!
- I will be too old
- My age and a strong dislike for driving in the winter in Michigan.
- I'll retire in 6 years.
- Because it might not be enough for my needs in the future.
- Retired
- I will be retitled by then.
- No respect, diminishing pay, no future. CHI did not make a difference. Unregulated industry.
- It may be time to hang up my headphones!
- Retirement
- no room to grow and the number of interpreters is increasing with no benefits to seniors
- Will probably retire
- It's just not sustainable economically and the hostility of medical providers towards interpreters causes me a lot of anxiety. I make 3x as much being an interpreter trainer, but I don't feel like I can continue to be an educator if I'm not actively interpreting. The only way I can ethically continue training long-term is to volunteer as an interpreter at safety net clinics because the pay that interpreting provides is becoming less and less worth my time. I'd rather interpret for free for a good cause than continue to line the pockets of language service companies that are driving the profession into the ground for monetary gain.
- Because the salary is really low!!! USD 4/logged hour! I think it's shameful. If I can get a better salary, I can definetly see myself working as a healthcare interpreter.
- I would like to go back to medical school
- Age
- I will probably work as legal interpreter for the foreseeable future. Both the pay and benefits are better.
- It's not what I want to do with my life forever
- want to move to the legal sector
- Hard not to help others
- My plan is to work as a remote translator (not interpreter) by that time.
- I will be retired.
- I cannot live on this money, in 10 years I'll be 46. I have to work side jobs as is, I cannot fathom doing that in my 40s to make ends meet.
- I might be retired by then.
- Retired
- Old age.
- Provably I'll retire
- I think I will be too old
- Will be 84 in 10 years. If I make it to that age.
- Retirement
- I am going to retire.
- I'll be really retired then and want NO WORK
- Hope to live off Publishing income/retire.
- My mental capacity won't be the same.
- may retire
- Again, my current age.|
- Occasional projects only
- No opportunnities for growth
- Medical interpreting in the US doesn't pay well. I hope to be directing a team and conducting seminars and/or training workshops for interpreters.
- NA
- Now there are many third parties involved and they pay 3 USD per hr.
- I do not see this as a sustainable career for me. It is better as a side-job with occasional in-person assignments. But the renewal fee is too large and the requirements too high for me to justify, given the occasional nature of my work. (I wanted to renew, but the cost for renewal plus all the CEUs was a lot, and I could not get the company I worked for remotely to sign a verification of interpreting hours.)
- Low interpreter pay, lack of advancement opportunity, lack of insurance benefits or reimbursement for continued education.
- I am in my retirement age
- I am not getting young.

- I probably would be ready to retire.
- Will be very close to retirement so just don't see myself doing it
- Interpreting is mentally exhausting and not well paid
- I will be fully retired
- I should be fully retired then.
- mmmmmmmmmmmm
- There is no stability or benefits
- AI and low pay
- Companies take all our money from our talent as interpreters and we get paid an absurd fraction of that. Especially certified interpreters should be paid a lot more. By far more
- age
- I would like to finally retire
- Retired
- Like to retire
- At some point I would like to retire
- I don't think our profession will continue to exist this way much longer so I'll be forced to do something different.
- I plan to already be retired by then
- Based on my current age - no.
- I am old.
- retire
- Dead
- I plan to be retired before that.
- I would like to retired in 5 years
- Retired by then.
- Too old, and at the rate things are going with ai, my services may be obsolete.
- AI will take over
- Too boring and tedious
- I will be 90 in 10 years
- I'm hoping to be training interpreters in the future
- Too old
- My age
- I will be retired
- I am retiring.
- It will be time to do something else with my life by then!
- I hope there will be more interpreters by then and I'll be able to relax
- retirement age
- Planning to retired in 10 years.
- Age.
- I'm going to start on my Masters in Nutrition soon and will work in the field of Nutrition more.
- to enter partial retirement.
- IWANT TO RETIRE EARLY
- I want to retire at 6 years.
- I'd like to be retired by then
- I see myself training new interpreters and with my own LSP company.
- I want to retire
- Retire soon
- retiring
- Obtaining Public Health Masters
- retirement
- Because of my age now. (74).
- See previous answer
- I will be fully retired
- No, because I will be retired. I began my career as a medical interpreter in 2011.
- Moving up
- Same as listed above.
- Exploring opening my own interpreting agency.
- I am planning to retire

- because I probably going to be to old.
- Retirement
- Career change
- Will be retired.
- I WOULD LIKE TO RETIRE IN 5 YEARS
- I plan to retire in my mid 60's
- I intend to keep expanding.
- I'll be too old.
- I might be retiring.
- I'll be too old! :)
- I want to be a translator.
- Emotional wellbeing and lack of Healthcare benefits
- Se above
- I believe I will have reached retirement age by then.
- That time I will be 75 and AI will take over the profession.
- no demand by then
- retire
- I will be 75 years old, and I doubt my mental capacity will still be there for this work.
- Too old I might be dead
- Retirement
- Planning to retire
- Aging as I type
- Interpreters pay is too low for the demand.
- see 59a.
- same reason as above.
- BECAUSE I PLAN ON RETIRING
- I hope to be retired
- Retired
- Same reason as previous question
- AI
- Too Damned Old! I am currently 63 years old. Plus, all of the classes or CEUs are too expensive and time-consuming. Just way too many hours of CEUs for the credential and separately for the license.
- Hope to retire by then
- Retirement
- Becoming M.D.
- Would like to retired
- I am 76. My skills may be unable to keep up with the requirements on the job.
- Want to retire
- Retired
- The healthcare industry is changing, and my personal feeling is that in person interpreters will be replaced with AI.
- I would like to keep traveling the world at my old age.
- Retirement
- Bachelors degree obtained in different field.
- Retirement
- I don't see a clear path for professional growth and pay so I plan to pursue another healthcare career
- will be 90 years old...will I still have a brain???
- age, I'll be in my sixties.
- I plan to retire before I turn 65.
- To exhausting being in a medical setting. Affects my mental health
- I would rather spend my time doing other things that doesn't demand too much time and energy.
- Age
- Hopefully, I am retiring at age 65 years.
- I can still work without a problem, but interpreting at 84 may be too ambitious. I am already 74,
- The Pandemic years took a toll on my mental and physical health. I'm getting burned out.

Explanations from respondents answering I DON'T KNOW to *Question 59.* Do you see yourself working as a healthcare interpreter 10 years from now?

- AI might steal my job within 10 years....?
- Whether would sustain the living !
- I may choose to stop working by then
- I do not know where I will be then
- Same reason
- I love my profession, but my first income is throughout my husband's job . So if we need to increase some how the income, I will need to switch profession
- I am 80!years old and do not know if I will be able to continue practicing and going to many different places
- Difficult to predict
- I might be healthy and be able to fulfill my jobs requirements. Or might be too old the perform in a satisfactory way. Really not sure.
- I currently see no clear path for growth. It is essential for all of us to develop further skills or specialize in a medical field or a related craft. Furthermore, with the advancements in AI services like GPT-4, it's clear that change is imminent. We must adapt and evolve to stay relevant.
- Same answer
- Hospital cutting down on our services and pay very little
- I love healthcare interpreting and will definitely continue to do it, but it's possible that ten years from now I might be doing it only on a volunteer basis and not paid. That's because, my experience, project management, translation, and legal interpretation tend to pay more competitively than healthcare or community interpreting.
- Well will see how much the industry has changed and how much support we get.
- Maybe working in something else
- I would like to transition into manager role if possible I feel that interpreters are not treated very well in a remote setting at least in my experience and they workers are seen as expendable
- I will be retired by then.
- I am 55 years old now. I don't know how my memory will be performing in 10 years
- I don't know whether physical and mental conditions are fit for the job
- I don't know if I'll be patient enough to stay in the field
- Same as above.
- hard to say what would be in 10 years.
- Age. I will be 81 years old.
- I don't know
- Depends on if I can find professional development as an interpreter that also meets my salary expectations.
- I don't know how USA and other countries are going to handle this area
- I like the job, but roll is limited and compensation insufficient
- Not sure where the profession is going. Currently, we are misunderstood and undervalued with big corporations taking over , hiring unqualified people to interpret and underpaying, undermining and disrespecting true qualified interpreters.
- My health is not the best
- burnout/retirement.
- The life turns quickly
- Not sure not enough pay but I love it
- I'm very interested in doing a Masters Degree in AVT so I would like to dedicate time to persue that passion
- I am not sure, I might be retired by then
- AI might take over the industry.
- I am not sure about the future of this profession
- I'd like to continue working for the next 10 years, but I'm not sure about the implication of AI development for healthcare interpreter.
- I will live to do this but I'll like to grown in this community and for me growth means education and learning I'll like to continue learning
- I'd like a career move
- My age
- I would like to transfer my knowledge to perform translations
- Impossible to make 1KK a year with interpreting.
- I see the development of my company as a multinational company with a larger number of employees.

- Im a getting certified in cybersecurity since I don't think there are many opportunities for growth in the field of interpreting.
- Because there have been a lot of layoffs in some interpretation companies recently, I am a little confused about the future.
- Maybe a bit, some might be the pay and depending if my other business flourishes
- I'll be 80 yrs old!!!!
- Life is now and here.
- As I previously mentioned.
- I don't know if I will still be interested in Interpreting in 10 years.
- In 10 years I could see myself working as a freelancer, but I hope my main income comes from something related to my hobbies or a small company I start in the near future.
- One company I used to work for merged with another company and now we no longer will be able to work directly with them. Their subcontracting companies offer lower rates and fixed schedules. Sadly, this is common practice in the industry. Language companies offer us Latin Americans really low rates with few to zero benefits, and each year it's getting worse and worse. I fear that it will no longer be sustainable for us.
- Same answer
- I would love to have the chance to be a interpreters Traineer >p
- Call volume
- Pay never increases.
- ASL interpreting/translating has many facets, and I like a variety of settings
- I don't know whether the wages in this profession will keep up with cost of living.
- I will be too old
- I do love the job, but the industry is horrible. Compensation, working hours, grow opportunities, none of that reaches the minimum of a fulfilling job. It`s depressing.
- Same reason as above.
- Because the rate the language service companies offer is decreasing and there are more new Interpreters day by day.
- rates
- I may be interested in different kind of interpretation in addition to the healthcare.
- No benefits
- I would like to slow down my pace and enjoy the fruit of my labor more; travel more, garden more, spend time with my family (kids and grandkids) and volunteering for social and political causes that I feel strongly about,
- I don't know
- I am getting old
- I'm afraid it will transition to online or even AI.
- I don't know why I don't know.
- It's not sustainable.
- As I said previously, I intend to work as an airplane pilot and this job will become an extra income, not the main one, so my intention is just to continue working occasionally.
- Same as above.
- I would like to increase my monthly income, as well as grow in a company
- They pay very low rates
- I am 63. Health issues may occur
- Same as above.
- I can think of Gillette the famous shaving kit company decided to pay millions Roger Federer and pass that cost to customers. Instead of making the product better and cheaper for customers. Resultant competitors like dollar shaving Club, Harry's and other online Chinese significant brands encroached the market. If interpreters are not taken care of and not paid standard wages. To remain an interpreter will become very difficult. Long time interpreters either turn trainers or a form a language company which is a clear indication medical interpretation is not enough to survive.
- I may be able to retire.
- AI is taking over
- See 58.a
- I don't if I'll have to change environment
- At that point I may be working as a professor, administrator, consultant, etc. Though I would really miss being involved in direct patient care because I feel like one, if you are going to teach interpreting you need to maintain your own interpreting skills, and two, contact with patients and families helps to keep me grounded to the needs of interpreters AND patients/families and connects me to my why and my purpose.

- 10 years it's too much time to be doing the same with no changes
- Same reason.
- Age
- Retirement
- Over time, I envision myself moving more into court and conference interpreting as my primary work because I live in a high cost-of-living area where medical interpreting is not well paid. I also have professional goals of entering the institutional conference interpreting market in my area, which would be a project that would demand lots of time and efforts, such that I would likely not have much if any time left in my work schedule for medical interpreting.
- Same reason
- From 58.a:||Mostly stagnant wages and an inability to move up the ladder with purpose. The politics of the organization.||The organization I work for isn't prepared to pay for or recognize interpreters who specialize in healthcare interpreting plus other equivalent and relevant specialties like mental health.||They are happy when we arrive in-person and are grateful for the service. When it comes time for an annual review the increase in pay doesn't reflect the gratefulness we receive when on the floor.||I can work from home on VRS without the wear and tear on my car. I would make more money.
- Things can change
- I really enjoy the job, I love helping people and being a bridge to ease the language barrier. Unfortunately, for interpreters outside the U.S., there is no professional growth, no promotions, no better pay... all of that is very discouraging. The companies keep us isolated from our colleagues, they keep us abandoned and unmotivated.
- I do not know where I'll be 10 years from now.
- Too long a time
- depends on the rate
- Technology is growing too fast and IA's are quite accurate for translation and interpretation, so I'm not sure if we, interpreters will survive such a technological advance in the future.
- I am concerned about the future of interpreting due to the increase of AI presence in the field
- Job is not remunerated accordingly
- Because I don't know what will happen in 10 years
- Retirement
- I am planning to retire sooner
- Because I might change profession, or assume other responsabilities.
- I'm passionate about helping others communicate. Nevertheless, I cannot depend on one career due to the current state of AI development and financial-related reasons.
- It is exhausting and spiritually draining and I am a single parent who might need a little more energy left over to parent her son as he grows through elementary school.
- Same reasons as above
- AI and technology might take over. Legislation my impede us from working.|I might be promoted or switch careers.
- I'll be lose to retirement age.
- Only time will tell
- Same reason
- I am currently 73 years old, don't know if I will be alive in 10 years, cannot predict
- Technology it's catching up quickly I'm hopeful that in 10 years society will still see the need for human interaction in our field.
- I might to work in another capacity. Maybe participate in the training of future healthcare interpreters
- My family doesn't live long.
- same
- Same as above
- Not sure if in 10 years if the profession will pay enough to live from just this income. The agencies pay every day less and less, they prefer to hire interpreters who live outside the U.S who charge less and are not certified.
- AI is likely to replace most interpreter jobs
- I'm 55 and my husband is already retired. We may want more flexibility.
- I don't plan that far
- I am a full time ESL / Bilingual teacher in public schools - I plan to work minimally due to my full-time work load - that may increase or decrease within the next ten years
- same as above

- Given the uncertainty brought by this current administration, I can't predict how federal funds will be used in help of LEP communities; or how these funds are/will be used by agencies employing interpreters.
- Not sure.
- Same as above
- Same as above
- I am a very adventurous person and enjoy learning new things. I don't know what tomorrow will bring and like to keep an open mind in case anything were to change.
- I certainly hope I would still be working as an interpreter 10 years from now, and I hope to grow my competency to work on more demanding assignments. However, jobs are very random and there is no guarantee as a freelancer that you may get certain amount of jobs per month. If you switch to a full-time/part-time position pay is very low. There is also concerns of AI taking out actual interpreters in the near future. And more organizations are utilizing bilingual staffs to wear different hats.
- Yes
- retired
- I might want to get back out there when my kid is grown and I might not like in person interpreting
- If the pay cannot keep up with cost of living then I have to find job in a different field
- I do not know how my health may change in the future.
- I don't feel very confident about where the interpreting profession is heading to. With the advance of technology such as AI and other tools, our profession is going to die because it is not well regulated and protected.
- I worry about burn out, because that's what happened with language teaching. I may go back to teaching if I'm tired.
- I'm not sure when exactly I'll be able to retire.
- I may work part time in the career, who knows.
- I would like to switch to court interpreting in the next five years.
- I might leave the US to live somewhere else, where I may or may not continue to work
- As long as I am able I will try to serve our communities.
- I have other main job
- Same answer as above.
- People ages 65 and more are the ones that needed the interpreting services. I've learned that most of them came straight from the island to live with their children here in the states. If they passed on, I am not too sure how much needs would there be for interpreting services in the Tongan language as most people my age were born here in the states and they don't speak Tongan that well and so in 10-20 yrs when they're here in the hospital, they won't need me or any interpreting services, unless the cycle keeps going of having parents move here from the island to live with their kids, then yes we will keep interpreting.
- Some times we see very complicated patients and attend a lot of End of life family meetings which are difficult for people.
- it could be part time job
- I'm 50. I might be retiring by the time I'm 60. :-)
- I don't know
- Too far ahead.
- With the introduction of AI technology I believe no one can predict for sure what will happen within next 10 years. If I will have the opportunity to continue working as a healthcare interpreter I will be very happy, I assume.
- I might want to make a change if I don't feel I'm growing further.
- I might be too old
- Not sure
- only if working conditions are humane
- I may be retired
- You never know
- Not sure what I will be doing.
- The rate of pay for medical interpreters is lower than the rate for legal interpreters, so there's a lack of financial incentive.
- Only if I'm lucky enough to work in a very good environment with the right people.
- I may retire
- Maybe AI will replace us all
- going more towards Legal
- My age
- Because I am about to turn 65 and I don't really know what my circumstances will be in 10 years.

- Possible retirement
- My age
- I', 77 now
- .....
- The pay has to be better.
- See above answer--undervalued, underappreciated, underpaid.
- I wish I can say yes, yet It is difficult to answer that, there is a lot of uncertainty, I cannot project what would happen with the Interpreting profession in a decade due to the technological advances in artificial intelligence, the laws and legislations, and the institutions priority towards fully serving people with limited language proficiency. ||
- I might retire
- Ditto.
- Not sure
- Depends on health issues
- Not sure for health and age issues
- I don't know
- I am 68 years old.
- Not as healthcare interpreter, but supporting language assistance initiatives.
- Less hours at work
- Pay rate is too low
- Same as above
- I might be retired.
- People stagnate after doing job for so long. Change is healthy.
- No idea what I'll be doing in 10 years
- I hope I am working in a different area by then.
- I don't know what life will bring
- The salary.
- Because AI may leave us without a job
- Same as above - if there is sufficient volume and fair, sustainable wages, I will likely continue.
- I am 61 and will have to assess how efficient I am as an interpreter at 71
- I'm over 64 and probably retiring soon.
- The AI is coming
- I would like to train interpreters
- I want to have kids. So maybe reduce to a PRN interpreter or part-time.
- I would like to retire and spend time with grand children
- because I would like to finish my studies in psychology, but I dont know if i would be able to earn a living with that.
- Not sure where I will be.
- Same as above.
- I'm getting old.
- Current government administration's anti everything policies and depriving measures.
- If the trend of quantity over quality continues, I don't see myself working in a medical field at all
- I don't know where life will take me 10 years from now.
- Because at that time I may change to legal interpretation
- It's not what i thought it was
- Due to my age and my health concerns.
- I'll probably retire
- I would honestly be happy to because I love it but it just does not seem reasonable (unless something drastically changes in the industry) for the standard in the field is to be paid per minutes spend on assignment and no one can guarantee a decent inflow of work. So you can basically spend hours waiting and not being paid for. It sounds like a job for college or high school pocket money and the work is serious, responsible and can sometimes be really hard because people can be sensitive, emotional, untrusty, or just old and hard on hearing... a lot of challenges without appropriate compensation. |
- getting old
- growth
- May transition to a different role related to language access
- Will eventually work remotely and part time
- I am more interested in Managing Interpreters and education

- See above
- I'd like to retire within the next 10 years.
- Depends on the need
- Because I want to feel that I am a human with dignity who is paid adequately
- Life does not come with guarantees
- Not currently working
- Maybe I will retire
- Yes, because there is a need for this language. If there is less need perhaps not.
- I would like to transition into translation later down the road or perhaps get involved in training future/active healthcare interpreters.
- It depends on my health and desire to travel
- If I am alive till then ,I will.
- I will be 60 years old. I might be thinking of retirement.
- I might retire within the next 10 years.
- Same as above
- I'm not sure if the gig economy/independent contractor model will last. If it becomes the sole way for interpreters to work. I will not continue. Feels like being an Uber driver.
- There isn't a balance for mutual benefits, growth nor development
- Thats will depend on my husband's retirement and where we will end up living. I would hope so but I'm not sure.
- I may be retired in 10 years
- Cannot predict what will happen so far away, maybe yes and maybe no.
- Life changes.
- Things can change
- CCHI has lost my application for the year 2020 . Had muktiple correspondence. Stating that my recertification was 2019 not true. Just yesterday someone told me they received my payment but never fineshed the application. Impossible payment is the last thing to do. Tried to call no answered. Wrote to Natalia Mytareva, Mara Youldeman, several staff that answered to my email. Just yesterday the answerd was they received my payment but never finished the application the only thing to do is to start all over ! Easy for her to say . I don't think is fair arbitrary to think I need to take a test again for some technical glitches. Tried to explain that I never received noticed . Remind you it was Covid time and at the beginning they recognized issues. Please write to me for further information at: sandyvmaloney@gmail.com thank you kindly =O<û
- In a ten years period of time, AI might have become a major, if not only player in the health care interpretation field.
- I would like to move to Europe
- I don't know what changes can come ahead
- I may go back to school to further my education.
- Depends
- I hope so
- Not sure
- Age
- I may want to retire with my husband
- Until retirement
- I will be of retirement age
- Depends on the position and personal situation.
- AI IS A HUGE DANGER for this occupation and GOOGLE TRANSLATE is another Danger for this profession I have seen Hospital staff (in all departments) using google translate to communicate with patients.
- I'm not sure where I'll go when I retire
- see above
- I hope I would be retired for that time.
- I may need to find a profession that can help me make more money.
- See previous answer, but with 5 more years of this?? ooof lol
- I would like to answer ""yes"" to this question but in 10 years I will be 65 years old. I plan to continue healthcare interpreting for several more years; I haven't quite worked out the details of exactly at what age I'm going to retire.
- I may have to change jobs once I'm more physically disabled. I have RA & another autoimmune disease that may progress to that point.

- No increase in pay or career advancement
- Due to my age. I hope I can Interpret until I can not.
- becasue if I think where I was ten years ago, and where I am now, has been so impredictible that i don't see why is not going to be the same 10 years in the future , from where I am right now.
- Same reasons as above.
- My age. But as long as I have a voice and the strength I believe I can still do it
- Current country situation
- It's impossible to say
- I hope I will still have the mental ability to continue helping others.
- If I'm still alive!! LOL
- |I also wanted to work as a license trainer for new interpreters
- I might retire, not sure
- May be too tired(?)
- because I am doing really good in legal interpretation
- It doesn't pay enough even after getting nationally certified.
- Life projection may change
- not enough income
- I am getting tire to tun from one place to another in our winter weather here
- See above
- It doesn't pay enough even after getting nationally certified.
- No body knows what will happen 10 years from now to me
- I may be retired by then
- If pay and conditions improve, I might consider
- Unless you shift your focus from supporting language companies that exploit interpreters, nothing will change. Your certifications, tests, and associated costs are all standardized-but have you ever considered standardizing what truly matters? Standardizing interpreter rates, addressing fatigue, vicarious trauma, and stress, setting limits on how long an interpreter should work, or ensuring minimum recovery time after each session? Instead, you keep adding more expensive layers to certifications, further burdening interpreters while ignoring the real issues that make this profession unsustainable. Isn't it time to prioritize the well-being and fair treatment of interpreters over profit-driven systems?
- I have another career that is as important as interpreting for me and I would also like to involve myself further in the quality assurance area.
- unpredictable
- same as above
- Close contact with people has affected my health.
- My wish is to do so but sometimes the future may be uncertain, especially with the current state of things.
- age
- I am also training for medical assistant and don't know if I will continue with being a health care provider (nursing).
- I love what I do however the pay is too low. I am also a registered court interpreter, if I find an opportunity in the legal setting with better pay, I would most definitely consider leaving the healthcare system.
- I am not sure about what I would like to do in the next 10 years
- N/A
- Because I do not have any benefits, I am not sure how my life is going to change by then, I have two daughters, the older on is in college and my youngest is 10, life can change on many ways. I hope I can do this for the rest of my life but depending on the circumstances.
- too old
- Aging parents out of state
- Aging
- Im not sure I will be 65 maybe to old for that c:
- Depends on other job opportunities.
- Not sure
- Would like to try other interpreting modalities
- Yes
- I might consider the legal field court interpreter.
- Lack of job security.
- I may retire, yet continue to work occasionally
- Depending on my health

- The interpreting profession is in jeopardy.
- I'm not sure if I will be around. I want to say yes, but my health is not that optimal.
- I never plan for longer than 7 years.
- I don't know because within 10 years anything can happen to a person
- I feel like 10 years from now is long time to think about.
- I may retire
- I may want to advance in another field.

Appendix U(1). Job Satisfaction (Q.61)

Question 61. What gives you most satisfaction in your job as a healthcare interpreter?

- Gives purpose to the waning years. |2- Keeps me in touch with the outside world|3- Keeps my mind nimble|4- Gives me insight in the evolution of linguistics
- To see the smiles on the patients' faces when they hear someone speaking their native language around all English-speaking persons. |2. The relief on their faces when they feel that all their concerns were correctly addressed and informed to the doctor. |3. When both the clients and the patients, remember me by my name or my face or my voice even after a gap of 4-5 months from their previous appointments.|
- A client's reaction of satisfaction and appreciation.
- A feeling that I am appreciated . Getting paid is also satisfying.
- A job is a job.
- ASSIST OTHERS
- Ability to apply my strengths to help people, respect, flexibility
- Ability to bridge the gap in communication and help sides understand each other's cultural differences that affect care
- Ability to help patients with some of the most important aspects of their life, their health and wellbeing
- Ability to help the provider (Doctor) and client (patient & family) to understand each other.
- Able to help lep
- Able to help others|
- Able to help out the non-English speakers to fully understand their medical needs and communication with their providers to make the right decision for their healthcare.
- Able to help patients/healthcare professional to communicate between them for patient's well being
- Able to render original messages to bridge the gap of effective communication.
- Able to understand the situation and relay it fully
- Additional income
- Advocating for patients and families
- Advocating for patients.
- After interpreting the most satisfaction I get that I could help a person to understand what the provider saying about the issues of the health in their own language
- After the clearing, the patient's barrier
- Always a different thing to approach.
- Always to help people communicate. I feel that I am filling an important role as a healthcare interpreter, and I feel good when my work is acknowledged. |I like that I can control my schedule.
- An assignment that shows progress for patients and healthcare providers due to my language communication services.
- Appreciation from patients
- As I said helping LEP patients is gratifying
- As a healthcare interpreter, I possess the requisite language proficiency, certifications, specialized knowledge, cultural awareness, and effective listening skills to excel in this role.
- As a healthcare interpreter, the greatest satisfaction comes from bridging communication gaps between patients and providers. Ensuring patients understand their conditions and treatments, empowering them in their care, and facilitating clear communication for compassionate healthcare delivery is deeply fulfilling. The cultural exchange and maintaining professionalism also enrich my role. Ultimately, it's the positive impact of clear communication in healthcare that makes this work so rewarding.
- As a healthcare interpreter, the greatest satisfaction comes from bridging the language gap between patients and healthcare providers. Helping patients understand their diagnoses, treatment options, and medical instructions ensures they receive proper care and feel heard. Knowing that my work directly improves patient outcomes and reduces stress for both patients and providers makes the role deeply rewarding.
- As a healthcare interpreter, what I love most is helping patients communicate clearly with their doctors. It feels great to know I'm making a difference in their healthcare experience. I also enjoy learning about different cultures and medical terms, which keeps my job interesting. Just being there to empower patients and help them feel heard is really rewarding!
- As a medical interpreter, I see that non-English speaking patients need to communicate a lot of important health info. and social determinants of health concerns (ex. housing, transportation barriers, employment) to their providers. I also see interpreting as an empowering tool for non-English speakers since it is through interpretation that patients gain visibility and their voices become heard. |||It is a privilege to serve patients and providers communicate and understand each other effectively and thoroughly through interpretation.

When patients tell providers, ""Thank you so much! I understood everything clearly"" or ""The information was explained clearly,"" I feel joy and smile. I think to myself, ""Yes! They understood each other! They understood each other because of the interpretation service."" Some of these conversations are complex due to the medical terminology, health education, and/or emotions involved, so it is a good feeling when in depth information is understood by a patient. I get to go home after a long day working at the hospital knowing I made a difference in a patient's life. ||It really makes me feel joy when providers see me and express gratitude for the in-person interpretation, especially for goals of care, new medical diagnosis, and end of life conversations. They express in-person interpretation is a way to connect with their patients in a way that is not possible to do so through the video remote language vendor used at the hospital. The video remote interpreting option or the phone are options available 365/24/7. The video remote connection sometimes fails, the video audio can freeze or sound choppy. The human experience is irreplaceable: tone of voice, body language, showing empathy by being present as an in-person interpreter makes all the difference for the patient's medical care.|

- As an interpreter I have the satisfaction of knowing I have made a positive difference in people's lives.
- Assisting LEP patients and families
- Assisting in transparent and precise communication for the benefit of both the patient and the provider.
- Assisting people in communicating during vulnerable moments.
- Assisting the community, giving a voice to those with a language barrier.
- Assisting with communication
- Assisting with language barrier. Helping people to understand each other.
- Assurance the parties are able to comunícate accurately
- Attending various specialist apps help us to learn more about the health
- Ayudar
- BRIDGING THE GAP
- Be a cultural bridge between the parties and the satisfaction of helping others.
- Be a voice to ensure the rights of minorities prevail.
- Be able to facilitate the communication bridge
- Be able to help LEP every day. I see it as a social work.
- Be able to help a person to understand what is going on.
- Be able to help my clients and their families and see their little faces happy. I work in early intervention most of the time and find very rewarding to build relationships with the families and the therapists while helping the families and making a difference in their lives.
- Be able to help others
- Be able to help people to communicate
- Be able to help people understand everything regarding their health.
- Be the ear and voice of those who do not understand the language they are being spoken.
- Because I have an incredible amount of love at home, and I get feedback and support in my interpreting work, I am thrilled with where I am in my career now as well as into the future. Self care is critical and cannot be ignored or burn out and/or injury will occur. Always remembering every day that it's an honor to interpret in medical spaces, as they are often intimate.
- Because I understand that people from my country go to the USA and they work as cleaners, house cleaners, painters, builders and other professions and they require the same assistance as engineers, lawyers, managers, etc.
- Because of my work, people can communicate as they would if they spoke the same language.|It is vital in so many situations.
- Becoming a bridge while helping/assisting patients and providers.
- Been able to help and assist patients that need the assistance
- Been able to help my Spanish speaking patients
- Beig a bridge for communication.
- Being a bridge between languages and cultures. ||Making LEP patients feel like they matter when I show up to interpret for them. ||Advocating for LEP patients. ||Training other interpreters. ||Empowering LEP patients to know their rights. ||Reminding clinicians what policy and regulations mandate regarding language access.
- Being a bridge of communication in a healthcare setting.
- Being a conduit and bridging language gaps to help others succeed!
- Being a helping hand when they need me the most. I am the voice of someone in pain.
- Being a real-human bridge with the capacity to understand a human's body language and emotions to communicate effectively among both or more in the need of communication.
- Being able of making two parties communicate effectively is the most satisfying experience in this job.
- Being able to aid communication

- Being able to allow the communication process between two individuals that need to communicate with each other and get everything clear.
- Being able to assist my patients with their clinical/hospital staff.
- Being able to be my patients voice to communicate with their providers and really understand what they are being told.
- Being able to be the conduit of healthcare services to limited English proficient individuals and to the staff that is monolingual providing the services.
- Being able to break the language barrier between languages, and help others.
- Being able to communicate effectively with my patients at.
- Being able to culturally and linguistically understand the intended message and deliver it accurately.
- Being able to do my own stuff between sessions. Working from home. Not being micromanaged (minimum interaction with manager and individual nature: no group projects).
- Being able to facilitate communication and provide the best outcomes in healthcare
- Being able to facilitate communication and understanding of the situation even if its a sad one
- Being able to facilitate communication between lep and providers is extremely gratifying. Always learning a new term.
- Being able to facilitate the language and cultural differences between patients and medical/administrative staff.
- Being able to feel that I can be of help to others under sick circumstances... Is a blessing to serve others and brings so much joy !!!
- Being able to help
- Being able to help a person in need of my assistance.
- Being able to help and be a beige of communication between LEP
- Being able to help and extend a hand to those in need.
- Being able to help and increase my knowledge in language and medicine.
- Being able to help aptient's understand their health.
- Being able to help clients voices be heard. Also helping clients and providers to have a better relationship regardless of language barrier.
- Being able to help especially clients whose primary language is a dialect.
- Being able to help families communicate with providers, having good outcomes in terms of health and quality of care.
- Being able to help my Latin American people living abroad communicate in important settings.
- Being able to help my community, not taking work to my home, it's close to my home, it's unionized so there is cost of living pay raises
- Being able to help my fellow countrymen with their linguistic needs.
- Being able to help non English speakers
- Being able to help non- English speakers from the comfort of my home. Altruistic sense kind of thing.|Being updated with current practices in US institutions.|Interacting with people residing in the US and staying updated with healthcare terminology
- Being able to help other human beings in their most vulnerable situations. I consider this profession to be one of the greatest honors life has borught to me and I have a vision in which this experience and profesison has given me, and continues to do, validity and worth as a human being.
- Being able to help others
- Being able to help others and also working worldwidely.
- Being able to help others and feeling accomplished of my training and educational merits.
- Being able to help others break comunication barriers
- Being able to help others bridging the language barrier, meeting new people or seeing familiar faces.
- Being able to help others communicate effectively.|Improve my communication skills.|Increase my knowledge of cultures and languages.
- Being able to help others communicate with their providers or services
- Being able to help others when they have difficulty communicating in another language.
- Being able to help others, especially patients and their families|
- Being able to help overcome language barrier.
- Being able to help patients and doctors communicate with each other.
- Being able to help patients and providers communicate so patients can have a better quality of life
- Being able to help people
- Being able to help people Meet or fulfill the request they have.
- Being able to help people access the care they seek.
- Being able to help people and collaborate with the medical team.

- Being able to help people and provide them a reliable way to understand what they're being told while they're scared or worried and sick at the same time, to give them support and see they feel relieved that they actually understand and are being taken care of.
- Being able to help people communicate with healthcare providers. Being their voice.
- Being able to help people communicate.
- Being able to help people feel better. Being able to 'solve' there troubles just by translating or helping overcoming the gap of cultural/language differences.
- Being able to help people makes me happy.
- Being able to help people to communicate and to have access to a better healthcare
- Being able to help people to communicate with each other to improve LEP patients' outcome.
- Being able to help people to understand what is happening to them from their health to their insurance policies . Bridging the gap is very important for survival , have compassion , I am very cultural aware and have the gift to fully understand, comprehend 3 languages, the ability to use them and help brings me joy and peace .
- Being able to help people understand each other, especially when they are vulnerable, afraid, and out of their element.
- Being able to help people when they need it the most.
- Being able to help people who are sick and anxious so they can understand what's happening in their own language.
- Being able to help people, to make their experience better, less painful or less hard.
- Being able to help someone and being able to make a difference
- Being able to help someone convene the need or help that they are required.
- Being able to help someone feel apreciated and understood
- Being able to help someone in need.
- Being able to help the LEP person.
- Being able to help the communication between patient and provider.
- Being able to help vulnerable people in a critical situation
- Being able to help with the language barrier.Also when either the provider or patient is grateful for the interpretation services.
- Being able to linguistically and culturally break down a medical concept and reconstruct it in a way that my patient can access and understand, empowering them to take an autonomous and active role in their own healthcare.
- Being able to make an instantaneous difference in someone's life by removing the stressor of having a language barrier.
- Being able to provide a good service in which customers are satisfied with the communication
- Being able to provide clear explanation of care, diagnosis and services to our patients and not failure.
- Being able to provide equitable care to speakers of other languages
- Being able to provide my help where it is needed. Constantly learning new things on a daily basis.
- Being able to see the face of relief the patient gets when there is someone to explain everything in their language and being able to help them connect to any resources they may need.
- Being able to serve as a bridge.
- Being able to support patients and medical staff communicate |
- Being able to support the LEP in times of need, specifically in settings of health and education.
- Being able to touch on lives, that gratitude from an LEP because they wouldn't have been able to receive the communication or care they needed without me being their bridge.
- Being able to use my gifts to help serve both staff and clients
- Being active as an interpreter. Managing my own work hours. Knowing that my profession is highly skilled, though most non-interpreters do not appreciate that.
- Being an effective bridge that allows downtrodden people to recieve the medical care the law says they deserve.
- Being appreciated and financially stable
- Being appreciated by doctors and LEPs
- Being confident and knowledgeable
- Being helpful
- Being helpful and empathetic.
- Being helpful in delivering a clear message to clarify to the patients their conditions
- Being helpful in the communication of two people who have a language barrier and|being able to learn new things regarding medicine and medical procedures. ||
- Being helpful to break the communication bareer for non English speakers and medical staff.

- Being included in the care team and helping patients reach positive outcomes.
- Being myself and the fact that I can efficiently facilitate communication between two people who do not understand each other.
- Being of service to patient families and healthcare providers and other staff members in difficult situations. ||Being in touch with my own sense of compassion and kindness.||Sense of accomplishment when I have prepared myself for an assignment and have been able to manage the communication needs of all the parties to the conversation. ||When patients or family members give some evidence that they feel empowered and have communicative autonomy in their interaction with medical and nursing staff.
- Being present to help people who need access
- Being recognized for performance in the job. Contact with people I can service
- Being that bridge of communication and we have of others
- Being the bridge for the non-English speakers, the goal is to make sure they have a clear understanding and feel comfortable asking questions.
- Being the bridge of communication between patients and healthcare professionals.
- Being the bridge that closes the gap of communication between 2 people to get their message across |
- Being the conduit for mutual comprehension between 2 (or more) parties that would normally be unable to communicate everything to me. Also, empowering patients with knowledge about their personal health is extremely fulfilling.
- Being the liaison between health care providers and patients not just in the language aspect, but more and beyond. In some occasions the interpreters can help both sides establish better communication and understanding. Helping people from my culture when they are in need
- Being the voice for patients and doctors. Helping patients receive the health care they need.
- Being the way of people to successfully communicate. |
- Being there for the patients, coaching staff, ""collaboration"", and presenting on Language Access.|Building relationships with providers and community members.
- Being treated as a human being.
- Being useful
- Being useful and able to assist others.
- Being useful and helpful to the community and care team members.
- Braking the bridge and mediator between the clients and health care providers.
- Break communication barrier between provider and patient and provide clear, transparent communication, good interpretation.
- Break language barriers providing a service of quality.
- Breaking language barriers.
- Breaking language barries.
- Breaking the language barrier makes me feel good
- Bridge cultural barriers.
- Bridging gaps among patients and their providers
- Bridging the gap between the LEP and providers.
- Bridging the gap, making healthcare possible/better for leps and providers
- Bridging the gap. Connnecting.
- Bridging the language gap between provider and patient to allow for understanding so patients can better understand and take ownership of their healthcare and build trust with their providers.
- Bringing impartiality and dignity to those that are exposed to for reasons out of their control.
- Building bridges of communication and helping people.
- But I can be the voice of the people who cannot speak the language.
- By the bridge under challenging situations.
- Children getting healthy again
- Communication advocacy
- Connecting people to resources and care they need.
- Connecting with clients
- Connecting with people with LEP. I feel more love and acceptance from people with LEP than I do from people in my own culture. They are grateful. They appreciate me. They value my efforts. I can do something that makes me feel good and get paid to do it. It's important to me that my work contributes positively to society.
- Constant learning, sense of service, and interpersonal relations.
- Constantly seeing the importance and positive effects of the work we do.
- Contacting and helping different people and learning about different health problems.

- Contributing to healing and language justice for underserved communities in precarious situations, particularly in the current political climate in the US.
- Contributing to the wellbeing of patients and being helpful to providers
- Conveying the emotional and cultural aspects of the LEP person's communication into English
- Conveying the original message in source and target language.
- Customer satisfaction.
- Customer service
- Deaf heart
- Delivering quality translations
- Deliveriumy jobs
- Directly helping families in need of medical care
- Discovery of patient symptoms, the actual mystery
- Do the best for the patient and providers
- Doing a good job
- Doing my best to make sure the pt understands everything and feels valued, respected and cared for.
- Doing my job accurately
- During my linguistic career I have taught ESL for over 35 years, and ||been a medical translator over 12 years, but the possibility of ||providing language access to people who cannot speak English||truly drives me, and it is where I found my sweet spot.|| Interpreting gives me the chance to immediately help another||person with something as crucial as health, and this is extremely ||rewarding.
- Each time I help the LEP to express their needs I feel like that I'm on the right path.
- Easing communicaion between both parties make me feel successful in resolving people's communication difficulties ||Flexible work condition ||Remote work
- Educating providers and staff on our cultural differences.
- Effective communication
- Empowering patients to participate in their healthcare
- Empowering people through language
- Enabling patients to fully understand and be understood, making it possible for them to make fully informed decisions and for providers to get the clearest picture, all of which would not be possible without an interpreter.
- Ensuring LEP receive the information they need about their health and care.
- Even though previous answers may make it look like I do not enjoy my job, it is truly heartwarming when I see that I am a mean to help build bridges between cultures that need each other. When the appointment ends, and the Spanish speaking patient shows their gratitude to my performance, I feel like I'm adding a little bit of kindness to the world.
- Facilitate clear and transparent communication to support patient care and safety.
- Facilitate communication / understanding between parties.
- Facilitating Understanding, Empowering Patients, Cultural Advocacy, and Human Connection.
- Facilitating clear communication.|Contributing to positive patient outcomes.|Providing patients with a sense of security.
- Facilitating communication between patient and provider, meeting different people and continually learning more about language, culture and medical information.
- Facilitating effective communication and connections between patients and providers. Using my language abilities, but also my intuition and cultural understanding, to help all parties understand each other more fully.
- Facilitating encounters and language access.
- Facilitating understanding and good rapport between medical providers and their patients.
- Facilitating understanding between two parties while tapping into my language skills
- Faithfully rendering what people have said into the other language, regardless of what it is. This is an act of respect for what they wish to say and trustworthiness in doing what I have promised to do. People feel listened to and respected when they realize I am really saying just what they have said. (Unless, of course, I transparently intervene to point out an issue or concern or make a helpful suggestion. But I do this transparently.)
- Feel competent in what I do and take pride in the level of service I provide.
- Feeling good helping with LEP people
- Feeling like my work is deeply meaningful and impactful to others.
- Feeling of being helpful
- Feeling of satisfaction after my job has been completed. Because I know I have made a difference in a person's life.
- Feeling of support and appreciation.

- Feeling that I am being if service. Helping others, both patient and providers.
- Feeling that I interpreted well, thus allowing the provider and the patient communicate well and helping the patient receive the care they need.
- Feeling the effects of helping LEPs
- Feeling useful in every call I receive
- Feeling useful, helping those whose voices are often overlooked be heard and understood.
- Flexibility of the job
- For me, Spanish language interpreting doesn't just feel like a job, but also a calling.
- For the most part individuals are very appreciative of the assistance provided which makes you feel good
- Fostering meaningful language access to vital community services like healthcare.
- GET THE JOB DONE. I ENJOY IT IT'S LIKE A GAME. IT COMES EASY TO ME
- Getting a thank you
- Getting paid
- Getting paid.
- Getting providers and patients to actively communicate
- Getting to help people, especially children working in pediatrics. Most people are so appreciative of what we do, and I feel like for the most part we are valued in our hospital.|But just being able to help a parent get their questions answered and provide them with the information they need to take better care of their children feels very fulfilling.
- Getting to know patients and hearing their story. Helping them when they need it. Hearing providers comment that they are glad I was there instead of LanguageLine.
- Giving Deaf people agency in their own lives
- Giving a voice to the patients and families, learning about medical diagnoses, speaking Spanish
- Giving a voice to the patients to express their concerns in order to receive equal medical attention as any other person in the healthcare system. At the same time, offering the healthcare professional the ability to communicate effectively with their patients and understanding their needs. Finally, demonstrating that a qualified and trained interpreter can improve communication and support the system by breaking the barriers that may exist. Also to continue proving that interpretation/translation is vital in order to offer a fair and full line of care.
- Giving patient piece of mind that the provider understand what they feel
- Giving people who cannot communicate their worries and concerns a vassal to communicate to healthcare professionals. The most rewarding part of my job by far is giving people a place to share their voice and make sure they are heard.
- Giving the opportunity to people to communicate in their own language.
- Giving voice to our patients in such a stressful circumstances.
- Good encounter
- Good pay and a flexible schedule.
- Good pay is oviously one and communica
- Grateful people. Compassionate colleagues.
- Gratitude from providers and patients, variety of content- learning new things, helping people work towards healing or improving health, behavior, communication
- Gratitude from those served
- Great patient outcomes
- HELP MY COMMUNITY
- HELPING OTHERS
- HELPING PATIENTS UNDERSTAND THE RECOURCES THAT ARE IN PLACE FOR THEM
- Happy outcome
- Having a great session that truly facilitates two-way communication.
- Having a servants heart
- Having a succesful call with great understanding and comprehension between each party at the end of the session.
- Having clarified a misunderstanding, patient satisfaction
- Having the chance to help people connect and express themselves while I discover different forms of communication or aspects of it that we are usually not concious of everyday.
- Healthcare is a very rewarding profession. It is the caring for our patients that give us the most heartfelt satisfaction.
- Hearing both clients and medical staff that they are greatfull.
- Help
- Help LEP communicate

- Help and assist patients and physicians!!! I do my job with passion and it always has a great outcome.
- Help bridge the language barrier
- Help non English speakers receive their healthcare services
- Help other people and learn about the medical field.
- Help others
- Help others to break the communication barrier.
- Help others understand each other
- Help others, be neutral and be a peaceful encounter
- Help people
- Help people and see their progress
- Help people from different cultures break the language barrier and improve the quality of care.
- Help people to understand Each other
- Help people to understand what the doctors is saying so they can feel calm and confident. People are scared when they go to the doctor and is essential for us the interpreters to help them with the communication barrier some of the providers don't really care about this but most of people is really scare bc they can not speak up for themselves in another language
- Help people when they are sick
- Help the person or persons to understand what happen in their life.
- Help to communicate
- Help to our community !
- Helped the LEP
- Helping
- Helping some of the most vulnerable have access to quality care and improve the outcome of their visits. I go to all the specialties and learn lots about different topics. Can use what learned to advocate for family, patients and self.
- Helping Clients understand their needs
- Helping Injured pay
- Helping LEP patients overcome language barriers
- Helping LEP understand their concerns in their health
- Helping LEPs and English speakers communicate
- Helping LEPs who cannot articulate themselves and being their voice makes me feel useful. Also, helping the health care providers to understand their patients.
- Helping Limited English Patients (LEP) to understand what the medical community is communicating to them about their medical conditions
- Helping Limited English speakers communicate with providers to help improve their disease management, understand their diagnosis, treatment, and benefits and risks of procedures and or surgeries.
- Helping People.
- Helping Providers and Patients
- Helping Pts to communicate with Drs
- Helping a community of LEPs with the same quality of care as native speakers (in my area in DC). It makes me proud to live in this country and the patients are always very grateful for our services.
- Helping a non-English speaker communicate
- Helping a patient to understand their diagnosis, prognosis, treatments especially in a trauma situation when things can be at their scariest.
- Helping a person in time of need.
- Helping and learning
- Helping and serving my community
- Helping both patients and healthcare givers
- Helping break that language barrier to bring peace of mind to patients and their families
- Helping bridging the communication gap between patients and providers.
- Helping children
- Helping ensure that the patient receives the best possible health care despite the language barrier.
- Helping facilitate communication
- Helping facilitate good communication
- Helping families
- Helping families and leaving an encounter with the confidence that I was accurate and ethical, while witnessing seamless communication between the families and the providers.
- Helping grateful people.

- Helping injured workers
- Helping make life better for children
- Helping my community
- Helping my community and learning.
- Helping my community navigate the USA healthcare system, teaching them to advocate for themselves and their family. Seeing how their overall health improves as they learn to take care of their health. ||Being able to speak with providers and show them differences between Spanish, native dialects and education level from people of Latin America.
- Helping needy people.
- Helping other people
- Helping other people to communicate better
- Helping others
- Helping others and contributing to a common goal: patient care
- Helping others and growing at the same time
- Helping others and learning
- Helping others and learning more about medicine
- Helping others and learning new things.
- Helping others and making a living.
- Helping others and seeing them satisfied with my service
- Helping others and the freedom of schedule.
- Helping others and the linguistics / cognitive process.
- Helping others by bridging the gap.
- Helping others communicate
- Helping others communicate gives me the most satisfaction in my job as a healthcare interpreter.
- Helping others communicate their concerns on their preferred language and freely express themselves.
- Helping others communicate their health concerns and needs.
- Helping others communicating a topic that is of such high importance: healthcare
- Helping others for better health outcomes
- Helping others get the help they need
- Helping others give me alot of happiness.
- Helping others in need
- Helping others is my passion
- Helping others really be able to understand each other regarding their healthcare needs
- Helping others to communicate with providers
- Helping others to communicate.
- Helping others understand each other
- Helping others understand their right and the services provide
- Helping others who would otherwise not have voice be able to have equal access to medical care.
- Helping others whose may be suffering and unable to communicate in English. Understanding the cultural nuisance that many providers do not respect.
- Helping others with language abilities in another country
- Helping others.
- Helping others. Be useful to people that cannot speak for themselves.
- Helping others. Contributing to giving a voice to those whose lives can be forever altered or even lost for lack of being heard. And all the learning there is. I never cease to learn or be amazed by the resilience of human beings and of the wonder that is the human body.
- Helping others. Pay and flexibility
- Helping patients
- Helping patients and families
- Helping patients and medical professionals conduct successful encounters.||Feeling good when I give myself an A for the quality of my work when I self-assess my performance.
- Helping patients and providers coomnicate.
- Helping patients and providers understand each other clearly-making a real difference in their care. I really love my job!
- Helping patients and providers.
- Helping patients and providing opportunity for equal access to healthcare services.
- Helping patients communicate

- Helping patients communicate. Good work environment. Rub elbows with amazing professionals. Learn something new almost every day.
- Helping patients express themselves fully, I feel useful helping understand what's going in their bodies, I like that I am helpful
- Helping patients feel seen and heard|Assisting providers in acquiring needed information/understanding
- Helping patients get the healthcare service they need. Advocating for them whenever that's necessary.
- Helping patients get well
- Helping patients in person. No phone or VRI can replace in person
- Helping patients navigate the healthcare system in their native language.
- Helping patients receive access to quality healthcare in their language
- Helping patients through difficult times.
- Helping patients to get access to quality care. Patients can talk with their providers and understand their situation and take ownership of their own health.
- Helping patients to have the opportunity to express themselves however they want, to be able to give them that communicative autonomy is awesome
- Helping patients understand and be understood by both their healthcare and providers.
- Helping patients understand their medical care and ensuring clear communication between providers and patients. It's rewarding to bridge language gaps and support better health outcomes.
- Helping patients who don't know English
- Helping patients who really need our interpretation service.
- Helping people
- Helping people and for people to tell me I did my job well
- Helping people and give them the autonomy to express themselves
- Helping people and using my language skills
- Helping people and when LEPs and clients thanked me and said i did a wonderful job. |Learning something new everyday.
- Helping people by breaking the language barrier. It is a joy to see the relief and smile on the patient's face after successful communication. I know that I contribute to the success of the treatments and general well-being.
- Helping people by using my skills and knowledge.
- Helping people communicate
- Helping people communicate and improve lives
- Helping people communicate and solving a problem.
- Helping people communicate effectively and feel heard, making medical staff's job easier by providing exceptional service
- Helping people communicate how they feel
- Helping people communicate with their medical providers.
- Helping people communicate, providing them of an uneventful interaction is weirdly satisfactory to me haha.
- Helping people communicate.
- Helping people during extremely difficult situations and giving voice to the voiceless. Learning about ground-breaking procedures and treatments and seeing how patients are getting better. Hearing from the patients and providers words of gratitude. Mentoring new interpreters and teaching them Medical Terminology classes.|My medical degree helps me to participate in patient care in many different specialties.
- Helping people fight isolation that comes with not understanding a language; conveying knowledge that promotes self-advocacy and overall health.
- Helping people get the care they need by providing them a voice.
- Helping people get the care they need.
- Helping people get the information they need to make the best decisions. |
- Helping people gives me satisfaction.
- Helping people if only in a small way .
- Helping people in a difficult time. Providing support in a stressful situation. Feeling like I made a positive difference for both parties.
- Helping people in difficult situations.
- Helping people in my community.
- Helping people in need
- Helping people in their time of need. But also helping providers give care.
- Helping people is amazing.
- Helping people showing kindness being a cultural broker and advocating within my role

- Helping people that do not speak English and cannot understand their medical conditions.
- Helping people to access their health care and allowing them the agency to be in charge of their relationship with their provider(s). I've been in that situation before, living overseas, and needed interpretation, and it is really a calling to me.
- Helping people to comunicate
- Helping people to have a voice and being able to understand their opinions in their health care
- Helping people to understand each other
- Helping people understand each other
- Helping people understand what is being said.
- Helping people when they most needed.
- Helping people whenever they needed
- Helping people while using my linguistic skills.
- Helping people who are in need||Using my talents to serve others and make a positive difference in their lives||Spiritual mission
- Helping people who don't have a [figurative] voice. Also, personal interest in medicine and pathology. The intellectual stimulation of some complex cases, the learning that comes with it.
- Helping people who really need it.
- Helping people with their communication needs.|
- Helping people with their problems
- Helping people |Feeling useful
- Helping people, being able to bridge a gap in communication for both parties to obtain their goals.
- Helping people.
- Helping people. Feeling appreciated, fulfilled.
- Helping provider and LEP patients communicate during important life events.|Ensuring LEP patients have fair & equitable language access. |I also really enjoy the advocacy work I do for families and patients alike requesting spiritual care, psychological support and mentors for newly disabled patients while in the start of their rehab journey. |Seeing patients I work with on a daily basis improve. |I also love working on the baby floors, so happy!
- Helping spanish community understanding clearly what was said about their health as well as providers<>patient feeling connected with each other.
- Helping the LEP community, doing something good for someone else
- Helping the LEP patient, knowing that he understood what the clinician wanted to communicate.
- Helping the LEP undestand what is happening during some of their most vulnerable time of their lives.
- Helping the client
- Helping the community
- Helping the community.
- Helping the hispanic community.
- Helping the medical staff and patient communicate and the relief on a patient's face when they know there's someone in the room that speaks their language.
- Helping the needy people who can't help themselves through solving the language gap
- Helping the patient & provider communicate |Providing comfort to the patient
- Helping the patient to express and being understood.
- Helping the patient to smooth communication with the health staff
- Helping the patients navigate such a large and confusing hospital system
- Helping the patients, learning, and a degree of autonomy
- Helping the people who need help most.
- Helping the staff get their work done
- Helping those in need and ensuring the best quality of care for both patients and for providers to serve all patients equally and fairly.
- Helping those that do not have language access receive information that could change the way they live their lives for the better
- Helping those who need it and don't have anyone else to help them|
- Helping with labor and delivery
- Helping with the language barrier.
- Home office
- How grateful patients are
- How grateful the families I help are.
- I (indirectly) contribute to a patient's well-being.

- I ENJOY DOING A GOOD JOB. I ENJOY SEEING PATIENTS FEELING AT EASE WITH ME. I FEEL THEY ALSO FEEL THAT THEY CAN TRUST ME WITH THEIR SITUATION, FEELINGS, PROBLEMS, FEARS. I ALSO APPRECIATE THAT THEY TREAT ME AS A PROFESSIONAL.
- I I've my job. I like to be in different settings and work for different agencies and be a help to others. I am passionate about my job.
- I always feel like I helped someone.
- I am a sentimental nerd, who loves to use the semiotic model of meaning-making in language. There's a wonderful feeling of content and accomplishment at a job well done in really helping a person, especially when they're most vulnerable. Being empowered to give voice to my patient and/or their family member, especially when they've been 'stuck' and frustrated trying to explain something to a provider who wasn't 'getting it' at first, or else seeing that enormous smile in my patient and/or their family member when they finally 'get it', and then they say, 'Nobody has ever helped me really understand it like you just did""! That's the best! They are freed! They can move to the next step, decision-making and action from a point of knowledge.
- I am able to help someone who is in need.
- I am able to help the patients to convey their difficulties more properly and easily.
- I am committed to working with under- represented community populations. I myself am the daughter of Peruvian immigrants who emigrated and became American citizens. I understand the importance of providing language services to LEP patients. In addition, I have to admit that I am also fascinated with the field of medicine
- I am glad to be able to be a bridge of communication between two people who do not speak the same language.
- I am helpful and make wages.
- I am most satisfied when I can make a difference to improve the quality of the visit using my skills, abilities, cultural knowledge and empathy.
- I am most satisfied when I know the communication between patient/family -provider was facilitated to a point of trust among themselves as well as with my performance, because their verbal interaction was clear and fluid. Then I feel I've done a good job.
- I am pleased to be able to advocate for patient care for a vulnerable group. Sierra Leonean women have often undergone FGM and may present with fistula due to at-home births that were not always attended by a qualified midwife.|I can make sure these issues are known to the healthcare provider thus ensuring the patient receives the best possible care and even surgery to repair damage done in the past.
- I am the bridge between the healthcare and patients who are often underserved
- I am working as free lancer .|So freedom.
- I biggest satisfaction is when someone understands what's going on with their care or their family member.
- I can be at home and be a Interpreter
- I can help the patients
- I can help those who need help
- I can help two parties to communicate
- I could make some difference on their understanding and barrier the gap of communication. make their life easy with all information they could know.
- I enjoy helping both patients and providers and they seem to genuinely benefit from interpretation.
- I enjoy helping people and being able to facilitate communication between the provider and the patient.
- I enjoy interpreting
- I enjoy learning. I enjoy helping patients.
- I enjoy providing access to healthcare for all my clients. I enjoy the dialogic process that healthcare interpreting involves (question, answer, relationship building). I have always been interested in healthcare (anatomy, physiology, etc.) and find the setting is stimulating and meaningful. I enjoy working with all demographics within the Deaf community...since everyone needs healthcare at some point. I have really enjoyed working with CDIs in healthcare and have had the privilege of watching them be used more often. Because I have been in the field for nearly 40 years, I am particularly honored to work with elderly Deaf patients I have known since beginning my career.|
- I enjoy the profession that I'm in. I help patients by making a difference in the communication process as well as learning on a daily basis.
- I feel fulfilled when I see fluid communication between parties and a sense of relieve for the interpreter to be there.
- I feel full satisfaction after accomplishing for parties who were in need to communicate successfully due to language barriers.

- I feel heard. It gives me satisfaction of doing something important. Also, earning in US dollars has helped me take care of people and animals around me which has been always my dream. ||I have a dream or starting a school where I would provide education and training to women on interpretation and eventually helping them become financially independent.
- I feel like I'm helping people on the job and always being appreciated.
- I feel most satisfied knowing that I am part of a healthcare team that provides excellent care to any person, regardless of their background and that the service I provide is valuable.
- I feel rewarded because I help as a volunteer.
- I feel satisfaction when people light up when they see me. I get a lot of comments like, ""I'm so glad you're here - these conversations are so much easier with an in-person interpreter."" I feel accomplished when I leave an encounter knowing that I helped communication go smoothly. The gravity of the topics themselves is a reminder of the importance of what I do (imagine being told you have cancer through google translate!).
- I feel satisfied when interpretation goes smoothly and it's like we've unraveled a knot of miscommunication--people in the room become more relaxed, the patient become noticeably more open. I love knowing I've smoothed out one potential stressor from their day.
- I feel very blessed to be able to make a difference in a patient's life just because your a bridge to an understanding the message.
- I fell I am contributing to the patients' well being. Patients express their gratitude to be able to better understand their condition, treatment, and procedures. |The physicians tell me that they are grateful for my professionalism, knowledge and empathy.|I do all in my power for better outcomes.
- I felt that I was contributing to society by helping the community of LEP. I was very proud of the job that I performed as a healthcare interpreter and as a bonus I learned so much among the professionals.
- I find the most excellent satisfaction in knowing I make a difference in people's lives. I help bridge language and cultural gaps between patients and healthcare providers daily, ensuring patients fully understand their care options and feel heard. Because of effective communication, seeing patients gain clarity and confidence in navigating their health journeys is gratifying. Additionally, I feel proud when I witness improved health outcomes resulting from our interactions. The trust and gratitude expressed by patients and clinicians reinforce the value of my work. Ultimately, being a healthcare interpreter allows me to contribute to a more equitable healthcare system while continually learning about diverse cultures and languages. This keeps me inspired and committed to this career.
- I get great satisfaction knowing that I'm helping the patient and the patient's family if they are also present, to understand their health issues. Breaking the communication barrier between medical provider and patient is a noble thing!
- I get satisfaction through feedback from the LEP's & clients. I can see that I make their life's easier by helping them understand each other. There is a need for interpreters in the languages I speak and for that reason I do what I do. I help make a difference and help people feel at easy through their limitations in proficiencies.
- I get to help people in the way that I like and I get paid enough
- I have more satisfaction when I have assisted patient to understand he or she health condition and how patients take care their health.
- I have the opportunity to use some of my experience in medical records and administration. Of course, ñ Tera ting with patients is somewhat satisfactory.
- I learn something new every day
- I like being able to facilitate services for those that cannot speak for themselves.
- I like my job.
- I like that I can keep my Spanish up and that I have interaction that is multicultural. I love the humility of the people I work with (my patients). Honestly my greatest satisfaction comes when I can share God's love with someone or pray with them.
- I like to feel that I help other people in their daily lives.
- I love helping patients have a voice. I enjoy when the communication is smooth and people on both sides, the provider and the patient are able to speak freely and meet the patient's needs. I also love providing excellent customer service. It is truly a joy to see people get the attention and care that they need and deserve. For me, it is showing love for people.
- I love helping people
- I love helping people. So I feel that I've made a difference in someone's life by helping them understand/communicate with the clinician.
- I love helping the patients but I love learning more about the medicine field
- I love helping those that can't speak for themselves.
- I love languages. I think our ability to communicate as a species is fascinating. And interpreting is an art form that I am in love with. Being able to render exactly what was said but in a different language and cultural mindset is fascinating to me and something I'm proud to excel at.

- I love learning about medicine, and I feel like I learn something new every week. That's probably my favorite part. I like helping patients and feel a sense of accomplishment when I do, this job has that particularity of seeing the result of your work in a very specific and immediate way.
- I love linguistics and I strive to always find the best equivalent translation in the other language when interpreting. I love the art of it all.
- I love my job as an interpreter, and to be the bridge of communication.
- I love that I can help people communicate. My parents are immigrants, and I know how nice it is to have someone who can aid in communication.
- I love the intellectual challenge; there's always something new to learn. And I like that people are always happy to see the interpreter! But mostly I like following the command to ""treat the stranger among you as yourselves."" It feels like doing the right thing. I'm helping immigrants to live in the US and adapt to life here, and get the health care they need for themselves and their children. I was raised in the US in a racist small town, and I love that nowI can help bring about cooperation and communication between English speakers and Spanish speakers. I love the Immigrant Latino culture in general and like being part of the bridge between them and the native-born.
- I love to be able to help people voice themselves.
- I love to help people to communicate with each other
- I love to help people to relieve some of the stress that a medical setting or having a medical condition may bring, knowing that they will be able to communicate all their questions or concerns and that the language barrier won't be an issue.
- I love to help people understand what's going on and make sure that they receive the health care they deserve. I feel satisfaction when my work is valued and recognized.
- I love to provide a valuable service. I care for the people I provide service to. I enjoy working with the people I work with. My job is interesting and rewarding because I enjoy interpreting, and I believe I do it well and continue to improve. I work in many areas of a hospital, so I see many different and interesting situations.
- I love what i'm doing is my job help others.
- I love working with a multicultural group of coworkers, in a safety net hospital that provides services to people who otherwise would not have care. I have known these staff and providers for many years. They are almost all deeply compassionate people who are committed to their jobs and it is a pleasure to work with them. And being witness to the day to day lives of the patients is a grounding cable for myself to remember what is important in life at all times.
- I loved my job at the hospital that I worked, liked the working environment and helping the patients.
- I make a difference in peoples lives, and help communication between providers. Also as an Instructor, I have joy when I know students who pass their CCHI Certification, or other certifications.
- I see how it improves care
- I take my job seriously. I make sure to always be professional polite and to speak c
- I won't give you the same tired, textbook response-let's be real. This is a profession where everyone is chasing profit. Even organizations like CCHI exist because there's money to be made. Take away the financial incentives, and you'll find very few people sticking around. It's time to acknowledge the truth: without money, this industry wouldn't function as it does. Let's stop pretending otherwise.
- I'm able to help someone the their time of need.
- I'm the language bridge between the health care provider and the LEP, the satisfaction that I can help with the LEP's concerns and issues.
- I'm very good at what i am doing and I help patients get the help they need.
- I'm very satisfied every time I get to facilitate communication between providers and leps. Also whenever I get to learn a new word or phrase or new medication.
- If I get good renumeration as per industry standards
- If i get paid more than now , so i should not need to work more hours in oder to earn the necessary amount every day.
- If the patient and the provider are in the same page and understand each other. If the doctor really does it's best to care for the patient
- Individuals who are Deaf have complete understanding and control of what's going on, when it's dire, they are not alone. Effective communication access providing this is very essential.
- Intellectually challenging and rewarding. Helping other people
- Interact with others
- Interacting with families.
- Interacting with patients and providers. Belonging to a wonderful profession that includes many exceptional interpreters. I also love learning, attending webinars, interacting with colleagues and of course, teaching future healthcare interpreters.|

- Interacting with people, being helpful, witnessing interesting things, seeing the latest advances in Medicine.
- Interacting with the patient and provider and immediately seeing how I've helped to ensure accurate communication, therefore making their lives easier.
- Interaction with many different people|Learning about different health topic |The feeling that I am providing a valuable service
- Interpreters are not only helping medical providers and patients to establish communication from the language aspect, but also help them establish understanding culturally.|It's important for me to help people from my same background to get professional help they need.
- Interpreting for my patients and doctors. I often receive a Thank you from my patient and or doctor. This definitely encourages me to continue with this career.
- Interpreting for pediatric patients
- Interpreting in critical situations. Learning. Working on a team.
- Interpreting well . Straightforward calls
- Is meaningful
- It gives me most satisfaction when I establish positive communication between patient and provider. Also when patient understands completely about their health condition and how to manage their health.
- It gives me satisfaction, when there are some patients that speak and understand English, but sometimes they just need me for reassurance and to ask for clarifications. These patients are very resourceful and I admire that.
- It is a joy to serve as a volunteer interpreter in this unique clinic where all staff members are volunteers.
- It is my passion
- It is so emotionally fulfilling
- It is when they need interpretations and appreciate my work.
- It make me happy to facilitate communication between people in general
- It means a lot, when at the end of a call the LEP wishes the interpreter to always be healthy, without sufferings. Or, when they an erderly LEP patient blesses the interpreter, showing satisfaction towards the interpreting services provided to communicate with the medical team.
- It's a job that would still need to be done even in a perfect world where people don't need to do jobs that only exist because capitalism needs an excuse to make money off of people
- It's a job with a purpose
- It's a rewarding experience to help bridge the gap for families and providers
- It's gratifying to make a living as a conduit between healthcare providers and patients.
- It's great to know that you can help many people communicate on something as important as health.
- It's important for me that the parents of the patients understand the diagnosis, as well as the treatment of their child.
- It's meaningful work that I can continue to perform for years to come. I very much enjoy helping LEP patients and their providers have Smith and meaningful interactions. Patients are often intimidated by the health care system, but having a friendly face in an interpreter helps them navigate the process more smoothly.
- It's rewarding to help patients and providers communicate and as a remote interpreter, it's exciting to help people from all around the US.
- It's very rewarding to be able to help non-English speakers communicate with their healthcare team to obtain the care that they need. It's scary to be in a healthcare environment not knowing how to speak English when a patient may be dealing issues that dramatically impact their lives. It's rewarding that just my presence and ability to speak a patient's language can comfort them.
- Its remote and easy.
- Just knowing leps have access to their language for care.
- KNOWING THAT I AM HELPING PEOPLE.
- KNowing that the patient and provider have been in a good flow of communication and understanding.
- Know that I'm able to break the bridge of communication, and the patients can make better decisions because they understand their health situation.
- Knowing I am making a difference.
- Knowing I did my best with accuracy. Seeing providers and patients being grateful for my job.
- Knowing I did my job well and made it possible for providers and patients to have a successful interaction.
- Knowing I don't have to take work home with me.
- Knowing I was a key contributing factor to ensure the best communication was displayed to support the best healthcare for patients.
- Knowing I'm helping people
- Knowing I'm helping people communicate
- Knowing I'm helping people in real need of services we provide.

- Knowing I'm helping to close the gap in communication
- Knowing I'm providing a real-time connection in the patient's language and providing immediate satisfaction to the patient and their healthcare needs.
- Knowing my job plays a vital role in the wellbeing of the patients whom I serve
- Knowing our consumers have equal access to communication in their native language. Less chance for misunderstandings and confusion or mistreatment.
- Knowing patients know exactly what is going on with their health.
- Knowing that I am able to use my language skills to help people and make a difference in the lives of other people
- Knowing that I am helping the LEP population in the US
- Knowing that I am making a difference
- Knowing that I am their life-line and I can help in hard times, final times, and in bringing life in the planet. As a senior lady patient once said to me "" Finally someone of my blood""
- Knowing that I can help both providers and patients communicate and how that impacts the overall well-being of the community I am a part of.
- Knowing that I can make a significant difference in a medical encounter.
- Knowing that I have contributed some level of well being and comfort to patients and/or families as they seek to understand the why and how of their health issues.
- Knowing that I have helped bridge a gap in communication. Knowing that both parties feel heard.
- Knowing that I have made a diffference in helping a patient.
- Knowing that I help
- Knowing that I help families communicate with the providers and advocate for them when appropriate.
- Knowing that I help those in my community who are monolingual Spanish speaking have accurate communication with their healthcare provider.
- Knowing that I helped both parties: patient and provider.||The opportunity to interpret in different fields in the medical realm.
- Knowing that I was able to help the patient get the care they need and understand the information provided to them.
- Knowing that I'm making a difference and closing the communication gap.
- Knowing that I've been able to help someone and leaving them with a full understanding of their situation, no doubts or questions.
- Knowing that Im helping people
- Knowing that both parties were able to communicate and understand each other
- Knowing that my interpretation was able to build that connection between the provider and the patient creating a bridge of trust and understanding
- Knowing that my services allow both patient and proved to communicate as if the language was not a barrier. See that the patient feel happy and/pr satisfied that they needs were meet/heard.
- Knowing that my skills are useful in contributing to the well being of others.
- Knowing that my skills help to make a positive impact on someone's life.
- Knowing that my work helps someone in need, that I'm being paid for doing something that I love and it's also helpful to someone, its completely ethical and satisfying.
- Knowing that patients got a good communicative experience from their hospital stay.
- Knowing that people understand what is happening with their health which is already an anxious situation
- Knowing that the patient and provider are completely understanding everything the other says. ||
- Knowing that the patient has a better understanding of their health and has obtained knowledge on how to better care for themselves. Empowering the patients.
- Knowing that the patient understood and that I made it possible; being the voice of those that cannot communicate by themselves, and the blessings I receive
- Knowing that the patients understand everything it's been said
- Knowing that we do help as Linguists, both parties during the communication process in any given call setting, that they achieve both what they need and end the call to the satisfaction of both parties concerned between the patient and the service provider.
- Knowing that what I did had relevance and that it was done correctly.
- Knowing that what I do matters to the people that otherwise would have a very difficult time communicating their thoughts and needs.
- Knowing the patient and healthcare professional are both satisfied with their encounter because the interpretation made it seamless
- Knowing the patient is understood, the medical team member's plan is understood. Knowing that both sides were fully heard.

- LEP clients expressed appreciation for my interpreting services.
- Language bridge
- Learning about medicine
- Learning every day something new with different cultures
- Learning from challenging encounters, the opportunity to be of help to patients and providers.
- Learning more about the two languages I speak and understand.
- Leaving a job knowing that the service I provided was excellent.
- Leaving a session knowing I did a good job, where communication flowed effortlessly and patients were able to understand everything that was mentioned during their appointment.
- Leaving the assignmentn knowing that the patient understands what her symptoms
- Looking at their faces, and knowing that I made a difference.
- Love helping people
- Love helping people, feelings of doing something good and usefull
- Love to be an instrument of communication between patient and providers.
- Make people feel well treated.|
- Makig sure clients understand
- Making a difference in patients' life
- Making a difference in someone's life.
- Making my own country people to understand about their health issues and make them comfortable because their own language and country person is there
- Making sure a session goes smoothly, and that both client and LEP are satisfied with my work.
- Making sure all parties understand everything that's being said.
- Making sure our clients/community understand the conversation and advocates for them selves.
- Making sure that patients are given all resources available for language access.
- Many of the people I serviced are refugees or asylum seekers from my birth country. I feel privileged that I am given the opportunity to provide my services to these people by bridging the language barrier between them and the health care providers.
- Money and Helping people.
- Most satisfaction aside from interpreting is being an advocate and cultural competency trainer.
- Mostly enjoyable, feels like a needed service
- My best satisfaction is to know that I made communication possible between patient's and providers.. ||
- My boss is amazing
- My client's satisfaction. The feeling that I make a valuable contribution.
- My realization of the significance of the help I provide for everyone involved
- My role as an interpreter provides me with regular opportunities to act as a conduit between patients and providers, and this facilitates mutual understanding, helps to break down possible linguistic and/or cultural barriers and ultimately levels the playing field. In-person interpreting, particularly, is a critical to create an overall positive patient experience.
- My satisfaction comes when I witness that the patient has had a meaningful and participatory dialogue with the provider. Is knowing that two people were able to address their questions and concerns and ultimately have a better understanding of their situation.
- N/A
- Not answering
- Not having to ask for repetition, particularly when using complicated terms.
- One of the most satisfying aspects of being a healthcare interpreter is bridging the communication gap between patients and medical professionals, ensuring that language is never a barrier to quality care. Helping patients feel understood, respected, and empowered in critical health situations is incredibly rewarding. Knowing that my work directly impacts patient outcomes and reduces misunderstandings in high-stakes medical environments gives me a deep sense of purpose and fulfillment.
- One of the most satisfying aspects of being a healthcare interpreter is knowing that you're making a real difference in people's lives. You bridge the gap between patients and healthcare providers, ensuring that language barriers don't prevent someone from receiving the care they need.
- Only way I can keep what I have is by sharing it and helping our patients understand is an amazing job
- Opportunities for flexible and interesting work outside the home, and helping people
- Opportunity to have personal interactions with Spanish speakers in Spanish, and help them navigate the health care system. I also like the flexibility to choose my working hours.
- Opportunity to help people, learn something new
- Passion
- Patient appreciation or perceived efficacy of communication.

- Patient's appreciation, a sense of need of my service.
- Patient's satisfaction.
- Patients and healthcare providers can connect more completely and accurately through an interpreter that is on-site.
- Patients appreciation. Blessings they send my way for helping them through a request.
- Patients are in need of the assistance and knowledge that I can provide. As a former teacher, it is good to feel useful.
- Patients expressing how grateful they are in having an in-person Interpreter especially when it comes to a specialty or surgery/procedure.
- Patients satisfaction
- Patients told me that I am the one who really helps them to understand what is going on with them.
- Pay and Consistency
- Perceiving the sense of comprehension that moves clients to thank me for helping them.
- Positive health outcomes for patients.
- Positive interpreting sessions for patients who are doing well or patients who actually get the help they need... seeing Latino kids and parents in good health and with positive attitudes. Nurses and doctors who treat interpreters as people too, not just a translator behind a screen. Nurses and doctors who actually show empathy and concern towards their patients.
- Problem solving through the language skills |We observe everything keenly while being in the session Encounter with different characters is very common while working with patients, providers and other staff colleagues. If some misunderstanding happens They feel comfortable gets back up advocacy assistance easily being even wrong but sometimes as a interpreter felt ourselves helpless like a minor, being even up to the mark. Balancing whole session, ending smoothly sometimes people appreciate. Sometimes nothing just everybody moves quaitly like nothing happened but as a observer we feel we should feel comfortable a well. but nobody cares. It's the great part I experienced previously. , now it's very rare people recognize me and accepts me as a sincere friend, as a colleague. just feel good for big lessons as a teammate. This is full of life. looking up to the sky and thanking God for everything....
- Provide a voice to my assignments
- Provide information from Healthcare staff to patients who are needed and patients return with satisfaction of problems resolved.
- Provider and patient appreciate my interpretation
- Providing Language access and support to minority patients.
- Providing a good understanding between providers , patients and family membets
- Providing a service for people that really need it.
- Providing a very needed service which allows people to be able to communicate with one another.
- Providing access
- Providing access to Deaf and Hard if Hearing patients.
- Providing peace of mind for patients regarding their care while being accurate yet empathetic. Also being able to assists providers and medical students to better serve their patients.
- Providing respectful support for the patient to be able to share their health concerns...in their own words.
- Providing some communicative autonomy to the patients.
- Realize that the patient can understand their condition, test, or surgery and they can make informed decisions. That all their symptoms are interpreted and their questions and concerns answered.
- Realizing that my training and abilities can go so far in helping others. Being in direct contact, and involved with HC providers in these sessions.
- Receiving a Thank you.
- Receiving good feedback from the provider.
- Relief that I could help the provider and the client.
- Rendering an accurate and complete interpretation and the human interaction
- Respect and help of patients, good payment
- Same as above.
- Satisfaction of being able to help people (and some times even advocate for them) in medical settings.
- Satisfying the communication and understsnding needs of LEPs. And, I LOVE words and lsnguage
- Saving a patient life-happened a couple of times-.|Explaining to a patient what is his health problem after a long time and too many visits because of previous bad interpreters.|Help providers to explain what makes an educated decision to the patient|learn something new every day, meet different people |I simply like working with medical staff, clever and helpful
- Saving lives and hearing a newborn cry which to me means helping a new life come up and give a smile to the family.

- See patients make progress in therapy.
- See people getting the medical care they need
- See that the communication and gold of interpretation had reached both sides with success.
- Seeing a patient ""get it"" and their health improve.
- Seeing a patient receive the help they need and knowing that I helped them directly in a critical moment of their lives. Seeing them recover and hear good news and being able to see the happiness and relief in their and their family's faces.
- Seeing a real connection between two parties with different languages and helping an LEP person to feel understood by his/her provider and the provider to feel that he/she can work with the LEP patient.
- Seeing an appointment run smoothly where all parties have understood and interpreter is invisible.
- Seeing and feeling the patients' understanding and participation in their own care grow and deepen as they are meaningfully able to communicate with their healthcare providers because they were provided competent language services. Seeing the tangible results when a patient understands and is understood, heard, validated or comforted because of our work as interpreters. Hearing from countless healthcare professionals, experts in their respective fields, say that they couldn't have managed a session without the support of interpreters.
- Seeing children progress.
- Seeing consumers gain access to high quality healthcare and achieve their health goals.
- Seeing families relax when I start speaking their language
- Seeing happy patients.
- Seeing how a patient and a provider connect via the interpretation session I help with.
- Seeing immediate results of my hard work. Being able to assist individuals and help breakdown language and cultural barriers.
- Seeing members of my community served.
- Seeing my work be effective and patients being informed so they can make autonomous decisions. Partnering with hearing providers to educate them on aspects of language that would affect diagnosis and treatment.
- Seeing or hearing the Dr. say that the patient has done well after several sessions
- Seeing patients comfortable and safe
- Seeing patients excited
- Seeing people have their voice back when it comes to advocating for their own care
- Seeing people understand, language, culture, and needs along with wants.
- Seeing people walk away with success
- Seeing relief in patients
- Seeing that both parties understand eachother and can communicate freely
- Seeing the Deaf consumer treated and spoken to with respect |The appreciation expressed by the consumer and health-care professionals for having an in-person interpreter And having successful outcomes
- Seeing the patient satisfied with all his/her questions resolved.
- Seeing the patients relax when they see someone who can communicate with them.
- Seeing the relief of patients when they are able to communicate with providers. Patients and providers are usually very thankful for my work.
- Seeing/Hearing that the patient is happy with how he was treated by the clients. Nothing gives me more satisfaction than when both client and patient are happy about their interaction without paying attention to cultural differences.
- Service given to patient
- Serving as a bridge for communication and seeing the patients' healing process.
- Serving as a vehicle for communication between physicians and patients, knowing that I am culturally competent as well as linguistically competent.
- Serving families
- Serving my LEP community
- Serving people, being helpful
- Speak my native la guage and interact with people like me
- Successfully facilitating challenging communication situtations! Through my skillful interpretation, I help all involved parties understanding each other's points and navigate them in coming up with customized solutions that satisfy most of their needs/ requirements.||When my faithful interpretation assiduously allows the parties' character to shine through in their conversation, I get to witness the providers-patients bonding and building beautiful long-lasting relationships.||

- Supporting clear communication, seeing patients and providers build rapport with one another, when patients understand their diagnosis and treatment plan, getting positive feedback in post-session (eg ""I don't speak much English but I could tell you got every word, right down to the gestures I used!"")
- Supporting communication between patient, family and providers gives me a lot of satisfaction.
- Supporting patients and staff in the healthcare community
- Taking care if patients and families
- That I am not only getting paid for doing something I love, but I am helping the patient to understand what's being said to her/him. Very satisfactory.
- That I am still in healthcare/medical field.
- That I can be the voice for people that otherwise would have no voice. With my help they can be idependent when communicating with medical providers.
- That I can help communicate and get the context of the interpretation.
- That I can help relaying a message to parents about their child's health.
- That I can provide a voice for those who are in need.
- That I can provide for my family
- That I get to help people
- That I give a person a voice and ears in an otherwise difficult situation . That they may understand, be heard and participate. I love my job
- That I help people to bridge the gap. They appreciate it.
- That I left the patient feeling understood by the doctor and that he/she understood what the doctor had to say to them. Also that I connected well with them all.
- That I was able to help out.
- That a patient understood what is goin on with their health.
- That coworkers (nurses, doctors) are happy to see me arrive to help, they prefer in-person interpreters to over the phone and show it. I like helping patients who maybe otherwise would have missed the important information.
- That patients can connect with their healtcare providers to be able to learn or get improvement in their health.
- That people can communicate to each other.
- That the patient get the correct information and can make decisions based on the information. and it gets to ask questions clearly.
- That you helped someone that day. That you learned something new and you made a little bit of money while you were at it.
- The ""thank you"" 's I receive at the end of the sessions.
- The Deaf patient has been""heard"" and is getting the treatment needed to recover.
- The God-given opportunity to better the life of many individuals with the gift of effective communication and be a vital part in their mutual understanding.
- The ability to assist the medical provider and the patient to communicate with one another with the goal of meeting, the patients needs for a positive outcome of their health
- The ability to be a bridge and be able to help patients that don't speak English. I really enjoy being a public servant. I feel it's a way to get back to my community.
- The ability to be a voice for LEP
- The ability to come alongside and help the client in a difficult time
- The ability to ease communication between the Spanish speaking patients and the medical staff. As a child I often had to interpret for my parents, now I like to know that I'm preventing a child from having that responsibility and at the same time the patient is better able to understand what the healthcare provider is saying because they are receiving proper interpretation and therefore are better informed.
- The ability to help a person communicate needs (or message)
- The ability to help my community recover and maintain their health. It bring me joy to know that I am improving their health outcomes by facilitating their communication with their healthcare providers.
- The ability to help patients and families sort out an unfamiliar system, advocate for their rights and sense the support they experience by listening to critical information in a familiar language. A language they can understand and trust
- The ability to help people
- The ability to help someone in their understanding of their health issues
- The ability to professionally assist others.
- The ability to provide assistance for my LEP community in moments of distress.
- The ability to provide equality in healthcare. When I interpret for patients and physicians, etc., I know that nothing is getting lost in translation.

- The almost infinite learning and display of different points of view, situations and circumstances. After becoming a healthcare interpreter I can wholeheartedly say that I have become way more empathetic, more patient, more eager to learn and advocate and more passionate about serving others.
- The challenge and hustle and bustle of assignments that can be considered ""hectic"" (e.g., emergency rooms, specialty appointments, etc.).
- The chance to help non English speakers and being their voice.|The constant learning about the human body, terminology, procedures...
- The fact of helping others in such an important field and learning every single day something new
- The fact of helping people.
- The fact that I am the voice of LEP individuals and that I contribute in facilitating communication between patients and Dr.
- The fact that I can help others
- The fact that I can help patients and advocate for them time to time
- The fact that I can help the patient and their family members understand the medical jargon in a way that is comprehensible to them.
- The fact that I can work from home and that I can help others through my work.
- The fact that I serve as a bridge between the parties making a big difference in communication of people particularly in healthcare
- The fact that I was able to help the non English speaker.
- The fact that i am needed for our patients and for our doctors to facilitate communication.
- The fact they say thank you afterwards and you know you just helped someone
- The fact to be able to ensure/help that the conversation happens.
- The fact we can help people receive the care they need.
- The feedback from our patients
- The feedback of a patient.
- The feeling of achieving a great job by rendering a satisfatory interpretation.
- The feeling you get when your patient leaves the clinic/hospital feeling confident in their medical plan.
- The flexibility that the job offers.
- The freedom to de ide which assignment I take or not.
- The gratefulness in the patient's eyes - knowing I made a difference by helping them.
- The gratitude from patients
- The gratitude from the patients
- The gratitude from the patients and staff. Feeling I am helping others have a better life.
- The gratitude of the patients that we are able to serve.
- The gratitude of the patients.
- The gratitude that patients and providers express because I was able to create the bridge in communication
- The great impact interpreters make in the lives of many patients with limited language proficiency gives one a sense of satisfaction and intrinsic motivation to continue doing the best possible job.
- The greatest satisfaction comes from knowing that I help with the communication gap between patients and providers, facilitating clear and accurate exchanges that ensure every patient receives the care and understanding they deserve.
- The greatest satisfaction has been when patients said I understood it all this time, and even added ""You are like a ""Bridge over Troubled Waters"". ||And when the Medical Provider said, ""Great!, I feel more comfortable when you are my Interpreter"".
- The greatfulness that I revived from my patients
- The idea of helping to bridge the communication channels
- The idea of a stranger believing and trusting me without even knowing me is very satisfying to me. As well as being able to facilitate communication between people.
- The income that I make.
- The job gives me the feeling that I can help others. That makes me happy.
- The joy of helping others
- The joy to be able to help someone who is struggling to communicate with his health care provider.
- The knowledge that I have HELPED someone in a very meaningful way. I love learning new things and hearing people's stories. I love that every day is different.
- The love of interpreting field
- The moment I perceive that the LEP has understood the provider (his instructions, questions or anything else he needed to convey) and vice versa, I feel truly satisfied and I feel like I reached my goal. ||When the conversation goes smoothly and almost without perception of the interpreter work, in other words, when I am transparent and the two parties seem to speak to each other without my help, I feel very happy.

- The most rewarding aspect is the ability to help people communicate and understand each other across languages / cultures. Clear conversations in the healthcare setting can, at times, be crucial and can make a difference in a person's life.
- The most satisfaction I have had as a healthcare interpreter is feeling that I have made a difference in a patient's lives. In addition, the feeling of creating a bond with a patient. The level of trust, comfort, and respect which is established is priceless.
- The most satisfaction for me is being able to communicate to people, playing the role of a language conductor - as well as being paid well enough for my needs. ||I am honoured to work a job I really like and have invested so much of a career to persue, while getting the means to support my family positively.
- The most satisfaction in my job as a healthcare interpreter is when I heard the comment of one of my provider who is a home visit doctor said "" We could save the child's life today "" when I accompanied the patient together with the patient's mom to ER.|Not only I could save that child's life, I could also save the same patient's mom life when I needed to interpret for that mom at OBGYN clinic, her doctor sent her to hospital to have emergency surgery and i needed to interpret for her in the surgery room to save her life too.|I am the one who would like to help others with Christ like service as possible as I can as a healthcare interpreter although I didn't have reliable consistent income.
- The most satisfying aspect of my job as a healthcare interpreter is knowing that I have made a positive impact on someone's life by facilitating clear communication in critical moments. When clients express their gratitude and blessings for the service I've provided, it reinforces the importance of my role and gives me a sense of fulfillment.
- The most satisfying part of being a healthcare interpreter is making a real difference-helping patients communicate, understand their diagnoses, and make informed decisions. Seeing their relief when they feel truly understood is incredibly rewarding. Bridging cultural gaps and ensuring clear understanding between patients and providers makes every day meaningful. |
- The opportunity to directly impact the well-being of patients. By accurately conveying vital information between healthcare providers and patients.
- The opportunity to help individuals with limited English communicate their needs
- The opportunity to help people.
- The opportunity to help to someone else.
- The patient feels that they have been seen and heard by the provider, and provides thank you for your service sincerely.
- The patient feels that they have been seen and heard by the provider, and provides thank you for your services.
- The patient is able to understand the encounter with the provider
- The patients are always so thankful.
- The patients having better access
- The pay and being able to meet nice people on the way
- The pay. I get to work from home.
- The people I severe
- The platform and the work atmosphere the support
- The possibility to help people in need, people who are sick, in pain, in distress, people who suffer; the chance to use my language skills; the chance to learn new things every single day.
- The realization that I am good in what I am doing and that I am really helping people
- The recognition of a good job done in difficult encounters
- The relief a patient expresses when they are able to understand a provider.
- The result gauged by the provider or patient.
- The results in the communication and improvement in the care of the patient
- The safety and wellbeing of my patients
- The satisfaction and the great outcome from the patients and families
- The satisfaction at easy the communication between providers and patients.
- The satisfaction comes from bridging communication gaps, fostering understanding between cultures, and helping others connect.
- The satisfaction comes from delivering a professional service with excellent customer service and empathy.
- The satisfaction of helping patients fully understand what is being said to them and making sure all their questions / worries are addressed.
- The satisfaction of the client, the satisfaction of being useful
- The satisfaction that I get to help the LEP meet a goal or achieve a positive outcome in their health
- The satisfaction that I have enabled someone to have access to information, and I have enabled them to ask questions.

- The sense of being useful, being able to help.
- The sense of relief that patients feel from having reliable and equitable access to quality healthcare in a language they can understand.
- The smile on a child's face when they feel better.|The ""thank you"" from Mom- who says I don't how I would have done this without you.|The cancer patient who goes into remission.|The patient that was in a ventilator and connected to life support but gets to go home alive.|
- The smiles on the people that I have helped.||Or, when someone says, ""i was afraid coming to see the dr, but then I saw an angel come in"".||How can I quit when I hear comments like that?
- The thought of Helping people who need to establish their mission
- The trust that patients and providers place in my ability to relay their messages back and forth with empathy and accuracy. The immense gratitude expressed by patients and providers for a job well done. That they feel like their messages were relayed and understanding took place. I love also sharing experiences with my team members.
- The university hospital I work for hires best in the nation for clinical positions. I find satisfaction that I'm the best I can be today and work with the best in the nation.
- There are a few providers and patients that still value our work.
- There are two things that give me most satisfaction. First, knowing that a patient is understanding their provider, and thus is able to take charge of their health.||The other is when I am able to interpret difficult terms, or navigate a tricky conversation and I know that I did a good job and handled it well. It brings credibility and validation to the field of medical interpreting.
- There is a HUGE need and it is a job with a great impact
- They can understand what they are communicating.
- To allow people who don't speak English to communicate their symptoms and other personal issues, helping them this way to access healthcare and seeing the gratitude in their eyes when they have finally understood what's going on with their health and what's the proposed treatment plan to help them get better are some of the most rewarding aspects of our profession.
- To be able to assist Non English speakers in getting the same level of medical care as English speakers
- To be able to facilitate the healing process.
- To be able to help
- To be able to help LEP in a scenario where they mighty feel worried not only because they might feel sick or worried because of an illness or if a loved one is going through a hard time. But, because having someone that speak their language night make them feel more comfortable and might open a little bit more, if they see that there's a person that understands what they are trying to say, or the feelings they are trying to express.
- To be able to help Non-English speakers. The outcomes after each assingment
- To be able to help PT during some of their most vulnerable times.
- To be able to help a patient that really needs my help
- To be able to help others , I love working from home as well
- To be able to help our LEP communicate effectively with the treating team.
- To be able to help our LEP community.
- To be able to help people in need and to receive satisfaction comments.
- To be able to help the LEP community access Health Care.
- To be able to help the parties to communicate without barriers, sometimes to be an advocate for the patient,
- To be able to help those in need.
- To be able to know that I'm the bridge of information for the patient , and n their own language.
- To be able to provide the means for the patient to communicate effectively and seamlessly with their provider and vice versa.
- To be able to use my brain to help people
- To be an active agent in enabling access to basic services for people that speak a LOTE
- To be helpful
- To be of use to a person with limited English.
- To connect with patients in a compassionate way while rendering the message.
- To enable communication from the patient to the provider during a medical encounter. Seeing the interaction between them and ending with an informed consult that will have a productive outcome.
- To get all the information in an effective way so the client and the professional can accomplish the tasks
- To have been able to help and serve as a bridge in communication between patients and healthcare providers.
- To help
- To help families in very difficult situations.
- To help other people.

- To help others
- To help others with LEP.
- To help out the non English speaking families.
- To help people heal. To comfort people, let them hear their own language presented to them as a lighthouse offering guidance during these stressful situations where||To explain to them how we are trained, what our certifications are so that they can rely on us.
- To help people immediately, sometimes with the worse news but still in their own language.
- To help people in need that does not u destiny what is going on and the language
- To help the community
- To help the community and make a difference in their experiences
- To help those in need
- To know that I have done something good/positive in someone's life.
- To know that my job was good.
- To know that my linguistic skills can be utilized favorably and help as many people as I can to get the medical care or fair treatment they deserve, or a healthy life, that is a great satisfaction to me. When I see 20-year-olds with heart failure for no fault of their own, going through one or two heart transplants and see them 10 years later living a productive life and doing well, or seeing a 65-year-old needing a liver transplant, again for no fault of their own after having worked in the agricultural fields giving their best, and see them 3 years later, and they still remember how valuable my interpreting assistance was when they were most vulnerable, those are the best rewards and satisfactions I can get from knowing that I gave it my 500% to do the best job I could. Priceless.
- To see my patients and medical staff satisfied with the flow, quality, and accuracy of my delivery guaranteeing the optimal exercise of healthcare and well-being of the patient.
- To see that healthcare providers understand patients' needs
- To see the patient's relief of understanding what is their diagnosis and their prognosis. I love seeing their smiling faces after a moment of unknown and just meeting amazing people along the way helps make my day.
- To see the relief and joy of a non English speaker being able to understand what happening to them or their love one.
- To see the satisfaction in the eyes of the provider and the LEP after finishing the assignment !
- To see the sign of relief, satisfaction, clarity in the individual because they feel heard and are able to understand.
- Upholding communicative autonomy between parties who do not share the same language.
- Use my hard-earned skills to help people
- Using language skills to allow people to fully engage with each other as they would have had they spoken the same language; receiving gratitude from others for having received the service; getting positive feedback regarding high interpreting skill demonstrated and/or how well the encounter went due to interpreter's work
- Using my Spanish to help Spanish speaking patients.
- Using my ability to speak another language and learning new things
- Variety of assignments, human connection
- Variety of work|Feeling that I am being useful
- Very satisfying when, in challenging or critical calls, the intended meaning is conveyed from each side of the encounter and there is satisfaction on the part of both the client and the LEP. The flexibility on the part of the language companies I work with to log in for as long or as frequently as I want, and to not log in when I am away or need time off even if that time is not paid.
- WHEN I SEET THAT I CAN BE A THE BRIDGE IT MAKES ME FEEL USFUL
- We need actual interpreters in the boards that advocate for interpreters. Healthcare interpretation is a profession not a social service. Recognition for the work and the right pay will give satisfaction.
- What gives me most satisfaction is knowing I am helping my community communicate.
- What gives me the most satisfaction as a healthcare interpreter is knowing that I am bridging the gap between patients and healthcare providers, ensuring that every individual receives the care and understanding they deserve. I love helping patients express their concerns, needs, and emotions while also assisting medical professionals in delivering accurate and compassionate care. Seeing the relief on a patient's face when they feel heard and understood is incredibly rewarding. Knowing that my work helps improve healthcare experiences, reduce misunderstandings, and ultimately contribute to better patient outcomes makes my role deeply fulfilling.
- What gives me the most satisfaction as a healthcare interpreter is the opportunity to help bridge communication gaps and ensure that both the Limited English Proficient (LEP) individual and the healthcare provider feel understood and supported. I love being present in the communication process, not only

facilitating understanding but also creating a space where trust and clarity can thrive. At times, I find deep fulfillment in acting as a buffer during moments of tension or potential conflict, helping to de-escalate situations and maintain a sense of calm and professionalism. Knowing that my work directly impacts someone's ability to receive essential care and feel respected is what makes my role so meaningful.

- When I am able to transfer everything said by the Client to the Healthcare Provider and vice versa with flawless accuracy.
- When I am helping people as they cannot speak English.
- When I am in the zone and feel I've done my very best to provide equitable communication access for all involved in the interactions.
- When I do it perfectly
- When I do it well, and I feel like I've aced a call
- When I feel like I am working with the customer as a team to communicate with the LEP. Though the interpreter is impartial, the interpreter still needs the customer to follow certain guidelines for the best interpreting experience. The customer needs to: speak in first person to their LEP; pauses for rendition; maintain volume, tone and pace for a good rendition; understand what interpreting protocol is and why it is used. When the customer follows these basic guidelines on how to work with an interpreter, I feel like I can more easily achieve the goal of aiding in direct communication.|
- When I have the opportunity to help a patient solve a difficult situation or when I see that thanks to
- When I hear satisfaction words from LEP and client at the end of the call about my services.
- When I help provider and patient communicate well and they are satisfy the service. Especially when both side show their appreciation for my work.
- When I help someone that needs it and they are grateful
- When I know I related the message accurately and when the provider tells me so.
- When I know I've helped those in need and they show appreciation.
- When I leave the session, and I am sure that both patient and provider have understood what each other has said. As if they were talking directly without an interpreter. Nothing missed, nothing misunderstood. Patient have all the details about the finished session, and about what is next.
- When I provide clear communication
- When I realize that the communication between 2 parties flows, when the patient is able to concentrate in his/her ailment and doesn't look like is nervous that the message is not being delivered.|When I see the Doctor also is able to concentrate in their job and is not showing signs of being worried that the patient is not understanding them.|Basically, when I leave the assignment knowing that communication was not an issue and that I was able to help.|
- When I see both providers and patients are happy with my interpretation service.
- When I see patient and provider communicating in a true back and forth.
- When I see that I was helpful, when both parties are satisfied, when patient achieved their goal, when I am satisfied with my performance.
- When I see the impact I have in their lives
- When I'm able to help a patient actually understand what is going on with their own body. Deaf individuals in general have a very LOW health literacy.
- When I'm able to interpret everything correctly
- When Patient and health care provider second time meeting and present their gratitude for the service I rendered.
- When a Deaf person is able to have a voice in the conversation. I enjoy seeing independence being developed in children. ||I love watching a child's language develop and being a part of that development. I enjoy Deaf children being able to learn about their health and advocacy as they grow up. I enjoy children and teens being able to advocate for themselves.||I enjoy Deaf parents getting full access to the development of their children and teens. ||D (deaf) in this response is meant to be inclusionary to everyone in the deaf community.
- When a patient I have provided interpretation services for follows the clinicians' instructions and is healed.
- When a patient is happy to see me walk in the door/meet me in the waiting room. I feel like I am making a difference and reducing stress in a stressful environment.
- When a patient is thankful that I was there.... and when a provider recognizes my interpreting abilities...
- When a patient leaves the facility satisfied with the work you have done
- When a provider or a patient compliments your interpreting or professionalism skills.
- When a provider or/and patient thanked me because they were able to communicate.
- When at end of an interpreting session both patients and providers are satisfied by my services
- When both ""ends of my bridge"" (Patient and Medical Staff) feel satisfied with their understanding of their medical encounter.

- When both patients and providers tell me they have understood and felt heard during an appt and that I said ""exactly"" what the providers were saying
- When both provider and patient acknowledge we go above and beyond to make the encounter as smooth, accurate and satisfying in terms of terminology and politeness.
- When both providers and patients are happy about the service.
- When both sides (client and LEP) finish a conversation with the certainty of clear communication between both parts
- When cliente/patients thank me or congratulate me for My job
- When clients and LEPs thank me for my services.
- When demands are low, when I can interpret in-person without technological barriers.|If I am interpreting virtually, I get the most satisfaction when technological barriers are few and irrelevant to the topic at hand and when an interaction is able to be interpreted smoothly. |In either case, it is satisfying when the patient can understand their healthcare situation.
- When doctors and patients say thank you|When they recognize my contribution |When my interventions lead to a positive outcome, and avoid risks/incidents|
- When effective interpreting happens and all parties are satisfied with understanding info provided
- When everybody seems happy with their communication.
- When families are able to understand and communicate fully with healthcare providers via trained medical interpreter/translators
- When healthcare workers have AHA moments. When Deaf patients feel they are understanding their provider and vice versa.
- When i do best in my interpretation and feel satisfictiin from client and providet.
- When my patient and provider leave with satisfactory results.
- When my patient, despite their language deficiency, can communicate easily with their provider without language barriers and leave the office satisfied. |
- When my patients voice that they are so amazed that I speak their language so efficiently.
- When patient and doctor were able to understand each other 100%
- When patient understands what is being said and are grateful
- When patients and doctors are polite
- When patients are appreciative of the assistance you give them. Sometimes all they need is to vent and have someone to advocate for them, since they cannot do it for themselves.
- When patients or family express their gratitude and relief that they understood what the provider was saying after sessions
- When patients thank me after an assignment
- When patients thank me for helping them and providers expressing their satisfaction.
- When patients understand their plan of care. When providers take the time to assist patients with the use of an interpreter and both patient and provider feel satisfy communicating.
- When providers and clients show or express that having an interpreter made a difference in the enounter.
- When someone's body language shows signs of relief when they hear me introduce myself in their target language.
- When the LEP and the provider are able to understand each other and they are happy and sure about what is being said
- When the client recognizes our efforts
- When the customer congratulates the interpret or they are helpful for other people but also a good pay rate
- When the encounter goes well, when the pt and the provider connect.
- When the initial interaction with the patient is positive and the session goes smoothly. The patient feels heard and understood regardless of their previous experiences. The doctor understands the concern and addresses it.
- When the parents say, ""no questions, we understood perfectly"".
- When the patient feels that he/she has been given appropriate care.
- When the patient is feeling heard|When the provider can do her job efficiently and safely
- When the patient is finally able to understand and replies back with a long and strong 'oooooh'. At that point I'm very much satisfied
- When the patient is relieved to see me.|When the patient has expressed their communication needs were well met.
- When the patient shows relief that they will be able to communicate in their own language
- When the patient understood everything.
- When the patient(s) are happy and appreciate the service I provide.
- When the patients and providers really appreciated my service

- When the patients thank me sincerely.
- When the patients' health improves mentally and physically, they are thankful for my service.
- When the person that I interpreted for thanks me for a job well done as well as the provider.
- When the person who speaks another language feel seen and heard and good about the exchange with their health care provider
- When the provider and patient understood each other well even they are speaking in different languages.
- When there is a difficult case and I manage to convey all the information in such a way everyone leaves satisfied
- When they are polite and well-spoken, interpreting for the elderly and mothers. As well as handling workers compensation for men and women. As a socialist I enjoy helping working latinos have a voice to express frustrations with their care and workplace conditions. Even if ultimately my client is that care provider and not them. But most of all? Receiving my paycheck.
- When they forget I'm there and the conversation flows seamlessly.
- When they thank me for a well done job.
- When things goes right
- When we see the patients progress. When the parents are fully understanding what the diagnosis is.
- Whenever I can fully service sessions without situational issues(technical issues, poor flow of the conversation, etc).
- Whenever I'm able to see that my interpretation helped and I'm able to advocate for the LEP
- With every patient served, we are one step forward to health equity through language access and community service. Patient satisfaction and appreciation are the best award.
- Witnessing how the patient is able to communicate with the provider and the provider helping the patient.
- Woek from home and being able to help people.
- Working in healthcare settings allows you to learn and grow constantly while becoming a part of the medical team, and directly helping a given patient/family every single time.
- Working with my community providing a valuable service.
- Working with people and being a part of their effort to live a healthy life free of pain.
- Working with people|The variety (each day is completely different)|Continuously learning
- a daily learning experience
- ability to help
- ability to help others and advocate for others
- appreciated from either LEPs or providers after my services
- appreciative patients
- be able to transmitte accurly the LEP message.
- being a help to people in a difficult time. Also I enjoy the mental work of interpreting.
- being able to be there quickly for deaf/hard of hearing patients, especially in emergency situations so they don't have to wait hours for an on-site interpreter. seeing positive outcomes for patients and empowering them to take care of their own health
- being able to continuously improve my language skills and medical knowledge|able to help people communicate effectively and accurately
- being able to facilitate to address needs of patients and providers, when they're grateful
- being able to fluently communicate an idea when an LEP has a difficult time expressing themselves
- being able to help a person that is lost and does not know how the healthcare system works
- being able to help people
- being able to help people. I love languages
- being able to see the faces of satisfaction and understanding of the parents I interpret for; also just knowing I am providing a service that carries a lot of weight in importance
- being helpful
- being if service and support during medical needs
- bridge the gap between medical professional and LEP.
- bridging the gap between English speaking providers and LEP patients.
- compassion for patients
- connecting the patient with the therapist or case manager
- diversity
- facilitate communication between people who speak different languages
- facilitating communication between patients and providers
- facilitating the communication between the patient and the HCP
- feeling that I'm helping people.

- financial help
- finish calls successfully
- getting paid
- giving patients a voice
- happy patients
- have the ability to help others
- help
- help LEP to get proper healthcare
- help people
- help people in need.
- help the patients
- helping
- helping LEP patients in a concrete way. |being able to be entrusted with a very private/personal situation in their life.
- helping and money
- helping communication
- helping other understand the health options and care
- helping others
- helping patients
- helping people
- helping people , self satisfaction, new horizonts, improving and broaden med knowledge
- helping people access healthcare services. help them feel more at ease.
- helping people and understanding their feelings & serve them properly.
- helping people take control of their health care and advocate for themselves
- helping people who need it
- helping stressed out parents navigate the healthcare system so that they can focus on their kiddos and their health vs feeling lost in a broken system where they are at a language disadvantage
- helping the LEP
- helping the barrier for communication between the two people
- helping the communication process
- helping the community, advocating for patients, serving as a bridge in the community
- helping the patient
- helping the pt
- helping to a success outcome
- interaction with patients and a great learning environment
- it is an area that I'm comfortable working in
- knowing I interpret accurately.
- knowing i helped make a difference in someone's life
- knowing that I am brdging a communication gap when others can't
- knowing that I have helped someone
- knowing that I helped someone.
- knowing that i provided access to the healthcare team and the patient so that effective communication is provided and knowing that everyone is fully informed.
- knowing that i've somehow helped someone.
- knowing the patients are leaving the room with an understanding in the language of choose
- language barrier should not be an obstacle to getting healthcare services
- learning more medical knowledge.
- making sure that our clients get the best Health care by the ability to fully understand what is going on with their health status
- my language skills are put to use to help people communicate
- na
- offering light of understanding to communities in need, seeing patients and families feel empower with knowledge while breaking the language barrier.
- patient and provider satisfaction. Communicate effectively so all the parties are happy.
- patient are healing faster
- paycheck
- pleased patient
- providing a great service to patients

- pt's feedback
- respected
- seeing patients and providers happy while i interpreting for them.
- serving patients
- supporting your community members of the languages.
- the ability to bridge gaps
- the ability to help people
- the fulfillment that I helped others in their basic medical need.
- the inside warm feeling of helping ppl
- the value of what I do
- they treat the interpreter with kindness and patience
- they understand each other
- to be there, when someone needed the help.
- to help others
- to help parent understand whet happen to his child and how to help they child
- to play a crucial role in ensuring that patients feel understood and satisfied with their health care experience
- to show a friendly and understanding me, for every one out there that can benefit from that
- watching people getting calm when they realize that no information will be lost in interpretation
- when I can help the patient and the patient really appreciates it
- when providers/patients' body language show relief because they are able to understand each other
- when the non speaking English customer is satisfied with my interpretation and I am able to provide all of the necessary translation so that he/she needed
- working with people both from our culture and another
- ""The most satisfaction comes from being able to bridge the communication gap between patients and healthcare providers, ensuring that the patient's needs are clearly understood. Knowing that my work can directly impact the quality of care and help people during vulnerable moments is fulfilling. I also appreciate the opportunity to continually learn, grow, and use my language skills in such a meaningful way.""
- The job of a healthcare interpreter can be extremely satisfying, as they can make a difference in a person's life. When a person does not fully understand a language, the interpreter becomes their voice. Interpreters help patients accurately convey their symptoms to their doctor or understand their diagnosis or treatment options.

Appendix U(2). Frustrating Aspects of the Job (Q.62)

Question 62. What is the most frustrating aspect of your job as a healthcare interpreter?

- Seeing financial difficulties incurred by medical conditions, being powerless to change that.|Also watching patients NOT being listened to specialists. Meaning if all the numbers are good based on specific parameters,BUT, the patient feels ill; |the specialists just send them back to the ER. It's the frustrating wheel of HMOs. And Most peeps are reluctant to make a fuss or demand services...|As a native New Yorker, I believe the squeaky wheel gets the oil!
- *Usually when the provider / medical staff member talks over the interpreter or doesn't let interpreter finish interpreting when they're already starting a new sentence. |*When provider is speaking directly to patient's English speaking family member without letting us know whether we should be interpreting everything & then after a really long talk, expect us to know when or what exactly needed to be interpreted to patient. |
- 0
- Family members or friends that want to interpret for the patient and do not have the qualifications.||2. Providers that happen to know ""high school spanish"" and speaks ""spanglish"" to the patients or responds before I interpret for him.
- Unfair pay rates|2. Sudden lay-offs/terminations|3. Harassment by clients (I once had a call where the client was engaged in inappropriate conduct on camera with himself)|
- The interference of family members who insist to interpret for their relatives; however, many times not interpreting everything, not being honest to the PTs, interpreting just parts of the conversation, pretending they know better the needs of the PTs. |2.) PTs who speak neither EN nor their native tongue any more... |3.) PTs who pretend to know EN and get offended by having the interpreter present, but who speak a very poor limited, ungrammatical EN.|4.) The PTs' use of words that do not exist in the mother tongue but they are adapted/ borrowed and made to sound EN.
- A ""rambler"" a patient that doesn't answer yes or no questions when asked by a provider and instead decides to give unrelated stories that you have to interpret to the provider who doesn't understand why your not answering their question and believes your incompetent. Specially when the patients does it over and over again during one session.
- A a remote interpreter conditions like power loss, Internet issues and the difference in US time zone and Pakistan time zone.
- A culture competence which impact our daily sessions, the emotional feeling that we get after hard sessions specially for young children, dealing with angry providers or patients is very frustrated
- A disrespect and arrogance.
- A family member accompanying a patient who acts as an interpreter
- A large percentage of employees still think anyone can interpret.
- AI threat to substitute live interpreters
- ANXIETY. STAYING IN FRONT OF THE COMPUTER FOR TOO LONG
- Absolutely nothing
- Abuses and malpractices by companies in paying us so little for such important work
- Abusive clients and their disrespect for the interpreting profession
- Administration, poor pay.
- Advocating boards have company representatives and interpreter trainers who want to treat interpreters as minions to make more money.
- Agencies don't want to pay certified interpreters adequately for providing their services. |Not only do we have to interpret and perform sight translation, we also have to fill out large packets of paperwork (10-20 pages) for workers comp applicants including their extensive health history, which should be filled out PRIOR to the appointment, but never is. The doctor's office and assistants make the interpreter do this for them with no extra pay for physically filling out these packets of paperwork for them. |
- All of the sad moments. Hearing clinicians not understanding the importance of using a qualified medical interpreter.
- Americans with thick accents
- Any Linguist does feel stressed and burned out, having been exposed to all types of social, medical, legal, labor employment, and immigration crisis intervention calls for both real-time on-demand calls and pre-arranged scheduled calls.
- Any duties outside interpreting like admin work and scheduling weekly assignments. Also the fact that we can't interpret for every patient in the hospital and we have to leave a lot of it to VRI/OPI.

- Appointment Cancellations without being notified by the company. |Because ""we have to pay you anyway""|No raises. |In fact some companies lower my rates at the start of the Covid pandemic, and the rates never went up. So I'm making less money now than 5 years ago. I feel they take advantage of the interpreters.
- Arriving to an appointment with no prior information that could help me do a better job. Traffic at peak hours.
- As OPI not been able to hear or technical problems. Also when we're not able to do our job as it should be done.
- As a freelance interpreter, I have to seek for assignments and constantly worry about having enough work or money.|We don't have set income or benefits. Therefore, I stress about next week and next month. Could I cover my bills? |
- As an OPI: audio quality. Hands down!
- At my last job, I would say the overload of calls and assignments. It was one after the other, hard to take a break. My current job has less demand for the language I interpret for so it is usually not as mentally draining. The most frustrating at times is interpreting for certain providers or patients who don't pause and give the interpreter time. I also get frustrated with some providers who don't seem to be listening, respecting the patient or doing their job well.
- At this time, the field is economically affected due to low wages and uncertainty for mobility in the economy
- At times management underestimates the value of having an interpreter available for providing any of the services their agency provides.
- Audio issues/quality
- Audio quality issues
- Augh! You had to ask. Thank you. Medical providers and staff-- in-person and OPI--that insist on speaking Spanish even though they are not native speakers or have full fluency. The hospital I work for has a policy against this. Yet I've been at the position for a month now and every other day I have this problem.
- Background noise.
- Bad Audio. Everything else I can handle. I really love the work.
- Bad communication because of equipment in some hospitals/clinics.
- Bad news
- Bad, unfair and irresponsible practitioners (both doctors, staff and interpreters), and also interpreters not getting healthcare coverage.
- Barriers to care.
- Because I have a dual role (nurse/interpreter) I frequently can't step away from one to do the other
- Because means are available to overcome challenges there is no frustration
- Because the salary is really low!!! USD 4/logged hour! I think it's shameful.
- Being a conduit and not being able to directly work with people from my own knowledge or creativity
- Being a freelancer with no coverage or support form the organizations I work for.
- Being called a translator.
- Being dehumanized by doctors and nurses, made fun of because of the self-introduction I have to deliver when starting a call.|Being mocked by Russian speakers who I don't want to serve as I work with the Ukrainian language only.|I was told by patients that I translated incorrectly (when it was not true at all).|Being interrupted and ignored both by patients (and their family) and healthcare professionals, they just keep talking regardless of my request to pause for my interpretation. Why do you ask for an interpreter then?|Having to work with poor connection on the client's side.|Repeatedly hurting my ears with loud background noises that nurses or doctors sometimes produce when moving the device, my hearing has deteriorated because of that.
- Being disrespected or not valued. Always needing to justify the need for my place in the hospital/society.
- Being on a headset for long periods of time, due to this I have lost my hearing.
- Being paid by the companies as a freelancer
- Being physically away from a client and they may be in lots of pain or torture.
- Being required to be in two places at once when is extremely busy
- Being so busy and being the only one in a large healthcare facility I feel isolated, exploited & misunderstood by my leadership and being pressured to do things that go against the NCIHC code of ethics.
- Being treated as a machine/ computer and low salary.
- Being treated with disdain.
- Being unable to help people get the care they need due to the limits involvement in working within the consumer capitalist framework. Working with providers who are not very skilled or empathetic.
- Being under-estimated, providers usually treat us like machines or like we're less important than anybody in the room while we're doing our job.
- Being underpaid and mistreated by the company despite my high competency and certification. |The most unbelievable point was when I met other interpreters from the same company with a higher rate and half the years of experience, with no certification, and even half the number of calls I was getting. |In other words,

despite my certification, commitment, years of experience, and being exploded with a large number of calls, I was paid almost half the rate of other interpreters with less experience and no certification, and this was in the same country.|I have proof of all this, and I must say, I feel disgusted every time I remember it.
- Being underpaid and not being supported to get continuing education or certification. There's a lack of support for employees to get certified or get continuing education. Certified employees get paid the same amount as non-certified employees. Also, the company I work for provides no mentoring/supervision for support or feedback.
- Being underpaid, as a certified, experienced or being paid per minute base as an OPI interpreter. |
- Biding for jobs
- Blame feeling that providers can give you
- Burnout is a big frustration.
- Call volume is very low.
- Can't think of any right now.
- Canceling the appointment at the same day. |Healthcare providers being rude and arrogant
- Cattle mentality of providers towards patients
- Changing the healthcare industry culture of relying on non-qualified speakers of other languages to interpret for them
- Chasing paymentsHIPAA
- Clinicians not giving adequate time for an accurate translation before repeating the question
- Co-workers
- Commuting and traffic |Wear and tear on car|Pay is not sufficient ||
- Complaints
- Compliance from patients to follow recommendations. Although this may be more of a social concern.
- Constantly explaining patients' rights to free interpreting services to providers
- Contract interpreters being late or no show.
- Cultual incompetency
- Cultural Sensitivity
- Cultural aspects , figuring out each Spanish-speaker's way of communicating of saying things differently, etc. so manu
- Culture diversity
- Customers insulting the interpreter for no reason. Providers correcting the interpreter or saying the interpreter said the wrong thing, when they don't understand the LEP language. Being at the middle of an encounter and then having the provider say that the in-person interpreter arrived and end the call, because my ID and name were already registered at the beggining of the encounter; therefore, I don't know if then they change it to the in-person's interpreter ID, and any repercursion could fall on me.
- Deal with disrespectful providers and clients.
- Dealing with bureaucracy of the organizations and changes made to the job. |The addition of automated request forms and electronic tracking systems.
- Dealing with greedy ugly micro-managing uneducated managers.
- Dealing with healthcare insurances and it's rat mace.
- Dealing with healthcare providers who lack training and understanding of dealing with LEPs; The Language services providers
- Dealing with insurance companies that decline patient services
- Dealing with irritable patients and providers.
- Dealing with people at work.
- Dealing with the companies Dr. Not respecting time
- Dealing with the language services company I'm working with. To them, it's just another business, nothing really mattered but bringing in the revenue.
- Dealing with the language services company I'm working with. To them, it's just another business.
- Dealing with ungrateful rude people.
- Dealing with untrained staff (untrained to utilize the interpretation service)
- Dealing with vulnerable people
- Delay in treatment due to approvals delays or denials from insurance companies.
- Delays due to no shows by providers.
- Depending on someone else to provide work hours to interpreter
- Difficult medical terminology and names of some medications.
- Difficult people. Bad audio.
- Difficult understanding a well not spoken language
- Difficulty with the audio over video calls. It is very frustrating to not hear clearly what is being said.

- Discussing death and counseling during grieving support
- Disrespect of health care staff. |
- Disrespectful attitudes from healthcare professionals towards interpreters
- Do to get paid accordingly the effort and dedication required to do this job
- Doctors being rude and not treating patients with respect. |High context in patients.
- Doctors that are arrogant and the ones who talk faster like they are talking to a machine.
- Doctors that believe they are gods
- Doctors that get behind in time. This is frustrating because I have to be at my next appointment at certain time, but if one of the patients is not seen in time, it messes up my whole day. Unfortunately, doctors do not seem to realize the predicament that interpreters have.
- Doctors who do not wait for me to finish my complete interpretation
- Doctors/medical personnel who want to ""practice"" Spanish, they make for a confusing interaction and waste time for their pleasure.
- Downtime
- Drive a long way to the clinic and then I was told the job is cancelled.
- Driving all over the place
- Driving around
- Driving everywhere
- Driving in Bay Area traffic.
- Driving, sometimes Long hours.
- Educating providers and others who are ignorant of my role|Horizontal Violence|Being treated as a nuisance-apathy, indifference|Microagressions|
- Educating staff and providers about their liabilities when trying to use their very limited second language knowledge and skill level to deliver important medical information to their patients.
- Emotional physical toll and under compensated and under appreciated it
- Emotionally charged appointments.
- Entered a difficult assignment without knowing what is happening.
- Entitlement from patients
- Every so often you come into contact with people who don't appreciate the specialized skills necessary for interpreting.
- Everything that goes wrong is always on the interpreter.
- Facing difficult health issues.
- Feeling drained or overwhelmed after witnessing patients' suffering
- Feeling like I am alone and there are no colleagues to help me or support me because there are not enough interpreters working in the hospital. Feeling that our mental health is not taken into account when we are interpreting for mental health appointments and we experience vicarious trauma. When providers do not understand the role of the interpreter and make requests of us that are not appropriate because we are not a nurse or medical assistant. ||It is frustrating how low we get paid and how many providers and hospital staff think that anyone off the street can provide interpreter services. The quality of our interpretation is never evaluated and we are all lumped together, regardless of how qualified we are or how mediocre others are.
- Feeling that I need to compete with a bilingual person who is not certified, to keep my job. Having rates that have not changed since the 80's, and agency's that always want to find ways to lower our rates.
- Feeling that I should be paid more for the years of service and expertise I have
- Fighting for the rights of patients to have on-site services when the health systems think they can just save money with VRI
- Financial hardship.
- Finding serious interpreting agencies.|
- Finding time to do everything that we are required to do in addition to interpreting. This survey is a good example. I appreciate the opportunity to provide feedback, but this is just too damn long! I'm going to be stressed now about getting everything done that I need to get done today. We have to keep up with all of our requirements every month which requires us to do it on a weekly and a daily basis. If I had a choice and had I known this was going to be so long, I wouldn't have done it.
- Follow-ups are uncommon. Also if there is a connection issue, chances to be reconnected to the same client are very slim. I wish it was different.||On a career standpoint, there is no chance for a career development in the language company I work for. Being considered a reliable and dedicated interpreter, even in healthcare, does not matter.
- For now it's the time of work. I am the only person in my family and friends/ acquaintances circles who work at night, so it will be a challange arranging schedule for social activities. In the future, it could be the fear of artificial intelligence affecting our jobs.

- For remote calls, unable to hear properly. The audio us not always clear.
- For staff interpreters, it's the pay rate.|Also validating the importance of in-person interpreters to clinical staff and providers.
- For those of us working outside the US, the rates are insulting and we have no choice but to accept them as there are no other companies to choose from. Outsourcing companies are abusing interpreters.
- Frequent last-minute changes, such as venue alterations, schedule adjustments, or speaker revisions, necessitate rapid adaptation. Furthermore, proficient interpretation requires immediate responsiveness to unfamiliar terminology, specialized phrases, and ect....
- From OPI when I can't hear well and when people speak endlessly and I have to interrupt them
- Getting only half pay for missed appointments and not making enough to cover bills.
- Getting staff to adhere to use of interpreter policy. It is the never ending battle.
- Giving bad news
- Going to a job not knowing what to expect |Not getting a fair remuneration for the service ptivided
- HEALTH CARE STAFF THAT ARE SET IN THEIR WAYS ABOUT PATIENTS NEEDING TO |""SPEAK ENGLISH""
- Harsh and rude people dealing with us as machines ||Disrespect ||Underestimating our job and low rate payments
- Haven't had any
- Having a medical staff completely untrained and unaware of how to use a professional qualified medical interpreter in the medical setting, such as trying to establish a conversation with the interpreter, or talking to the patient in 3rd singular person, consequently creating confusion, miscommunication, and wasting time.
- Having little interpersonal contact with the agencies I work with.
- Having technical issues ocassionally. Low audio or bad connection during calls.
- Having to deal with bosses and organizations that cannot begin to understand or care for the challenges of communication and interaction of medical interpreting sessions which, in practice, end up being more about translation than interpretation.
- Having to deal with private insurance that will not pay out appointments for months or even years. Also a lack of a cancelation policy that compensates us for loss of income.
- Having to deal with the low salary and with certain coworkers.
- Having to interpret bad news due to immigration status. Such as not being elegible for certain treatments unless they can pay out of pocket.
- Having to interpret high register medical terminology and feeling excluded; not part of the medical team.
- Having to make my own schedule according to what is available. Sometimes I will schedule 5 appointments and have 2 cancellations and because I schedule ahead, I can rarely find another one to replace. Pay is 30 and cancellations and no shows are 15.
- Having to repeat myself.
- Having to report to individuals on leadership roles who have no idea what being a health care interpreter entails (and have no care to know), and thus they don't support or advocate on behalf of the betterment of language services and all staff interpreters. Their roles and priorities are not related to interpreting. And having to oversee interpreters seems like a burden.
- Having to tell a patient bad news and seeing the sadness and disappointment they experience. Also, the denial that some of their relatives show and the patient having to not only deal with a difficult diagnosis, but also have to manage their relative's emotions.
- Having to triage simultaneous, time-sensitive requests for my services for face-to-face interpreting.||Lack of understanding among providers when emotional stress, acuity or complexity of conversations, and length of conversation lead to interpreter fatigue and lower effectiveness in settings such as group care conferences regarding a patient's care||Lack of interpreter colleagues to consult with or receive feedback from, share assignments with, or depend on for emotional support.
- Having to wait more than an hour because they requested the interpreter 30 minutes before app time.|And this appointment was cancelled but the agency was never notified
- Having to work 8 hours, non stop interpreting, and only 2- 15 mins. break, and 1/2 for lunch.
- Having to work as a freelancer with no benefits. Having to figure out how to manage my own schedule. When providers or other clinic staff mistreat patients because of their race or national origin.
- Having what I do be completely misunderstood and disrespected by healthcare professionals.
- Health insurance coverage prevents patients to get their care they deserve to have.
- Health providers are clueless about the art of interpreting as well as the patients' rights. I am tired of providers who are so arrogant they believe they understand Spanish and put themselves on""equal"" ground with a professional interpreter|

- Healthcare providers do not know how to interact with a patient through an interpreter. They speak to the interpreter instead of the patient. They do not make eye-contact with the patient. They do not pause for interpretation.
- Healthcare staff that is intolerant about foreign languages; rude providers
- Healthcare staff understanding the need for an interpreter.
- Hearing reports from patients/providers of other freelancers who provide substandard service, without having any ability to address the issue.
- Hearing staff not understanding the importance of calling for an interpreter for every interaction
- Help
- Helping someone who is not fluent in his native language
- High stress
- High tense situations
- Holding my emotions. Not being able to show the pt my empathy, compassion, and support.
- Hospitals not following guidelines and allowing for the use of family or Google
- How agencies operate: inconsistency, less than 24 hour notice for assignments, not being paid for time requested if assignments are canceled, etc.
- How little we get paid.
- How long it takes before healthcare providers realize that writing back and forth or trying to have their patients lipread are not viable solutions for communication with Deaf/HH patients. How often Deaf patients don't know what is happening with their healthcare.
- I am not able to do simultaneous interpreting. I always feel like I don't know enough and my vocab is far from ideal.
- I am not paid fairly.
- I am not paid for the time that I drive to and from each appointment, it is often several hours a day.|
- I am not sure at this time.
- I am the educator to teach patients the health care system or health literacy
- I believe more needs to be done in training providers and other professionals how to work with interpreters. Currently, it seems that many interpreters have to self advocate for break times and salary. ||In addition, I believe that interpreters also need more training specifically on how to deal with difficult assignments such as end of life sessions or dealing with complicated mental health patients suffering from disorders such as dementia. Working as a healthcare interpreter can be quite lonely at times as there does not seem to be a sufficient number of informal events for interpreters to share their experiences and anecdotal suggestions. Finally, I believe that a lot more individual mentoring is needed in the profession. My mentor interpreter colleagues have made such a difference in my profession. They have not only assisted in shadowing me but also guiding me during challenging days. I would like to eventually mentor new interpreters coming into the profession
- I believe that institutions, medical schools and providers are not fully aware that communication is one of the cornerstones of medical care. If you are a provider seeing a patient whose language you don't speak fluently, seek an excellent interpreter so you can provide excellent care. It is worthwhile!
- I cannot expect from a patient to get used to talk in short sentences (even though I explain them) but it is very frustrating that any of the providers don't do it even though many of them know it should be done
- I cannot think of any other aspect than low economical recognition for the preparation and skills we offer.
- I don't like giving bad news. Especially when is one encounter after the other.
- I feel isolated from my colleagues and I feel invisible to my agency. I don't get affirmations or recognition when I've done a good job. Patients don't have a way of giving a review of the session. ||It happens with less frequency now, but it still happens that the session is cancelled but no one thinks to cancel the interpreter, so I travel to the location for no reason.
- I feel that a lot of people understate my importance. A lot of staff and family members seem to think family members are perfectly good interpreters and/or that an English speaking family member is a good enough proxy for the patient. There is not a lot of quality control in my hospital when it comes to bilingual staff members and family members. I have to advocate a lot for the use of a qualified interpreter. I don't feel that management backs me in explaining my importance to staff members.
- I feel the LEP sometimes can not express himself well due to the low background education.
- I find it hard to balance between the urge to hurry so I can take another assignment and taking my time to thoroughly assist a patient and provider.
- I get very frustrated when the providers or patients continuously interfere with the interpretation session by using their broken English/Spanish, even though they cannot speak the language fluently.

- I hate Over the Phone appointments, they are paid very low, is the same effort for the interpreter, actually is probably more challenging since you can't see the person trying to communicate.||Cancellations are not always communicated to the interpreter ||Length of appointment or treatment aren't always specified
- I have none.
- I have to say that our work environment is excellent. We are part of the team in our clinics.
- I live in a Los Angeles, The driving and the traffic are frustrating, and I don't get paid for the hours I spend driving between assignments.
- I seldom become frustrated and I attribute it to my own personal values and my efforts to remain calm in all situations and focus on the present. But when I do become frustrated it may be due to policies that don't make sense to me or if there is repeated issues with equipment that delays our work.
- I sometimes feel that healthcare providers need to be better educated about the role of an interpreter. There were a few times where providers did not respect and empathize with patients
- I sometimes feel under value and under appreciated by staff or providers.
- I want to emphasize that my earnings do not reflect the true value I bring to the table. I offer far more than just cultural proficiency in English, target languages, and medical terminology. I am adept at navigating various modes in each session, and while SOP and COE are fundamental, the responsibility and care I bring to this profession are vital. Unfortunately, this crucial aspect of our work is often overlooked and underappreciated.
- I wish OBGYN calls could be serviced by females only. I totally dislike dealing with private sex life of women because I'm straight and it is weird to ask sex questions with so many details.
- I wish some providers understood that they should speak to the patient, not directly to me.
- I wish the pay was better and I hope to work in a more secure position, not as a freelancer with zero benefits.
- I wish we were paid what our work is worth .
- I would have to say when patients are not compliant or do not show for their appointments.
- I would like to be licensed and receive better pay. I wish my 40 hrs certificate class room training would have given me the state exam on the final day of class. This way I would have been licensed several years ago. This is definitely additional change I would like to see happen.
- I would like to do more VRI as it is important for me to see the patient and read certain non-verbal cues. And I believe it puts them at ease to see me, especially during mental health consultations.
- I would prefer to serve in person, but I live far from this clinic
- I'll treatment by the doctors and M A's
- I'm a VRI interpreter, and I feel very lonely on my daily life. Low pay.
- I'm claustrophobic and been in very close (no windows, dark) places. anyways always doing my best.
- I'm quite satisfied with my job as a freelance healthcare interpreter.
- If a provider gets impatient when clarifications are needed to ensure communication
- If someone thinks they speak the other language properly and they do not, and the interpreter is only hired to meet the requirements, and if it is necessary to correct them, and if they take the correction personally and show that they are upset during the rest of the session.
- If the patient doesn't show up.
- Ignorance of some parents
- Immigrants that demand services for free
- Impatient people
- In my personal opinion and experience, the most frustrating aspect of my job as a healthcare interpreter is when I'm not allowed to perform my duties. Sometimes, providers fail to recognize the difference between Google Translate and a qualified interpreter. By doing so, they put patients at risk and create unnecessary complications.
- In my years of experience, I have always come across individuals who do not know how to work with professional healthcare interpreters. This can be frustrating, it requires patience and ongoing teaching on how to work with interpreters.
- In some occasions clients don't understand our role and expect us to solve their problems.
- Incompetent, stubborn, and micro-managing immediate manager.
- Ineffective medical system and a complex workers' comp system.
- Inflexibility with my schedule and pressure from my supervisors to reach productivity quotas.
- Insensitive and rude providers that do not appreciate the diversity of patient care and its nuances.
- Insurance companies and adjusters not authorizing needed services
- Interpreters are not acknowledged as people with a special skill that requires continous training and learning, just like a physician, nurse or other clinical staff. A national certification is just the tip of the iceberg.
- Interpreting for abusive patients

- Interpreting for patients who are down syndrome. I struggle to understand their speech. Interpreting for parents who are very worrisome. Interpreting for patients who have a very low register.||Interpreting for doctors who are in a rush to listen to all the patients' concerns.|
- Interpreting for providers than don't want to understand the cultural differences.
- Interpreting the same content and questions repetitively
- Interruptions
- Irregularity of the job - sitting and not knowing if the hours would be spend in vain.
- It can be challenging, as a healthcare interpreter, dealing with medical terminology, fast-paced conversations, and emotionally intense situations especially when providers or patients become impatient. It's frustrating when I want to help more, but my role limits me to interpreting rather than advocating. However, despite these challenges, I remain committed to ensuring every patient feels heard and understood.
- It could be very frustrating not being able to use technology for accuracy purposes or the close proximity to sick patients when your immune system is getting weak.
- It frustrates me when most medical providers assume that their patients have health insurance , and offer some kind of unnecessary tests without warning them of the possible hight cost of them .
- It is hard to get everyone trained on how to work with us.
- It is hard to make a living as an interpreter. The pay is inadequate: no compensation for the time of commute and, oftentimes, no mileage reimbursement. No matter what time of the day we work, the rate stays the same: night, early morning, holidays - no difference. Rates for remote interpretation are low. ||I don't feel protected and valued. We are mostly hired as subcontractors with no benefits or career growth opportunities. We rarely get feedback. Many agencies hire people without credentials or experience in the field, which erodes the profession and puts certified interpreters in a very unfavorable position. |||||
- It is not related to being a healthcare interpreter but moreso with my current situation; being the only Spanish interpreter and having to take over many other tasks that are not in my job description and my hospital not being willing to hire more in-person interpreters to ""save costs"".
- It is underrated and underpaid (mainly when being remote), due to the lack of an entity that could standardize and regulate the earnings/profit percentages that a BPO and other companies can get FROM interpreters' work.
- It is when I don't know the areas of specialties or medical terms.
- It is when I have a hard time understanding certain foreign accents by doctors or technicians from the Far East countries who call me to help the Portuguese speaking caller.
- It not very well appreciated, I think is an important thing what we are doing. To some providers you are an important part of their job, to others you're just a tool o an instrument.|And the pay. The job demand a lot of my time and concentration which is exhausting. Yet, it does not reflect on the payment. I work from home, and because I'm a in Latin America my wage is less than for those who are in the United States. I feel it should be equal regardless of the location we are in.
- It occurs when healthcare providers do not show empathy toward their patients' language limitations and see the interpreter as an obstacle instead of an aid.
- It seems that customers using interpreting services are given little to no guidelines of how to work with the interpreter. This is left to the interpreter. The only problem with this is that if the interpreter has to use protocol to make requests or mediate- this may annoy the customer and cause a negative review. Customers need to be made more aware of what to expect when working with an interpreter.
- It still frustrates me when I'm on a call and there's some loud noise in my surroundings that doesn't allow me to hear properly and therefore doesn't let me hear the whole message.
- It's frustrating when the Person is a no show to their appts.
- Jobwise: As a freelance HCI - that jobs are VERY Random, sometimes you may get multiple jobs a day and sometimes it goes by weeks without a single job. This also has to do with your language and demand, but also LSC keep hiring for many interpreters that they may not have sufficient jobs to provide to everyone. It is also a bad trend that LSC tends to use whoever they can pay less to. ||There are some challenges on the job occasionally: LEP/family member/HCP do not allow time for interpreter, or sometimes LEP has a family member who speaks limited English but LEP requires interpretation, the cross communication can get confusing. Especially for OPIs; bad reception, strong echo, noisy background, multiple people speaking at a time and interpreter having 0 knowledge of the context are some of the nuisances I found.
- Jumping through all of the compliance hoops (certification, CEUs, licensure)
- Keep my opinions to myself.
- Keeping my mouth close when I see individuals being treated badly by health professionals.
- Keeping up with the demand of going from one job to the other and all the stats that I have to input about my assignments and the minutes etc.
- Knowing I cant make a difference oftentimes, like in deadly emergencies or terminal patients. It takes a toll

- Knowing that many people (doctors, providers, nurses, etc) who don't see the value in equal language access and who either refuse to use interpreters or otherwise don't see the value and humanity added.
- Knowing that we can do better but outside constraints impede it. Also not being able to find a way to help someone understand a concept when their mentality won't accept new information.
- Knowing that you need to give the best of you since you're with lives(fast-paced, no negligence, any delays, precision while rendering....)
- LATE CANCELLATIONS.
- LEP clients that are hearing impaired.
- LEPs or Clients who do not have knowledge of the interpreter's role / guidelines
- LOW rates
- LSPs abuse, being underpaid, treated as a disposable tool and feeling disrespected while overworked and tired, feeling I have no support and being diminished by US based interpreters.
- Lack of CDIs when needed, and the difficulty of 2-D interpreting for many situations/clients, such as groups, mental health, visually impaired deaf.
- Lack of access for training and professional recognition
- Lack of agency
- Lack of appreciation
- Lack of appreciation and poor financial renumeration.
- Lack of awareness and empathy towards LEPs in general.
- Lack of benefits
- Lack of commitment and work ethic of my coworkers
- Lack of communication with company at times
- Lack of communication, lack of tools or platforms not doing their job.
- Lack of education of administrators/providers/patients as to how to work efficiently with an interpreter.
- Lack of education of the healthcare staff on how to appropriately incorporate Interpreter services.
- Lack of empathy for our jobs with difficult subjects
- Lack of empathy from providers who dont respect our protocols or dont treat interpreters fairly.
- Lack of empathy on the part of English speaking providers
- Lack of ettiquete from the clients (medical care providers)
- Lack of financial appreciation and respect
- Lack of financial compensations (mileage, training, insurance) especially as a contractor
- Lack of good and supportive management. Salary not sustainable in the California Bay Area
- Lack of good paying work.
- Lack of health insurance, lack of paid vacation time, lack of paid travelling time.
- Lack of health literacy among Deaf patients
- Lack of knowledge of career makes me not want to practice
- Lack of pay, under appreciated
- Lack of previous information on the assignment
- Lack of recognition about the importance of interpreting in improving care access, delivery and outcomes. ||Low pay, without consideration for the level of education and the knowledge it takes to be an effective interpreter.
- Lack of recognition and No opportunities to grow professionally.
- Lack of recognition and poor pay
- Lack of resources to help families in need
- Lack of resources. Politics at local and federal level.
- Lack of respect for my job, people assuming any person with some language abilities (or AI) could do my job
- Lack of respect for the profession by some providers
- Lack of respect to this profession from providers.
- Lack of respect/trust because of provider/patient negative experiences with interpreters who do not hold state credentials or do not adhere to basic ethical standards, lack of enforcement of state/federal requirements for interpreters (eg training, commitment to ethical standards, demonstrated language proficiency, demonstrated interpreting skills), favoring of uncredentialed interpreters over those with credentials, low pay, making it hard to make ends meet, especially in rural areas--without travel pay or even mileage reimbursement, I sometimes literally lose money by taking jobs. Lack of transparency about contracts between language companies and the clients we serve, rampant exploitation by language companies with little or no recourse for interpreters (eg late or no paychecks, short checks, getting paid 2 hour minimum or mileage by client and then pocketing it rather than paying it to the interpreter), language companies advocating against legislation supporting interpreters and disparaging credentialed interpreters to try to prevent legislation requiring credentials from passing, misrepresentation of interpreter credentials (eg language companies telling interpreters to provide

a company ID number instead if prompted for their state certification/qualification number) unpaid leadership positions in professional organizations like NCIHC, CCHI, IMIA leading to language companies rather than interpreters in leadership positions, overt politicization of professional associations and use of the funds must we pay to earn/maintain credentials to support organizations that harm us (eg CCHI's support of the political priorities of Association of Language Companies, which has hired right-wing lobbyists to thwart pro-interpreter legislation in my state)

- Lack of staff.
- Lack of steady work
- Lack of support from some providers and agencies regarding hiring certified interpreters for every appointment.
- Lack of training and professionalism from other interpreters
- Lack of understanding about our role when it comes to the new physicians. Some of them are relating more to AI
- Lack of understanding around our role, why we are so needed etc
- Lack of understanding by others about how interpreting works during an encounter. The usual pre-session statement to patient and provider does not help.|
- Lack of understanding from doctor and clinic staff
- Lack of understanding of roles from providers
- Lack or recognition and pay.
- Language limitations, sometimes is hard to find the correct word to convey a term or a cultural concept.
- Last-minute assignments and scheduling challenges can be frustrating. Some providers may not fully understand the role of an interpreter, which can create difficulties.
- Late arrivals,
- Lazy coworkers.
- Leadership does not understand how to work with Interpreters and Translators. They do not have us at the table to discuss best practices. They also do not share hospital Information like census or other pertinent information. Some of the policies are too loosely applied. Our voice is not heard.
- Learning the terminologies
- Lep or clients who doesn't let us talk or the ones who don't listen or don't care
- Lep talk non-stop does not allow me to interpret
- Limited income opportunities because of low wages and infrequent/irregular work volume.
- Limited number of visits, which sometimes creates the need to accept appointments at times that may not be my preferred ones (very early in the morning or after hours)
- Listening to suffering
- Literacy. Poor education.
- Little preparation can be done in advance
- Long winded people
- Low call volume
- Low interpreter pay, lack of advancement opportunity, lack of insurance benefits or reimbursement for continued education.
- Low paid for the job, lack of appreciation for the job.
- Low pay
- Low pay and uncertainty of work offers
- Low pay, unstable work flow, drop in demand, uncertain future
- Low pay.
- Low paying no matter experience or certification.no appreciation or value of great experience and performance
- Low rates and lack of stability
- Low wedge
- Managers who dont understand that spoken language interpretation is just as important as asl
- Managing the workload
- Many companies try to keep the price of interpreters as low as possible, which makes people feel disrespected because interpreters are also professionals.
- Many health-care workers (doctors, nurses) are very rude with us, specially when their English is really bad and are really hard to understand them, and instead of work with us they became rude and sometimes offensive.
- Medical knowledge disparities.
- Meet doctors who do not treat the patients well.
- Mental health

- Micromanagement and decisions driven strictly by profit margins
- Micromanagement.
- Micromanaging Management
- Minor frustrations |Providers who think I should know everything about their specialty including medications and procedures. |I work with many departments. |Providers who talk too long without pausing. ||
- Misunderstanding and rude providers are the most frustrating aspects of my job.
- Misunderstanding between provider and patient communication
- Money
- More appointments and increase pay :)
- Most providers don't respect interpreters, they are not seem as part of the team, when providers think they know the language and don't allow an interpreter to do their job. There are providers out there that even want to tell interpreters how to do their job.
- My biggest frustration is the ambiguity we face regarding the importance of our role as healthcare interpreters, from hospital providers versus administrative staff. To clarify, doctors and other providers often shower us (interpreters) with praise, tell us we're the most important person in the room, that we provide an indispensable service, etc. The hospital administrative staff, however, doesn't seem to respect their in-house interpreters enough to pay them a dignified living wage.
- Myth: everyone can interpret.
- N/A
- N/a
- NO RESPECT FROM COMPANIES OR PROVIDERS
- NOT KMOWING THE OUTCOME
- Navigating healthcare bureaucracy
- Negativity
- New, unknown words
- No access to preparation materials (patients' medical history, relevant glossaries) due to the HIPPA requirements.
- No benefits, poor pay rates, no support from the companies whatsoever, not being able to develop my career on the field, not being able to get certified because of the pricing, not being able to SUBMIT A REQUEST FOR A GRANT to be able to pay said certifications (or at least the courses needed) because I am not a US-citizen. (I am an European citizen).||
- No collaboration from management.
- No concerns
- No enough works.
- No frustrations
- No one provides feedback and I only get paid per minute of call duration.
- No one really cares aboit quality but the LEP and the interpreters.
- No pause between calls.
- No poder atender a mis clientes correctamente
- No recognition from management.
- No respect, low payment
- No shows
- No shows|Not enough appointments|To many cancelations more than 2 hours in advance
- Non-interpreters rushing me because they don't understand what it is actually like to interpret and otherwise how difficult this job can be to perform, even though to them it looks easy.
- None
- None now
- None thus far
- None.
- Not everyone understands what I do and takes for granted the efforts to facilitate understanding
- Not a written language fewer direct medical terminology. Hope to translate medical terminology into my local Anuak language for better interpretations.
- Not able to gain more money, and not being value as it should be
- Not able to help some cases
- Not able to talk with my own words
- Not all providers know how to work with us
- Not all providers know or care to know on how interpretation visits go. Some of them can lack patience and have a bias regardless if they recognize this or not.

- Not always having closure/outcome on patients. Losing patients to death. Not often getting to team with a medical CDI as much as I would like.
- Not answering
- Not appreciated or considered by the management. No empathy for our work effort.
- Not be able to assist more LEPs
- Not be able to say things sometimes that will improve communication. I do break cultural things or speech clarification.
- Not be able to understand terminology
- Not be considered part of the team, being discarded or ignored
- Not been able to maker either Patrick or Doctor understand
- Not been respected by some LEP's and clients by being interrupted
- Not being ablate explain cultural differences in certain situations.
- Not being able to come up with the word needed ate interpret at the time, or when the assignment lasts more than 2 hours.
- Not being able to cure the patient. Sometimes, not having enough information to really understand some difficult medical concepts and specific diseases that doctors know in depth for having specialized in them.|
- Not being able to do my job
- Not being able to do something for a patient when I know there are other/better options that are not offered due to lack of insurance, lack of interest from provider/staff etc.
- Not being able to have a permanent interpreter/translator working position at a healthcare facility.
- Not being able to have a solid career.
- Not being able to help as much as Id like my families
- Not being able to help further when interpreting painful situations not only physically, but emotionally for patients.
- Not being able to help if needed.
- Not being able to help more people because our department is small and we need more interpreters.
- Not being able to help more when you see clients are only offered the minimum service vs an optimal one.
- Not being able to help more; rude and inhuman providers
- Not being able to interpret accurately because of the lack of context and because of the bad audio quality
- Not being able to make all appointments and contracting OPI or VRI.
- Not being able to see everyone on some remote platforms used
- Not being acknowledged by superiors, and having bilingual providers think the job is ""easy"".
- Not being appreciated as professional
- Not being fairly compensated by agencies
- Not being paid a fair wage and know that we are expendable for the company
- Not being recognized as a person, being invisible, used as a tool (as OPI interpreter).
- Not being recognized as a professional
- Not being recognized for a job well done from one of my companies. I never hear any feedback. Never received an email regarding how well or bad I am doing. There's no actually personal communication between myself and the company. No thanks for a job well done at the end if the year. Absolutely nothing!!!
- Not being respected.
- Not being supported with financial reimbursement for webinars, workshops and certification renewals. I participate in more continuing education than any non- certified interpreters and receive the same pay. I am also sent to more of the difficult cases, because of acquired skills.
- Not being treated as a human being. We are usually seen as a dispensable resource to be used in a call and not much.
- Not being valued
- Not being valued by my employer |Not having a full time position and therefore no health insurance. Very little pay|Not being called when the patient or provider needs me
- Not being well paid for our job
- Not enough funding for the program
- Not enough hours weekly
- Not enough in person interpreters . Managers not very supportive
- Not enough interpreters
- Not enough of Mandarin interpreter
- Not enough time to help everyone in person
- Not feeling appreciated by a provider
- Not frustrating at all. I love it!

- Not getting a raise for time with a company, not getting paid for required training during work hours, or not getting paid at the OT rate for working during holidays or weekends. Expressed reluctance on the part of clients and LEPs to use interpreters because of dissatisfaction with past interpreters. Yielded reliance on the part of healthcare providers to seemingly bilingual family members in the presence of a qualified, highly competent interpreter.
- Not getting enough breaks when interpreting in VRI. Specially because I interpret Spanish and the lines are nonstop. It can be exhausting
- Not getting the respect I deserve and not being recognized for the amazing skills I have. Being compared to unqualified bilingual people who get hired by companies who have no idea what it takes to be an interpreter.
- Not have the appropriate information or documents to interpret or prepare myself before an assignment.
- Not having a steady call flow
- Not having all the information about the setting before starting.
- Not having enough assignments, not getting paid enough, not getting paid travel time and not having benefits.
- Not having enough information before the assignment
- Not having enough interpreters
- Not having enough jobs
- Not having enough rest, the amount of calls are demanding and non stop.
- Not having enough time to see every patient... because there's 3 at the same time.
- Not having insurance.
- Not having my own voice, having to be extra careful when advocating.
- Not having the support of your Business Director/manager.
- Not knowing the outcome of a patient after helping them for some time.
- Not making a livable wage. Being treated like a robot. Pack of care from employers.
- Not receiving enough information about an offered work assignment previous to accepting such an offer.
- Not respected profession. |Companies don't value interpreters work regardless of qualifications. They just keep all the profit for themselves.
- Not sure
- Not sure, I think I am not confident
- Not to be aware of some new terminology which is a key thing to provide an accurate rendition. This is why I try to review all the bulletins offered by the company and improve my knowledge and capability to be a good interpreter. Secret shopper module of evaluation of interpeter's skills and capability as an interpreter is very useful
- Not well appreciated!
- Not well paid for the work
- Nothing
- Nothing comes to mind
- Nothing for self||For upcoming friends |identification |standard wage |Specifically denoted chair or proper Tag area for interpreters in Hospitals like Nurses, providers . |
- Nothing frustrates me in my job.
- Nothing frustrating.
- Nothing i cannot work through
- Nothing in particular .
- Nothing. I love it. Sometimes cancellations. Because I was not able to practice.
- Nurses and doctors who lack empathy or who just seem to not care about their patients. Medical staff that is outwardly racist towards LEPs. |Emotionally difficult calls, such as pediatric EOL calls where the parent is present in the room.
- OCCASIONAL RUDE PATIENTS (SOME MALES).
- Occasionally dealing with healthcare providers who undervalue our work or who believe that their mangled Spanish will have to suffice when communicating with their patients. Occasionally dealing with relatives of patients who undervalue our work and decline our services.
- Office managers belittle you when they are upset with you. You're unable to please them. They they try to set you on a space with out privacy for patients or clients.
- One of the most frustrating aspects of being a healthcare interpreter Is the pay rate. I feel underpaid considering the complexity of our work. The profession is sometimes undervalued compared to other healthcare roles.
- One of the most frustrating aspects of being a healthcare interpreter is when people are not fully aware of how to effectively work with an interpreter. This can lead to misunderstandings and inefficiencies. It would be beneficial if those who use our services received some training on best practices, such as speaking in shorter

paragraphs and being mindful of our ears, especially for those of us who use headphones. This awareness and training would enhance the quality of communication and make our job much smoother.

- One of the most frustrating parts of being a healthcare interpreter is when there are misunderstandings due to language barriers, especially if it affects patient care. It can be tough when time is tight, and I feel rushed. Also, some medical jargon is really complicated, which makes it harder to explain things clearly. Overall, wish there was more time for thorough communication
- Organizational greed and patients being taken advantage of or ignored.
- Our mico management with our company
- Our pay rates (comparing to how much companies make), cancellations are not fairly paid|no benefits|disqualified people can get a job in this field which affect how patients see us|most language companies take advantage of us, unfair|we use our cars, not well compensated|we work in the health sector, yet has no health insurance coverage!!!!!|
- Over worked, underpaid.
- Overwhelming assignments, lower pay rate.
- PROVIDERS / LEPs that do not respect the interpreter's work. Talking over the interpreter, ""practicing"" their language skills, talking overly fast or without pauses
- Paid, wish we could be compensated more for the responsibility that we carried and room for professional growth.
- Parties who mistakenly attempt to ignore or correct interpretation
- Patient and provider not being clear. And the second of all would be the pay and feeling that the interpreter is 'just a machine that shall never fail'.
- Patient family members with fluent English tend to ask too many questions rapidly and directly to doctors making interpreting to patients more difficult
- Patient or Healthcare provider who talks harsh tone
- Patient treatment information is not provided therefore unable to prepare for the assessment. That is sacrificing the level of accuracy of my interpreting.
- Patient tried to ask me what I would do.
- Patients being denied needed medical treatment
- Patients cannot answer questions.
- Patients not being able to talk slowly and in short sentences
- Patients not paying attention to my interpreted content; providing answers not directly to the questions asked. Being accused by providers that I didn't interpret properly, when the pt didn't respond as questioned.
- Patients not understanding the illness, its effects, not understanding what we are explaining to them.|Their limits in education and their concern to ask questions can be frustrating as I perceive sometimes that they will be back in the hospital with same or worse condition.
- Patients that do not show up
- Patients that don't show up to the appointments.
- Patients wont use service during assignment
- Pay
- Pay and conditions. No matter how trained I am or how hard I work, my work is valued as the level of a basic clerk. Sick of being treated like ""anyone can do your job"".
- Pay and lack of recognition of the level of skill/ education required to be a healthcare interpreter. The lack of senior leadership not recognizing the need for continuing education in specialized fields.
- Pay being so low.
- Pay is extremely low considering the knowledge we need to possess.
- Pay is insufficient and the work life balance is sometimes awful. I also dislike how many doctors and patients do not know how to use an interpreter properly. There are a lot of Healthcare workers who dislike interpreters and don't like to use them.
- Pay, I live in a very expensive area
- Pay. As a communicator/interpreter we have to know a lot of terminology, social and use communicative skills. In the case of Spanish a lot of regionalisms, cultural traditions as they apply to patients. It seems this component is never valued by any health care centers in the USA.
- Payment
- Payment and costs of becoming certified
- Payrate and job security, as well as lack of real union-like benefits.
- People disrespecting interpreters and considering us machines or just a voice on the speaker. Interrupting, shutting up, demeaning, belittling, and talking a lot without cooperating with the flow of communication. Providers who have little time rush the conversations and then rate us poorly. Some of us have doctorate

degrees and can still be treated like idiots. Providers can be stuck in 3rd person speaking mode and don't understand autonomous communication. Tell her, ask him, etc.

- People don't know how to LISTEN.
- People don't know how to work with interpreters, whether they are staff or patients
- People don't know the role of a certified healthcare interpreter. They need to learn more about us. sometimes hospitals use untrained and uncertified healthcare interpreters. It is dangerous to use these people. Also, I wish we can have more continuing education resources (classes) offered locally in person.
- People don't stop talking, and venting out.
- People don't understand the role of interpreters and expect them to solve their problems
- People not appreciating my job
- People seem to think that being bilingual is the same as being an interpreter. ""Your job is so easy."" Generally, the lack of understanding of what an Interpreter is and does and consequently lack of value and respect.
- People think it's easy not knowing that there are very difficult encounters
- People who disregard the need for interpreters; People who don't take time with the patients to truly listen to concerns but appear to have a pre-determined agenda
- People who don't understand my depth of my professional development and background. Providers who don't pause to give me time to interpret
- People who don't understand the value of in person interpreting.
- Periods of no activity, or appointments requiring me to drive over 25 miles for one-hour only appointments.
- Politics and care should not get mixed
- Poor connection, patients' agitation, incoherent speech
- Poor historians; rude providers; providers with very heavy accents
- Poor management
- Poor management in the work environment.
- Poor pay, compassion fatigue.
- Post-secondary trauma
- Practitioner's lack of empathy. |Client's lack of understanding cultural differences|
- Presence of an English speaking family member who likes to interfere in conversation.
- Profession is not fairly recognized yet.
- Provider NOT following, protocol or rules
- Providers do not appreciate our job
- Providers lack of knowledge and training when it comes to using VRI. It isn't a one stop solution for all.||My god!!!!! Don't stand in front of the screen like you're taking a selfie with your friends and family. The VRI isn't an in-person interpreter you need to be consonant of how it's position. ASK THE DEAF PERSON WHAT WORKS BEST FOR THEM AND LET THEM POSITION IT. Learn how to work with different populations other than your own. ||Healthcare organizations need to start recruiting from the Deaf community and have more than one Deaf person on your staff. This will undoubtedly lead itself to better interactions.||Providers commenting on Deaf patients' abilities and life. Audism isn't a good look!! When a deaf patient is diagnosed with cancer. Don't comment on how loud an MRI scanner is going to be, the joke doesn't land well, dipshits!!!||I apologize for the language BUT those comments are the things that keep me up. It's beyond insensitive to make a comment like that when someone is facing a very long and tough road with cancer. Understand that I as an ASL interpreter SEE the look on the patient's face. Essentially the provider is traumatizing both the interpreter and patient.||||
- Providers look down on interpreters and some are rude at times
- Providers not being trained on how to work with certified interpreters.
- Providers not understanding the need for interpreters
- Providers not utilizing our services
- Providers or patients don't give the respect for the services at times
- Providers rush and time crunch
- Providers sometimes speak too fast. They speak far from. The tablets and their speech sometimes lack on fluency. I require lots of concentration in order to get what they said.
- Providers that believe they speak the language and do a disservice to our patients instead
- Providers that do not follow instructions of presession or do not see intepreters a equals in the profession.
- Providers that do not know how to work with interpreters well. |When interpreting remotely, poor audio quality. |Excessively low pay to work remotely.
- Providers that do not understand the role of an interpreter.
- Providers that underestimate the need to effectively communicate to patients that do not speak English proficiently.

- Providers that use their limited language skills instead of a professional interpreters.
- Providers using family members to interpret and children.
- Providers who are ineffective communicators or impatient, unempathetic, or incompetent.
- Providers who do not value medical interpreters, who do not bother to request and/or wait for the interpreter
- Providers who don't know hw to work with an Interpreter.
- Providers who don't speak in the first person
- Providers who have very bad bedside manner, who don't treat the patient with the care and respect that they deserve. Providers and clinics should train to better handle patients who are maybe uneducated, hurting, frustrated and jaded because of their situation (work injury) and/or the system.
- Providers with big egos.
- Providers/patients that never pause. Patients that don't know the name for body parts (ie using the word leg for knee). Providers that are condescending to patients. Viewing other interpreters as competitors versus colleagues.
- Pts trying to take advantage of your good will
- Quality of calls
- Racist/mad/abusive/mean clients and patients |They sometimes think they understood and interrupt you but they misunderstood
- Receiving calls from a wide range of industries. This is what creates anxiety because I never know what kind of call I'm gonna a get next.
- Receptiveness, roll limitations with no room for creative output. Can be quite alienating
- Redundance of the work no room for growth
- Relatives and providers having no idea what does the interpreter do.
- Remaining neutral
- Remote interpreting can be isolating, it's nice to just log in and log off, but sometimes I wish we could talk to other interpreters. Also, the language companies are not very good at communicating.
- Remote---bad reception, too much noise background.
- Repetition and Birth Certificates
- Repetitiveness of conversations.
- Ridiculously low pay.
- Rude indifferent providers, LEP who críticize our work or compete to interpret
- Rude Providers
- Rude clients, specially the ones who have a nasty attitude or who get aggresive when telling them that they must speak directly to the patient and not to the interpreter; clients who speak way too fast; LEPs who speak too colloquially or with too much familiarity to the interpreter that makes the latter uncomfortable, LEPs who yell when speaking or constantly use slang.
- Rude doctors and/or patients
- Rude nurses or the patient or physician speaking over the interpreter.
- Rude people
- Rude people, patient/relative or provider.
- Rude providers and lack of training for providers on how to work with an interpreter
- Rude providers and staff, rude patients.
- Rude providers/Providers that are not educated/unwilling to learn how to use an interpreter
- Rude, uninformed and untrained providers that make use of the interpretation and asume we are mind readers.
- Rude, unkind, impolite or ungrateful patients or colleagues.
- Rudeness of the people
- Rudest doctors/patients.
- Running into healthcare providers who believe you work for them and not with them
- Rush of some assignmets.
- SOME PATIENT-FAMILIES OR PROVIDERS NOT FULLY UNDERSTANDING MY ROLE.
- Sad sessions like death, terminal illnesses
- Salary
- Salary|The fact that I have to use PTO to be able to take continuing education
- Same day cancellation
- Same pay for the past 10 years
- Schedule my appointment close to each others
- Scheduling

- Scheduling issues, unreasonable demands ie wanting me to give the patient instructions on care, not interpreting but giving care instructions, lengthy sight translations, babysitting patients.
- See a decrease of in-person assignments and an increase video remote interpreting as the preferred modality for language access.
- Seeing Limited Spanish speakers try to interpret for patients and family members.
- Seeing all the challenges LEPs have navigating the health care system even with interpreters. Providers not using interpreters
- Seeing colleagues dragging their feet: reluctant to accept appointments, arriving late, poor quality of interpretation, not working to improve performance
- Seeing gaps in care, dealing with insurance questions or issues, working with apathetic colleagues.
- Seeing how Doctors take so little time with the patients we interpret for. I think some assume that because they don't speak English they aren't capable of understanding what is going on, so they keep keep things short and sweet.
- Seeing patients that are in pain and not able to get the help they need. This could be to appointments, medications, tests not being authorized by the insurance companies.
- Seeing patients that do not follow through on advice of providers
- Seeing so many difficult cases and scenarios and having to remain calm
- Seeing some patients with terminally ill. |
- Seeing the Deaf consumer being disrespected or disregarded.
- Sickness
- Since I am an OPI interpreter, the answer is a bad phone connection and an excessive amount of the background noise that prevents me from doing my job properly
- Since I work as a freelance interpreter, I can choose whether or not to accept assignments; I appreciate this flexibility which allows me to travel to see my family in other states, etc. However, the way that the agency sends out the assignments, it gets very frustrating, because they get snatched up almost immediately, I assume because there are many interpreters fighting for the same jobs. I'm not sure how the agency decides who gets the particular assignment. For this reason, I have to scramble to try to get as many assignments as possible. This uncertainty is unsettling. And for that reason, eventually I'd like to try to get a more steady, maybe staff interpreting job. Another frustrating aspect is the driving to and from assignments. Some days I drive over 60 miles between assignments, criss-crossing the city. ||The interpreting part itself also can be utterly frustrating when I feel unprepared because I don't have prior knowledge of what kind of appointment it is.
- Sitting and waiting or the lack of challenge.
- So far no frustrations.
- So many people need a lot of assistance. Interpreters feel drained as there is just so many things patients need help with.
- Societal prejudices
- Some LEPs and Health Care Providers can be impatients and rudes.
- Some appointments may get too emotional.
- Some doctors are always in a hurry and are condescending and despotic toward their patients.
- Some medical staff or providers do not have patience.
- Some of the clients or providers think we are computers or robots and they don't really see the human part of the interpreter that is helping them at the time. |So it is frustrating that they don't see us as human beings and they Think we just copy and paste whatever they say. And just translate it automatically into the target language, which is not true.
- Some people are old and incapable of understanding me even in their native language.
- Some people's misconception of interpreter's role.
- Some providers don't know how to request & use interpreter services.
- Some providers want to rush through the appointments.||Hard to see families and patients suffering without knowing why
- Some providers who don't give you time to interpret, interrupt the patient, and seem very rushed and rude to the patient.
- Some situations with clinical staff can be frustrating
- Some time is difficult to deliver bad news
- Sometimes I have to interprete terrible cases like a family who has lost a dear one
- Sometimes I wish I could help more, providers are not always respectful or cultural competent.|Some language companies think any bilingual person can be an interpreter and pay them 5 cents to interpret after providing their own training, when some of us have been training ourselves for years.
- Sometimes an assignment can take longer than anticipated.

- Sometimes being treated as a robot and not a person.
- Sometimes care providers are not taught how to work with interpreters and that can make our job difficult|
- Sometimes clients or LEPs don't know how to work with an interpreter and they may make it harder to have a successful session.
- Sometimes doctors and patients don't speak clearly or too fast and a lot and sometimes they are rude
- Sometimes family members don't want an interpreter present (they feel they can do whatever is needed)
- Sometimes is the terminology and fast speaking people.
- Sometimes it is frustrating if I am not able to hear very well on a phone call. Sometimes I may work with one or two providers that are not familiar with the role of an interpreter and you have to make sure that the visit flows well. So sometimes you may throw out a quick teaching moment- when appropriate- or otherwise, you may just go with the flow and do a debrief with the provider at the end of the visit when the patient is taken care of and no longer present with you and the provider.
- Sometimes it is hard for me to accept the pain of patients and their families.
- Sometimes my time is not used well (driving around a lot, or being sent to assignments where I'm not needed for some reason).
- Sometimes patients persist with their own views and not listening to healthcare staff's advice.
- Sometimes people think that we are robots, not persons, and require us to act as machines
- Sometimes poor audio quality in remote interpreting, fast-paced medical jargon, or encountering unprepared providers who don't give context can make the job unnecessarily challenging. But despite these frustrations, the impact of the work makes it all worth it!
- Sometimes provider are rude, since they see us as just a tool.
- Sometimes seen healthcare professionals not caring for people or giving them the time they need.
- Sometimes some medical staff members do not value the collaboration of the medical interpreter
- Sometimes the client or the LEP is rude
- Sometimes the pay.
- Sometimes the person that needs the services keeps talking and doesn't give time to explain everything to the pt.
- Sometimes the provider's attitude and their unwillingness to work with the interpreters
- Sometimes the treatment from the doctors as if we are machines or unimportant
- Sometimes work calls are slower during non business hours and I haven't gotten a pay raise in over 10 years.
- Sometimes, it's the driving from one place to another back to back, and other times, it's the other interpreters. For example, when there's two interpreters at the same appointment for the same lep. Is either because adjuster forgot they had an agency assign already or because it's a new adjuster or simple because the interpreters or agency's are poaching patients.
- Space and privacy.
- Speaking in 2 languages all day is mentally draining!
- Staff not paging in person assuming you are busy and using supplemental services that cost the network more money
- Still being viewed and treated by many as a utility participant and not an expert.
- Stupid front desk staff, stupid language company staff
- Supervising interpreters who deserve much greater pay for the hard work that they do day and night. Seeing providers who use family members, AI or Google translate, instead of qualified interpreters.|I see that telemedicine is replacing direct doctor-patient communication and this is very, VERY sad.|
- Talking over the interpreter and interrations of live interpretations
- Technical difficulties.
- Technical issues, rude providers/patients.
- Technical/not able to hear issues.
- Technological issues when interpreting virtually, exacerbated by clients' unfamiliarity with how to position the interpreter, or how to work with an interpreter. Frustrating to see providers oppressing Deaf patients by talking over them, or rushing through an encounter, or worse.
- Tell her, tell him - having to remind staff to talk directly to the patient
- That I cannot do more. We should have more staff more access to provide better services to patients, but our leadership does not allow.
- That I do not get any feedback about my performance. Also, the appointments do not come as frequent as I would like to.
- That even though we are such an important part of the care team, we are paid as an ""extra."" We are treated as an ""extra"" when it's convenient for them and we are treated as ""important"" when it's convenient as well. When it comes to pay, status, and hierarchy- we are treated as the bottom of the heap- an ""extra"". Also, I think it's time to change the national standard of requesting interpreters to only have a high school diploma

or GED to be able to apply as an interpreter. That is what's holding us back. That's why they don't see us as educated and skilled. That's how they're able to keep us at the bottom of the heap.

- That interpreters that are used are not well trained and many don't follow the code of ethics.
- That language agencies and employers are not regulated and can pay certified interpreters minimum wages.
- That management does not understand my role.
- That most people want me to be more. More involved in the assignments, but I remind them, I am the interpreter. You are the reason they are here. I am here to make your connection deeper with the LEP. It is almost like they want to remove themselves as the ""middle man"" and have me just speak for them. I cannot.
- That my profession is not rewarded properly.
- That people don't always know how to work with interpreters or being unfamiliar with the fact that being a competent interpreter is a skill that you have to work at and that not everybody can do it competently.
- That providers do not see us as part of their team, just as machines or something to put up with.
- That providers prefer using a tablet or the phone to get interpretation services, instead of placing an order for an in-person interpreter.
- That providers underestimate me; cut me off, don't allow me to finish interpreting, don't offer a chair when having a long session, etc.
- That some agencies try to take advantage of you. Some doctors are very rude, some patients are rude also but I've learned to disconnect emotionally with this type of things and ignore it. I concentrate on doing my job
- That sometimes we do not have enough time to spend with the patient to fully asess if they really understood all that hs been explained to them
- That staff don't understand the complexity of my role. That I don't have a voice during the day. |
- That the companies just think that we are machines and the low pay
- That the providers at times don't see the medical interpreter as part of the medical team. They treat us as robot (when on VRI). Or when the provider tries to practice their ""Spanish"" during the visit, that can get frustrating. Also, when the provider speaks in long paragraphs not giving us time to interpret.
- The State of Colorado Division of Worker's Compensation limiting what interpreters can be paid and the delay and problems with billing insurers (as well as out of state agencies)
- The amount of assignments that we are required to cover in an 8-hour shift.
- The amount of assignments. The hospital is always busy and sometimes we get burned out.
- The amount of employers who are wiling to underpay and the employers who do not value our credentials, experience and reliability.
- The assumption that I'm a family member of the patient (by the provider) and therefore I should know the patient or could make decisions for them. Also to have to ""educate"" often the provider or staff on what can or can't the interpreter do. Very rarely they consider the interpreter as part of the team.
- The burnout companies give to their interpreters with the back-to-back caused by not hiring more interpreters. Also the low rates they offer to the outshore interpreters (interpreters outside US) that definitely differs from the rates in US.
- The burocracy of some companies
- The degrating tone some healthcare providers, LEP and even company/organization treats one with.
- The desire to help and offer relevant assistance while being aware of my role
- The difficulties that come with working online such as, low voice volume, bad internet connection, people can't hear us and the same way around. older poeple don't understand whan trying to get help.
- The disconnect, lack of communication between interpreters and their supervisors/managers and the company they work for.
- The disrespect and be treated as a tool and not as a person and also the unachievable standard of perfection during calls
- The emotional stress
- The emotional toll it can cause, sometimes one minuete can be happy interpreting for a baby being born and another minuete it can be emotionally draining having to tell a family their loved one will not make it.
- The emotional toll, Difficulty conveying complex words (e.g. slang)
- The entire system is designed to funnel wealth into the pockets of powerful companies and their allies-all funded by taxpayer money, if I'm not mistaken. Think about it: in any war, who is the first to sacrifice their lives? Interpreters are the unsung soldiers on the frontlines, expected to follow orders without question, to act without hesitation, and to carry the weight of communication on their shoulders. Yet, while others profit, we are left fighting battles with little recognition, support, or fair compensation. Isn't it time to demand justice for those who serve silently but indispensably?
- The fact that our role so often gets undervalued an unappreciated.|It is reflected in pay, but also how it seems every where I go, the interpreters usually end up in a dusty little office space in some random corner, and we

have to really push to be seen and appreciated.|Also the lack of adequate preparation for potential interpreters which leads to a shortage of a qualified pool of interpreters.|

- The fact that there's no specialist certification and corresponding pay differential. |The amount of requirements to enter a healthcare facility and associated paperwork.
- The fact that these companies do not value your time enough to pay reasonably, they think life im South America is super cheap, therefore offering very cheap rates.
- The fact that we can't change discrimination
- The fact that we're viewed (in most cases) as robots or as easily replaceable or even disposable. Especially from the perspective of us non US-based interpreters. We're expected to comply and adhere to the highest standards, keep up with our ongoing education (entirely on our own) when there's almost virtually zero opportunity for growth in this field outside of the US (at least in the case of Latin America), keep pace of the ever-changing resolutions, regulations and updates of the US healthcare system and all that while we barely SUBSIST on unlivable wages and pennies. It is extremely discouraging to say the least, knowing that even I if keep studying, practicing and interpreting daily, I will never have more opportunities or even the same for that matter, than my counterparts (some with far less experience than i have) in the US. Just because of my IP address or nationality, I'm bound to receive less than 7usd an hour forever. Very disheartening indeed.
- The fact the not everyone recognize our role is crucial in any encounter when patient and provider don't speak the same language.
- The frequency that I witness evil insurance companies ;workers comp especially) destroying a person's life through unnecessary delays in treatments and/or payments. There is most definitely a 2-tier healthcare system in the United States.
- The hospital staff
- The huge compensation gap based on my location.
- The impossibility to help patients navigate the system and give them background information about the system or interpret for them outside of the consultation room.
- The inability to increase wages over time to account for my education and experience without pricing myself out of the competition.
- The inconsistency of appointments offered.
- The inconsistency of job opportunities
- The industry
- The insurance contracts with agencies who keep a large sum of the fees collected leaving the interpreter, who actually does the job, with unfair pay, inconsistent and or unpredictable job expectancy and difficulties with general job conditions. The interpreters are essential and the needs are present yet the unfairness of the treatment toward interpreters makes it a high turnover affecting patients and providers alike.
- The internal politics. No respect for the need of those in our community.
- The lack of challenge when you become very familiar with the encounters.
- The lack of education in the medical system about how to work with interpreters.
- The lack of empathy that some medical providers have for people that is not familiar with the American healthcare system.
- The lack of interpreters available to fulfill all the hospital needs
- The lack of knowledge from others about our value, our skill set, how to work with us, the rampant ignorance about everybody having a role to play for a successful communication session.
- The lack of opportunities for interpreters to develop and grow in Healthcare
- The lack of standardization of processes and requirements.
- The lack of support being an independent contractor. No insurance, nor paid vacation, free or discounted CEUs, financial support for wellbeing services like gyms, acupuncture or meditation practices.
- The lack of support from upper management, cutting corners on providing in person interpreters on the one hand while talking about supporting diversity, equity and inclusion on the other. It's knowing that the appointments we get to are so critical, that we can't help but wonder how many things our patients loose in appointments in which interpreter services are only provided over the phone, with all the accompanying difficulties of poor connections, delays in connections, misunderstandings and the slowness of remote interpreting forcing providers to reduce their objectives in any given encounter.
- The lack of time we have from one appointment to the next one
- The lack of understanding of why it is vital to use a professional Interpreter
- The lack of vocation from management and the money-driven policies that most companies go for.
- The level of education of the Pt.
- The long stories patients give instead of straight answers to simple questions because some providers don't have patience and get irritated easily.
- The low pay and lack of awareness among healthcare providers as to our role and protocols

- The low pay, like every bilingual person could interpret which is not true.
- The low paying rates.
- The lowering of the pay . Not even Certified the agencies or hospitals , clinucs or insurance companies are willing to pay more . The telephonic interpreting are offering $0.34 cents no benefits and only when you get a call. Salaries as staff they are paying $18 to $22 per hour . Not considering that you could refused to interpret they booked you 1 appointment after another !! Before we could pick and choose
- The medical facility ignores theDeaf patient's needs.
- The medical system.
- The medical system. |The lack of communication among medical providers.
- The misconception of people when they do not understand the different cultures and beliefs.
- The most frustrating aspect I would say. Was when I was working in person and traveling form location to location, I felt I could not assist as many people as I did when working in VRI and OPI. Questioning myself how many patients were out there left unassisted.
- The most frustrating aspect is a situation when the provider does not recognize the value or our work and he ignores the interpreter and tries to communicate with the LEP in his broken italian/spanish or by gesture. You feel like they called you just because the hospital protocol says so, but really they do not want to involve you in the conversation.
- The most frustrating aspect of my job as a healthcare interpreter is dealing with time pressures in high-stress situations. Often, I find that providers may rush through important information without allowing enough time for careful interpretation, which can lead to miscommunication. Additionally, the complexity of medical terminology and the need to remain neutral and precise add to the challenge. There are moments when I feel caught in the middle-trying to convey critical details accurately while managing the expectations of both patients and healthcare providers. The lack of adequate recognition of the interpreter's role and insufficient support or training in rapidly evolving medical environments can also be disheartening. Ultimately, these factors create a challenging work environment, even though I remain committed to bridging language and cultural gaps in healthcare.
- The most frustrating aspect of my job as a healthcare interpreter is the structure of the industry itself. Often it feels like language service providers operate more like ""dark kitchens,"" prioritizing cost-cutting and efficiency over quality and meaningful engagement. My experience, academic background, or any efforts to improve protocols or contribute ideas seem to make no difference. There is little to no opportunity for growth or for my voice to be heard in shaping processes or standards. It is disheartening to see a field that relies so heavily on skilled empathetic professionals be reduced to a relentless race for the cheapest possible labor rather than valuing the essential human connection and expertise that interpreters bring to such critical interactions.
- The most frustrating aspect of my job as a healthcare interpreter is when people don't understand the importance of speaking in short, clear segments and allowing the interpreter the time to accurately interpret. This can disrupt the flow of communication and make it challenging to provide an effective service.
- The most frustrating aspect of my job as a healthcare interpreter is when providers talk to me instead of the patient, which is demeaning to the patient, and when providers are openly hostile and discriminatory to patients because of their ethnicity or national origin and I am forced to interpret their hostility. It is emotionally taxing and causes me great anxiety.
- The most frustrating aspect of my job is seeing how people are hesitant or ashamed to speak or ask questions. It is also frustrating to hear limited-English and/or limited-Spanish individuals believe they can communicate when it is obvious that their speech is deficient and mediocre.
- The most frustrating aspect of my job is when I cannot take an assignment because I am busy or when I provide an estimated time of arrival to an assignment and then I have to call the provider and tell them I cannot make it because I am still busy. My employer supplements interpretation service with a language over the phone/video company but I still get frustrated when providers have to use it.
- The most frustrating aspect of the job as a healthcare interpreter would be having to experience situations in which respect wasn't given to either the patient or interpreter. This hasn't happen often. However, there have been cases which some professionals don't like interpreters in the office and/or Spanish spoken in the office.
- The most frustrating aspect would be the disrespectfulness from the health care providers.
- The most frustrating is probably the weather - snow/rain.
- The most frustrating part can be dealing with misunderstandings, lack f appreciation, or unrealistic expectations from providers. Cultual nuances, or people underestimating the complexity of the role can add to the challenge. Additionally, emotional exhaustion or pressure in high- stakes situations can be taxing.
- The most frustrating part is the lack, severe lack of oversight to the work we do. There is essentially no accountability built into the system in which I work. Any accountability is totally dependent upon the motivation of the individual interpreter. Aside from licensure, and the discretion of the schedulers, who are not working interpreters but grow familiar with the Deaf community, there really is no medical interpreting skill

measurement in terms of doling out the work. Regular training is not offered by an agency that handles a contract to provide all ASL interpreting services to a very large healthcare corporation. |While this agency is promising to begin providing regular trainings, I will honestly believe it when I see it.|The current situation is too much work and not enough interpreters to do the work...so it is a situation where there is constant demand for weekend and evening work for a pool that is already putting in full time hours during the week. |

- The most frustrating part of being a healthcare interpreter is when language barriers aren't taken seriously- whether it's rushed interpretations, hesitant patients, or undervalued interpreters. It's also difficult seeing limited-English speakers struggle with healthcare access, knowing language is just one of many barriers they face.
- The most frustrating part of my job is that my hospital does not offer continuing education for interpreters.
- The most frustrating situation is dealing with language barriers, particularly with dialect issues. Sometimes I am accused of not doing my job correctly, especially when other bilingual people are present in the encounter.
- The most frustrating thing is having an encounter with some staff that assume your related to patients because they didn't see badge or didn't pay attention to badge.
- The non consideration to decline appointments if you are staff they book you without considerations . And not offering an increase in pay . It seems thar the ones that get the increase are friends with managers or agency owners . Agencies and Hospitals/Clinics take a large percentage of their federal contracting to run their agencies or department and not paying a reasonable salary to the ones that are holding the business which are the Interpreters ! They go and get someone in Sputh America or Mexico to do the job even cheaper !
- The nurses. They are generally rude, aggressive, and arrogant.
- The other staff
- The pay
- The pay is bad. |Some leaders don't fully understand what we do and think our job can be done with ""google translate"". |Budget cuts for language access. |Seeing other interpreters paid abusive wages just because they are remote and live in other countries. |Healthcare providers wanting to practice their foreign language with patients instead of using the interpreter. |Overconfidence of some providers regarding their level of language proficiency. |
- The pay is low for the work we do. We don't get healthcare insurance which is very ironic since we help so many people with there health.
- The pay rate is harder to negotiate than other industries.
- The pay schedule
- The pay, rude clients, never being more than a number for companies
- The payment
- The payment!
- The payment, the driving all day without a compensation. Having big gaps in between appointments without any payment.
- The payment.
- The people's suffering.
- The physical toll it takes on me
- The physician not respecting my job and my boundaries and feeling that my job is in jeopardy if I try to stand up for myself.
- The prospect that our industry is moving away from in-person interpreting, which is to the detriment of all.
- The public's lack of education in terms of the interpreting profession.|The lack of compliance of language access laws from healthcare facilities.
- The rate
- The role of the interpreter does not receive the respect and consideration it deserves.
- The rudeness of some providers with the interpreters and the lack of empathy with our work
- The same types of jobs. Always workers comp.
- The staff's ignorance about what it entails to be a qualified healthcare interpreter.
- The stress of travelling between assignments.
- The stress when there is no time to get break and run from clinic to the other
- The stupid bureaucracies of maintaining the healthcare interpreter certification.
- The system and as a freelance interpreter often having little information coming in to appointments.
- The tension of having to stay hours in front of a computer.
- The time and cultural constraints that medical staff have when dealing with non-English fluent patients.
- The time spent with patients during a regular medical appointment. 15 minutes is not enough time to interpret and ensure understanding between 2 parties.
- The time when the parents have to sign a consent, and they have to use to mouse to sign.

- The trusting aspect of my job is to help people who don't speak or understand the language of the medical providers
- The uncertainty of the industry.
- The underutilization of interpreters. We can be standing right next to the provider who will intentionally use their very limited language skills to present much needed information.
- The unpredictability of it all. Patients and providers, clinics run late; encounters can get complicated / derailed easily; encounter duration cannot be controlled, etc. The best is to start each day with an open mind and be prepared to manage the element of surprise.
- The unreasonably low pay
- The utter lack of appreciation and understanding of what exactly it is that we do. |The daily micro-aggressions i.e. ||• ""I really should learn to speak Spanish, that way I wouldn't have to call you"". |•""Hey translator, can I use you for a minute to talk to this patient?"". |•""We're ok. We don't need you. I speak some Spanish, and they understand a lot of English, so we're getting by just fine.""|•""The patient understands everything I'm saying, I don't know why they called you"" (patient clearly not understanding anything).
- The way most companies treat their interpreters, mostly the ones that are not based in U.S., we get lower rates and the comapnies earned the same amount of money from medical providers for our work. The curious thing is that most companies brag about being accredited by CCHI or the ATA, but it seems like these entities do not perform a very good job to asure good practices are in place for their workforce, the interpreters, not only to U.S. based interpreters but the ones that work abroad also.
- The way we're treated by companies and some clients.
- There a few frustrating things that I have encountered. ||Medical providers sometimes expect you to have a perfect memory and/or know all of the medical terms. I know this is where it is our job to inform them, and I happily do so, but I have heard comments about other interpreters not being good at their job because they asked for a repetition or asked them to speak in shorter phrases. There remains a disconnect between interpreters and other healthcare professionals that do not use interpreters frequently.||It can also be frustrating when patients make side conversations. ||It is also frustrating when people think this job is easy. ||I have often felt frustrated because of vicarious trauma from listening to patient stories and that leads me to disassociating and compartmentalizing.
- There are a lot of ""interpreters"" that have no training.
- There are needs in patient's lives that we can not meet. I hope that they can be directed to sources of help. I have to know when to step back from trying to help too much.
- There are not a universal recognition on medical interpreter role in our medical system. A few providers can brush off the need of using a professional interpreter because they can make a conversation to a patient without realizing that their patients ware just being polite keep up the conversation but not grasping the meanings in depth
- There are several situations I personally have experienced. One is with pediatric patient, the patient's family poses/presents problems in a healthcare setting that is not appropriate for a healthcare setting, OR the patient's family has an UNBELIEVABLE SENSE OF ENTITLEMENT. Fortunately, this doesn't happen very often and when it has happened, my colleagues at the hospital experienced the SAME difficulties with this same family.
- There are some people that can treat interpreters as nothing. One time I was told that I was just loitering and then another time that I was just lurking around. I thought that was very rude especially coming from a nurse.
- There are very few requests for in person interpreters despite the big need. ||
- There aren't enough of us at my workplace and medical professionals do not know/have training in how to work with us
- There is a lot of staff turnover and the new staff is often unaware that in-house interpreter are available and it to use virtual interpreter instead in spite of written hospital policy. |Sometimes providers believe they're better Spanish-speakers than they actually are and your not to use interpreters which makes the interaction more difficult for the patient and they sometimes leave unclear about what happened or is required of them.
- There is no quality control of any kind. Patients complain that interpreters don't come to the assignments and there is no one who can regulate it. Sometimes companies don't do any tests and interpreters who are not able to provide quality interpretation work for years. And by meeting one such interpreter even once, patients get discouraged. They don't even request interpreters because they either think no one will come, or that someone incompetent will come, so why even bother
- There isn't enough information handed out beforehand due to HIPAA restrictions; there is a huge gap of rates between community interpretation (including healthcare interpreting) and business/conference interpretation
- There were two cases, |- Once, the Provider said ""I am sorry, there is nothing else I can help you with""|- Another time the Provider said ""He is gone""
- There's none.

- There's not really anything frustrating about my job ... I am passionate about what I do and enjoy helping others ..
- They use a bad speaker with a microphone. Noise to make phone interpretations. They grab the phone covering the speaker or the phone is too far.
- Time Constraints, Overlapping Conversations, and Limited Resources.
- Time constraints with providers. Often the providers themselves are overbooked and overworked, which puts pressure on the interactions with the patient. The interpreting process inherently takes more time, especially when getting across complex medical terminology and concepts to members of a linguistically (and sometimes educationally) underserved community. It can be frustrating and emotionally draining to assert oneself as the interpreter and insist upon more time, more clarification, more explanation, more examples, etc. with a rushed provider, who is often frustrated and impatient themselves.
- Time constraints.|Emotional burden.|Lack of qualified interpreters.|Potential for misunderstandings.|Ethical dilemmas.
- Time restrictions to fulfill better my advocacy role with patients when needed.
- To be treated like an used tissue.
- To be belittled. Zero recognition. no career chances
- To be looked down upon by some providers, especially when providers or staff do not appreciate the value of my job or tell you that 'you should just translate that', or believe that anyone proficient in two languages can do the job. Some people seem not to understand that if the interpreter isn't there, nothing can happen- or at least, nothing can happen the way it should.
- To not receive a fair payment
- To see patients without health insurance.!!!!
- To witness daily how underprivileged and underserved are the people that we assist, and the many barriers they face on their daily lives. Also to see and feel their pain during encounters where doctors break bad news to them.
- Too busy, too many calls coming too frequently. Hard to get time off.
- Too many calls on a daily basis. Over 40
- Traffic
- Traffics!
- Treatment from health providers.
- Unable to intervene in some instances.
- Uncooperative providers. Providers that will make do with their mediocre language abilities rather than call or wait for their interpreter, or pull out google translate. Providers (and sometimes patients) who do not try and moderate their pacing to allow for accurate consecutive interpretation, then act annoyed when the interpreter must ask for repetition. Caregivers that prioritize their own convenience over ensuring that the patient can understand and be comfortable.
- Underpaid, understaffed, undervalued, overworked
- Understaffing (staff interpreters) and frustration / complications around vendor services|
- Understanding of my job
- Unexpected heavy traffic when traveling to an assignment.
- Unfortunately the hospital were I work, the Interpreter Services Department is constantly under staffed & under paid compared to other hospitals in the area were I reside. Multiple attempts to get the pay updated have been denied.
- Ungrateful people. Lazy people. Difficult coworkers.
- Unprofessional provider's.
- Unqualified Spanish speaking healthcare providers that have not acquired nor have the skills to communicate with their patients yet believe they can practice their language skills.
- Unrealistic expectations of interpreters by hospital staff and providers. We can only do so much with what we know. We are not experts on the culture in which our languages are spoken. Intracultural variation plays a major role in our encounters as does the level of training by providers and staff in working with an interpreter.
- Unsatisfactory pay.
- Unstable Job Security: Constant pressure to accept assignments to avoid retaliation, such as receiving fewer jobs in the future.||Devaluation of Expertise: Despite being highly qualified with advanced degrees and certifications, offers and pay rates remain insultingly low, undermining the value of the profession.||Need to ""Pull Strings"" for Assignments: Instead of assignments being distributed based on qualifications or merit, there is a constant need to ""pull strings"" within the language company. This means interpreters often have to act as internal PR managers, working to gain the favor and approval of coordinators to ensure steady assignments. The process feels political and unfair, resembling the dynamics I sought to escape in Latin

America, where personal connections often trump qualifications.||Disrespect for Boundaries: Being expected to work beyond scheduled hours without overtime pay or additional compensation.
- Untrain ""interpreters"" doing a bad job.
- VRI and OPI have no prep time, one gets plunged into the situation where they have to learn to swim.
- VRI!|Providers using VRI and/or not calling for interpreting services!
- Variety of accents and vocabulary.
- Very little respect for our profession and almost no understanding of our role. Even our own administration puts in place policies that don't completely align with our code of ethics.
- Very low, stagnant pay (few dollars above the minimum): the financial future looking very depressing.|Boring, repetitive stuff|Rude providers and patients (often not well - rounded: not understanding basic stuff). |Dead end
- Vicarious trauma.
- Volume of calls
- Volume of calls sometimes is overwhelming, rude providers or patients
- Voyce, they don't respect interpreters
- Vulgar teenagers disrespecting their parents.
- WC insurance, their focus on numbers and not people on some occasions. Their non-chalante way of being dismissive of patients diagnosed needs.
- WHEN THE PROVIDERS ARE NOT MINDFUL OF OUR PRESENCE
- Waiting idle in an appointment.
- Waiting time
- Waiting times at doctors' offices!
- Walking so much
- Waste of time due to miscommunication
- We are so limited on how many we can help.|Medical Providers that think they know enough of target language to do it themselves and/or allowing family, friends to interpret. ||
- We can't help all the people who need it
- We encourage people to rely upon the services of interpreters, but don't listen to people with LEP or healthcare providers who point out that the majority of healthcare interpreters are not qualified. We can't push advocating for language access if the language access that is being provided is subpar and, quite frankly, dangerous.
- We, the interpreters, are often our own worst enemy in the workers' comp sector. I've seen certified interpreters running so-called agencies who subcontract non-certified interpreters, driving down pay for everyone. In some cases, subcontractors then hire other interpreters, further reducing the pay.
- What I can't control but fully understand, a doctor who won't work with me, for whatever reason, so that his/her patient or family understands. I don't like to ask myself, ""Are they like that with all their patients, or just mine""!? A gatekeeper who says, ""We don't need you, we're getting by, we're using the iPad, you can leave"". Really!? Still!? Is that how we practice great medicine and care for our patients here!? especially, when I know the patient has dementia, or is hard of hearing or worse yet, is psychotic. Makes my blood boil.
- Whe the doctor doesn't care for the patient and is discriminative. When the patient is lost in the system and doesn't have any info and no one is helping him/her
- Whe you are rushed to finish the interpretation.
- When 1 party is frustrated at the other person or me, and refuses to communicate in a way that I can interpret. For example, mumbles while speaking fast, refusing to clarify words used
- When Doctors feel that I am not interpreting what they have said because they have a rudimentary understanding of the second language. Of my 40 + years of interpreting that has only happened twice. I was not given an opportunity to explain or for a rebuttal
- When Healthcare staff are not trained on how to communicate effectively with interpreters.
- When I am being interrupted by either party and can't finish rendering the message, so they hurry to answer and in the end, since they had not heard the full question, it derives in a whole misunderstanding.|Also when the device on their end is so far that the microphone struggles to capture their voices then, the messages are cut or incomplete.
- When I am not needed (for example when the client speaks the dominant language very well). Teachers that talk too fast. Staff at organization saying bad things about interpreters. Cost of the classes.
- When I can't do more for a patient.
- When I can't help much
- When I cannot understand the accent of the individual who is calling me from the company that needs my services as an interpreter.
- When I do not have type of the assignment and location.

- When I do not know type of the assignment or location to be prepare an advance.
- When I encounter difficult patient or provider who do not give time for me to interpret or do not give each time to check if they understand each other.
- When I get call from different places at the same time
- When I get nervous, I can become panicky. |When a LEP brings his/her friend who thinks they know English, they point out my fault even though it's incorrect.
- When I go to an appointment and I didn't had enough information to be prepared and I feel super anxious with the topic and I feel that I hesitated to related the message and maybe provider and client think I don't know what I am doing.
- When I have LEP which cannot understand the issue on a technical basis, so it is necessary to explain more than 1 time
- When I have to interpret for rude people who interrupt me often, moreso when they go on to have questions that would have been answered had they let me relay the entire statement. Also, interpreting for people who repeat things too much or ramble on with unnecessary information
- When I have to wait too long to see the Providers and I have another appointment I have to go there.
- When I have to witness unfairness and can't provide personal opinion to stay professional
- When I see patients returning with questions regarding to the discharge instructions or medication prescribed because provider did not request an interpreter.
- When I take calls that either the client or the LEP direct their frustrations on me without considering that I'm only being a conduit of the conversation in a totally impartial way.
- When I was treated with disrespect from either party.
- When I was trying to make my whole living from interpreting the difficulty doing that was the most frustrating thing. There was an agency that never paid me. There was a school district that paid so low, that by the time you went to the appointment, worked, and went home, you had earned less than minimum wage. They pay is too low, and I worked for agencies where you did not get paid for cancelled appointments, even if they cancelled 2 hours in advance. How are you supposed to set aside time for a job, meaning refuse other work offered during that time, and then get paid nothing? Now that I am retired and I draw social security and a small pension (from a different profession) I don't worry about the money much; it's supplemental. And the truth is I do more court interpreting than medical because it pays so much more, even though I enjoy medical more. But I used to worry a lot. Medical interpreting is generally underpaid.
- When LEP is uneducated and doesn't understand the terms.
- When Medical professions offices hospitals oppress deaf people making decisions on how they are to communicate. Taking away their right and their choice to that communication.
- When a bilingual speaker provider thinks s/he can speak the language well to communicate with the patient and family members but in fact they're not proficient enough to explain everything clearly.
- When a patient has no insurance and struggles to schedule appointments, it can be frustrating to see them face barriers to the care they need. Additionally, coordinating my schedule across multiple agencies to maximize my earnings can be challenging.
- When a patient has to wait a long time to be seen.
- When a patient is accompanied by someone who speaks some English, or even fluent in English, and starts communicating directly with the provider. Then the provider feels its a save continues the conversation ignoring the patient. Not taking in account that most of what is said will not be relayed to patient in a loyal and transparent way. Also most people who seem they are fluent in English, they are not familiar with medical terminology. To less extent, older providers address the interpreter directly even after asking them to address patient directly.
- When a patient is denied access to communication
- When a patient needs an interpreter and the department fails to request one, and I find out about it later when the family is upset.
- When a phone is used via video app and it gets moved around all the time.
- When a provider is not communicating clearly or when a client has limited understanding of the language they claim that they know.
- When a provider recognizes my interpreting abilities but never send feedback about it...|When a provider or patient speak when I am still interpreting....|When audio is an issue...|When there is a family member saying I am not interpreting correctly, even though I am...
- When appointments get rescheduled or canceled by providers and they forget to inform the interpreter timely. Nevertheless I get paid for short cancelations and no-shows but I rather get paid to work. Therefore, I like to take the time to remind the patient or family ahead of time via phone or text.
- When clients don't undestand you're human and also trying to do ny job.
- When clients use me as a tool, like I'm some kind of robot.

- When clinicians claim they speak the language of the patient when their Spanish is high-school Spanish 30 years ago! Or when they present a dismissive behavior because the patient is an LEP, or when the clinicians of all sorts pretend to speak the language of the patient pulling out the Google translate on their phone while they wait for an interpreter, just because the clinician showed up 15 minutes earlier than the scheduled appointment.
- When companies try to change people from one health insurance to another
- When dealing with providers that is impatient and does not seem to have an interest or see the value of an interpreter or witnessing discrimination due to cultural barriers and differences!
- When doctors are not empathetic or when patients exaggerate every symptom or condition.
- When doctors are not trained to work with interpreters; |when people involved in the encounter are not polite; |when I am not respected;|when things are developing in a strange way; |when a patient tries to control the encounter;|short cancellation notice without pay and no ability to fill the time|unpaid mileage and parking|
- When doctors speak for a long long time and don't pause
- When doctors talk over me or the patient or talk directly to me and don't allow time to interpret all words
- When either party think they don't need the interpreter and start making a mess.
- When either the Deaf/HH patient is not being listened to or the provider has no patience/ bad bedside manner and/or doesn't listen to the patient and their needs/concerns.
- When families do not understand what has been explained to them from their medical team.
- When family members wants to interpret and not letting Interpret finish or don't want patients to know about their health condition , hide the truth from their patient
- When family won't let you do your job
- When healthcare providers do not used the in-house interpreter effectively, and just disregard the patient's right to language access, because ""they want to practice their High School Spanish"".
- When i suspect a patient is abusing the system
- When individuals talk too fast, even after being asked to slow down, it can be challenging to maintain clear communication.
- When interpreter is not allowed to finished interpreting, providers or clients hold side conversations, asked to not interpret while interpreter is present; providers attempts to talk in target language at a ""slow and basic level""; providers have no experience working with interpreters; interpreters are asked to be on standby if provider or client has difficulty understanding or expressing in each other's language.
- When interpreter services does not call when there is a cancellation. Patients who resent being assigned an interpreter, I then help them fill out the correct paperwork, but it is not me it's in their chart.
- When it's a super busy day and I have to stand and walk all day.
- When it's hard to hear or understand (because of accents) what is being said.
- When medical staff expect the interpreter to write for patients or take them to the bathroom, etc. ||When LEP patients don't understand directions and after redirecting them several times, they still don't understand, it can be very frustrating.||When LEP patients are not only LEP but illiterate. Providers give written materials and guides, or after visit summaries with special instructions that the patient cannot use.
- When my services are not needed
- When my supervisor ignores my contribution in the organization
- When neither of the two sides I'm interpreting for are letting me finish talking
- When non-interpreter people tell me how to do my job (condescending) or do not respect the complexities and expertise that I bring to the encounter (oversimplification and/or not allowing/wanting the interpreter to engage in interaction management related to communication or direct best practices).
- When organizational or structural changes are made without any input from interpreters, or when scheduling structures needlessly limit the work we can take.
- When patient family members want to act as the interpreter and stumble during conversation bc they don't have the training and/or know vocabulary. ||When providers with limited knowledge of language insert few words they know in the conversation causing patient to be under false pretense that they provider understands them
- When patient says help me with my talking
- When patient's talk over each other, interrupt the provider, or don't allow me a chance to interpret what has been said.
- When patients are being seen without interpreters since they arrive at the hospital that by the time of discharge or other critical decisions, the patient expresses they did need an interpreter but one wasn't requested because a family member was present.
- When patients are not treated with respect.
- When patients come to the ER for silly reasons that could've been solved by their PCP
- When patients do not listen, and start to talk

- When patients do not show up for appointments.
- When patients don't answer the question they are asked and have to go back and forth
- When patients don't show up for appointments.
- When patients or providers don't give me time to interpret their message, when I am needed in multipole places at once
- When patients refuse to use an interpreter even though they should really use one and when healthcare providers believe they know sufficient amount of the patient's mother tongue but really don't know enough and just want the interpreter to be on standby in case they are needed.
- When people aren't dedicated to language access
- When people disregard my interpreting and do not take the help I offer to them. People often do not leave us ample time to offer our interpretations and gloss over what we say.
- When people do not follow my instructions as an interpreter to please speak clearly and use short phrases.
- When people do not know how to work with interpreters
- When people do not use interpreters or think we are not important in the encounter|
- When people does not consider us an involved party in an encounte.poor communication services, noisy environment etc.
- When people don't have the meanings to transmit their thoughts
- When people don't pause or give me space to do my job.
- When people opt not to use an in person interpreter.
- When people speak fast, using long sentences
- When people want to take advantage of me
- When people who say they are interpreters but have not been trained in any interpretation setting gets hired by agencies for very little money.
- When provider don't know how to work with interpreters
- When provider interrupts when they are rude and don't let me finish my sentences at all and drop calls
- When provider or patients keep speaking at the same time or too fast
- When providers are rude to patients and when they speak too fast as if I didn't have to interpret.|
- When providers are unaware of how to effectively use the services of a professional healthcare interpreter and do not appreciate our training and commitment.
- When providers are unkind or disrespectful to patients.
- When providers begin the session early without and interpreter because the patient arrived early
- When providers disrespect us or judge our work quality or qualifications.
- When providers do not understand the role of the interpreter.
- When providers don't know how to properly work with medical interpreters.
- When providers don't respect interpreting roles
- When providers don't treat LEPs with respect bc then don't speak the same language
- When providers don't understand that they need to slow down so Interpreter can pass the full message.
- When providers not qualified to speak the language, try to speak the language because they want to ""practice"" instead of calling an interpreter.|NCIHC
- When providers speak slowly or raise their voice thinking that will make the patient understand the language, Or ignoring the patient and talking to the interpreter in spite of a pre session
- When providers try to correct you in a bad manner, I welcome corrections , but when you are sure and someone affirms you're saying something wrong especially when it's something you've heard or said thousands of times it's bothersome
- When providers try to interpret themselves or don't know how to work with an interpreter.
- When providers use a high register that patients don't understand.
- When someone that is not fluent in the target language tries to correct you
- When staff members are not trained about the interpreter's role and it's boundaries
- When staff that have no training or knowledge refuse to work with an in house interpreter because they feel that their ""broken Spanish"" is sufficient for their patient.
- When staff use family members or untrained bilingual people.
- When the English speaking person doesn't treat the client/patient with dignity and respect.
- When the LEP or client do not make sense when talking or have a bad attitude
- When the LEP talk at the same time I do the interpretation.
- When the above doesn't happen.||When pt doesn't show.||When interpreter isn't needed.
- When the client keeps interrupting on the phone

- When the client or LEP has a bad attitude toward either of the parties involved in the session or when the client or LEP doesn't allow the interpreter to finish the rendition before answering (even though protocol requests not to), this can sometimes lead to confusion or miscommunications.
- When the company becomes greedy and pushes too many patients per hour and doesn't care about the quality of the service that is provided.||When the interpreters are at the mercy of the front desk or clinic staff to recieve patient arrival/appointment updates or signatures.|||The lack of trust between interpreters VS. clinic/hospital staff, insurance companies and company. Constant protocol changes from everyone.||Bullying and dislike of contract interpreters among In-House interpreters.
- When the company cancel a encounter.
- When the facility does not use a stand for the device. (Moving video) Not stable.
- When the family members trying to answer all the questions instead of the patient.
- When the healthcare workers don't use us interpreters and instead rely on family members who doesn't speak Tongan very well.
- When the medical professional gets frustrated that it takes too long to interpret what they have said which is necessary in order for the patient to understand and learn the education materials provided or give the appropriate answer
- When the message I had to transmit to the patient or the family was bad, (like a no possible solution/treatment, an expected EOL.
- When the patient does not use the interpreter, when the provider is rude and unprofessional
- When the patient has a lot to say about his illness and the provider doesn't have enough time or patience.
- When the patient is mean to the provider
- When the patient speaks too fast or too|Much.
- When the provider doesn't call to request the interpreter but instead uses the VRI
- When the provider doesn't have empaty.
- When the provider doesn't identify themselves with the level of intellectual or education level of the client/patient/adult/child/etc. so the client/.... can understand them
- When the provider has no patience waiting for interpretation and blaming interpreter for not able to perform well enough, and rushing to leave the room.
- When the provider hears (but not listens to) what the patient/parent says and treats the encounter as a way to obtain information unilaterally, rather than as a communication experience. For example, provider asks a question and immediately turns to have a side conversation with someone else while the interpreter interprets the segment and the patient replies, sometimes ignoring or not even hearing the answer. I consider that a very disrespectful practice.
- When the provider ignores me and my need to confirm the patient's medication dose before I interpret what they prescribe.
- When the provider's consults are very rushed without empathy or interest in what the patient has to communicate, when time becomes more important than the reason why the patient took the time to attend an appointment.
- When the provider, the patient or a family member disrespects me (although it seldom happens)
- When the providers are being dismissive of client's concerns and the lack of empathy.
- When the providers are impatient and try to rush through the consultation.
- When the providers are in a rush and don't have the time for interpreters to follow the script.
- When the providers are rude
- When the providers miscommunicate or don't give patients information. When the message is disjointed.
- When the role boundaries prevent me from assisting any further
- When the set up scenario is not thge ideal, specialy in simultanoue interpreter, where there is no ideal sound, and difficulty hearing what providers are saying due to the echo in the room.
- When there is a technical problem
- When there is insufficient tools and resources, when there is a lack of standards, and when the profession is undervalued or belittled.
- When there is no clear comunication.
- When they (both Spanish or English speakers) do not let the interpreter convey the message and speak over one another.
- When they ask us to ""translate"" even though I've corrected them multiple times that we interpret!
- When they don't know how to use the service and think they are allowed to treat me poorly because I am not with them in person I don't think they would treat somebody that is in front of them like that
- When they interrupt me
- When we are helping patients or staff by interpreting their phone calls, some people slip into speaking in the third person. I am constantly requesting politely that they speak directly to the other person and say ""you,""

because otherwise they get confused about the interpreter's role and communication gets muddied. Staff may think I am with the patient or know the patient, or patients may think I know what the provider's office wants to tell them. I feel very uncomfortable when people start talking to me about the patient or the patient speaks to me about the doctor. I wish interpreters would be united in reminding everyone to speak in the first and second person and not habitually speak to the interpreter during the encounter.

- When we are treated as a tool and not part of the team. Especially now when we do a lot more VRI/OPI than ever.
- When we have sound issues during the call, example when the CLIENT'S or the LEP'S mic doesn't work properly and I hear them really low.
- When you are not able to help more
- When you encounter providers that still don't recognize your value
- When you have a provider that doesn't explain things in a way the patient/family doesn't understand. Or gets frustrated because they don't understand and not consider the level of education patient/family might have.
- When you provide instructions to the doctors and they continue to speak too fast. And doctors that don't understand that interpreting is a difficult task. And when there is a group of people aand they all want yo talk at the same time.
- When you recognize that the health care system has its structure and that sometimes that system overrides the condition of the patient and their needs and you see the suffering and can not do anything about it.
- When your company does not really appreciate your dedication and when the wages start decreasing for no understandable reason
- When, allegedly, sort of bilingual person, as a patient, requested interpreter, just in case, to prove their English competency..
- With VRI, being made to feel like we are a robot. Staff who do not take into consideration the patient's visual needs, culture or personhood.
- Witnessing systemic inequalities, racism and the effects of poverty.|The fact that staff still do not always work with us or try to get by using Google Translate, sign language or making the kids interpret.|When we are treated like tools not people - especially when working remote.
- Working alone. Not being able to ask questions from another interpreter when on an assignment, safety as a female interpreter. Not being offered additional training as an interpreter.
- Working in a broken system with a lack of communication, coordination of care, and agencies sending unqualified interpreters or not caring enough to make sure assignments all get covered.
- Working in hostile environments /End of life
- Working in person, the lengthy periods of standing.|Working remotely, having no benefits. Dealing with technology that is sometimes faulty and does not accurately transmit the exchange.
- Working materials/devices.
- Working remotely now instead of in-person, the most frustrating part is lack of information about the setting of the encounter when answering calls...about 85% of the calls, I am given no information up front, just a ""I'm with a patient, introduce yourself!"" Without knowing the place, specialty, and who all is in the room, it is more difficult to read the situation, context, and goal of the encounter which makes me feel less adequate as an interpreter.
- Working with angry patients (rare)
- Working with impatient, rude, dismissive providers
- Working with incompetent people.
- Working with medical professionals and patients that don't quite understand the process of interpretation (turn taking, long discourse use, constant interruption or need to constantly remind speakers to avoid the previously mentioned instances) or have not received enough training to work with interpreters. With remote interpreting, specifically, we are often cut off in the middle of our interpretation, hung up on, or not valued for the work that we do and the training we must receive. Most importantly, the wrong misconception that we are simply bilingual operators sometimes.
- Working with providers that don't know how to work with an interpreter, for example, they might speak in looooong sentences (even if I tell them to speak in short sentences).
- Writing reports.
- You spend a lot of time going to the assignments but you are not paid for your time of travel , no other facilities are provided too.
- Zero information on upcoming assignments. Most of the times there are no pre-session briefings. providers treat interpreters as translating machines. The wages are low.
- accents
- almost no other providers or employees know about the job of an interpreter. Most of the time, medical interpreters are placed under leaders who know very little or nothing about our profession.

- audio interference and noisy background
- audio issue.
- being the last to know when there are any changes in scheduling |payment issues|entities sending non-qualified/untrained bilinguals to serve as interpreters
- claims
- corporations
- correctionals calls
- dealing with bureaucracy
- dealing with patients who are convinced they understand everything when in fact they are missing the point of the discussion
- disrespect, most providers think of us like low educated slaves. most providers dont know about our limitations/duties/ ethics.||anyone who can speak 2 languages is hired to be an interpreter, the position is not regulated.||no union, no protection for the interpreters, we are the weakest link.
- disrespect, no appreciation from some providers|some providers look down at us, they treat us like uneducated low level persons, some even hang up in our faces when done with their session.|clients dont understand the interpreter's role, duties, and limitations, some think of us as assistants, slaves, who should do everything for them, even interpret English to English
- family members
- frustrating from parties and rocky communication between parties
- getting a last-minute request to do surprise patient with any prior knowledge
- i don't have any
- if I forget meaning of some prodecures, medication or not familiar with them, when doctors explain in simple terms, avoiding of certain med terminology
- ignorance
- impatient clients and patients
- inadequate pay
- interpreters who take advantage of hospitals who may not know better. i.e. staying on calls when there is no provider in the room. Sleeping overnight ""just incase""....sleeping in a sleep lab when not needed.
- interpreting for the parties not listening to ea other and not waiting for the message of the other party to be conveyed
- involving dying cases.
- job instability
- lack of any response from contracting agency that doesn't include support formulated for inexperienced interpreters, micromanagement, or a totally hands-off approach. Only mildly helpful quality review and on time electronic payments to show I am not just a number.
- lack of knowledge among medical personel of my role as a healthcare interpreter
- lack of programs or workshops gear to us, Interpreters , in terms of self care and how to deal with vicarious trauma.
- lack of respect by healthcare professional
- lack of respect from provider and patients
- lack of understanding interpreter needs or best practices for using interpreters, the pay, being tied to a desk and its impact on health
- lack of understanding/respect about our profession by ppl in general (medical staff included)
- leps
- limitations
- long appointments with several different specialists explaining procedures
- long sessions
- low pay rates and lots of workload
- low pay, underappreciation
- management
- mostly technical issues
- n/a
- names of medications
- no
- no upward mobility, pay rates, no options to work fully remote.
- none
- not been appreciated enough by the organization
- not being paid well, no respect to the profession

- not being recognized as a language professionals by other healthcare providers |low pay |
- not enough breaks with Atrium
- not enough work
- not feeling recognized and protected by the company that hired me. Not being cared for and appreciated. Thanks to me the company earns what it earns.
- not having alot of context/background info about assignments prior to going in, thereby not having the opportunity to more fully prepare.
- not much
- not paid enough
- not respected
- nothing
- one the pay (We should have better pay) but two sometimes we don't have time to do a presession, or to be fully prepare for a care conference, could be very hard.
- over the phone poor quality and bad connection|In person: distance
- pay and the health care system's current apathy and broken system
- pay compensation
- professional ignorance
- provider don't think I am helping
- rates
- respect your role as interpreter and do not intervene when you feel that the decision taken is not the right one.
- rude doctor and ungrateful patients
- scheduling
- seeing providers time and time again using non-trained people as interpreters also using family and not getting called out for Title VI violations
- simultaneous
- some time i do not have enough time to both jobs
- sometimes I wish I could do more or advocate more for patients.
- sometimes client get angry or misunderstand
- sometimes clients or LEP do not understand the role of an interpreter and can be frustrating getting interrupted constantly or them not having an adequate environment to work with us (speaking really far away from the phone or using the speakerphone, not having an adequate headset or phones for both parties, etc)
- sometimes explaining the needs of the deaf community
- sometimes not knowing what your going to walk into
- somewhat lack of understanding and cooperation in what we do
- spanish speakers that works at clinics sometimes are nasty
- stupidity of some providers/patients|
- technical difficulties, unable to hear the patients, video freezing up. patients/providers speaking at the same time as the interpreter.
- technical problems
- technology
- that other staff- do not have the same patience with clients
- the fact that companies sell their service and yet it seems that they do not teach how an interpreter works.
- the lonliness of the job,
- the micromanaging. counting all the minutes we're actively working. Literally every single minute is accounted for
- the misunderstanding of the U.S health system, and the misunderstanding of culture from time to time
- the pay (and lack of respect for the profession by Company owners)
- the pay is low
- the payment and the conditions.
- the travel between cases
- the use of unknown words / own created words that I don't understand|the eventual lack of patience from providers when listening twice, I mean both languages
- to wait for calls that don't come fast enough.
- traffic and wait times
- trying to get information from people that are illiterate. And people with a bad attitude.
- u never know how a session will turn out
- unappreciative providers

- undervalue.
- ungrateful and hostile REPs and LEPs, that just see us like machines, who think we work with their company, and don't know how to use our services.
- upset/irate patients
- varying schedule
- very low wages, not having annual paid leave, difficulties in getting time off work even in the most serious situations and illness|Being abused by employer|Not getting enough attention and response from supervisors
- wait time when I have long sessions
- when I don't have the word to translate to
- when I forget a word or the meaning of a word and I don't want to make the client wait too long or make them think that I am not a prepared person or a professional in the field. |The most frustrating aspect is when communication barriers persist despite our best efforts, leading to misunderstandings that can impact patient care.
- when call echo's interference makes it difficult to hear and concentrate.
- when coworkers do not understand the dynamics of a persons background or why they lack the ability to receive medical care or why they do not seek such help. the lack of some people/families based on culture or how they were raised tend to do more herbal medication or non traditional healing methods and so for some that concept is hard to grasp or understand.
- when family doesn't let you do your job
- when patients choose not to understand their diagnostic.
- when people don't understand my role and don't call an interpreter when one is needed
- when people interupt me
- when providers take me for granted or feel like im not needed
- when there are people who believe that they can do a better job just because they speak the language I a interpret.
- witness patient's need not met due to communication issue.
- |""The most frustrating aspect is when there is a lack of preparation or clear communication from the healthcare provider or the patient. This can lead to confusion, delays, or misinterpretations, which can impact the quality of care. Additionally, sometimes there is emotional strain, especially when dealing with difficult or sensitive cases, and not having sufficient support or debriefing after intense assignments can be challenging.""|
- |Being treated as a device |Lack of respect from same healthcare providers
- |When I feel that a patient is not being treated fairly and where Advocacy should be permitted to support good health outcomes.
- 3-4 month delays in payments for single assignments|• Last minute requests (less than an hour away from | encounter start time) is standard operating procedure||One must be extremely organized and keep a spreadsheet with the date, job #, start & end time, name of provider and location, to chase payments that take anywhere from 3-5 months to get paid out. |It is a travesty, and SOMEONE is making money off this scheme, but it's NOT the interpreter!
- Fatigue and Stress: The mental demands of interpreting, especially in fast-paced environments, can lead to fatigue and stress. We must have strong coping strategies to manage the cognitive load and emotional toll of our work||⁾ High Stakes: The nature of medical settings means that misunderstandings can have serious consequences for patient care. We need to be precise and clear, as errors can lead to misdiagnoses or inappropriate treatments.|⁾ Emotional Situations: Healthcare interpreters often work in emotionally charged environments, such as hospitals or clinics, where patients may be experiencing fear, pain, or anxiety. Interpreters must maintain professionalism and composure while being sensitive to the emotional needs of patients and their families.

Appendix U(3). Purpose of the Healthcare Interpreter and Code of Ethics (Q.63)

Question 63. What is the purpose of the healthcare interpreter? What professional code of ethics are you aware of/do you follow?

- Build a a communication bridge for those who need assistance to get across language barriers and cultural differences avoiding any misunderstandings. Therefore, helping to ensure providers can give the best and appropriate care and patients can feel confident and satisfied. | | I follow code of ethics like Transparency, confidentiality, accuracy, unbiased and intercultural communication with impartiality
- Primary goal to provide good quality customer service. Expressing ideas and context, making sure to keep the client in the loop using pleasantries, academic vocabulary.
- confidentiality, professionalism, accountability, impartiality, accuracy, and cultural respect
- *confidentiality, as we are not part of the issue/condition/case/etc.; |*respect, we have to respect other individuals thoughts, situations, etc.; |*professionalism, we are working not socializing, therefore, we should act as professional as possible; *impartiality, as we are there to help with their conversations not to take sides; & most importantly, *accuracy, we have to make sure we understand the context and terminology of what is being interpret | as lives can be affected if we do not convey the correct message.
- Confidentiality|- Accuracy|- Non biased|- Continued Education|- Impartiality|- Respect|- Non-judgmental|- Cultural awareness|- Professionalism||
- Not sharing the personal information about anyone involved in the call. |- Being neutral all the time but also to have empathy.|- No give personal opinions. |- Interpret whats stated. |- Act out of the contract when necessary due to an emergency.
- To facilitate or enable communication between individuals that do not speak the same language around the topic of healthcare. ||2. Interpreters code of ethics (tested thru CCHI) |
- A communication bridge between healthcare providers and patients with limited English proficiency||Confidentiality|Impartiality|Compliance|Respect and|Professionalism|
- A conduit.|Accuracy|Impartiality|Confidentiality|Professional demeanor|
- A healthcare interpreters role is to make sure all communication between patient and medical provider are clear and understood.
- A healthcare interpreter facilitates communication between patients and healthcare providers, ensuring accurate and complete understanding while maintaining impartiality and confidentiality. I follow the NCIHC Code of Ethics, which includes confidentiality (HIPAA compliance), accuracy and completeness (no additions or omissions), impartiality (remaining neutral), professionalism and role boundaries (staying within the interpreter's role), cultural awareness (avoiding assumptions), advocacy when necessary (only in cases where patient safety is at risk), and continued competence (ongoing training and education).
- A healthcare interpreter facilitates communication between patients and the LEP. They help them to understand medical information, diagnosis, treatments and patient concerns.|The code we have to follow are accuracy, confidentiality, professionalism, impartiality, culturalHealthcare competence and advocacy|
- A healthcare interpreter facilitates communication to bridge the language gap between patients and healthcare providers.|Common professional codes of ethics include:|Interpret everything faithfully without omission or addition.|Confidentiality - Protect patient information.|Impartiality - Remain neutral and avoid conflicts of interest.|Professionalism - Maintain appropriate behavior and boundaries.|Cultural Competence - Be aware of cultural differences without imposing personal views.
- A healthcare interpreter helps a patient primary language is not English to understand what his health issues are and help them understand what options they have and been able to ask any questions to the doctors when needed. In terms of the code of ethics I follow accuracy, transparency and professionalism.
- A healthcare interpreter is an essential component of the healthcare system, helping LEPs to understand and make decision based on their needs is crucial.
- A healthcare interpreter is part of a healthcare team and ensures that information is interpreted to the patient/healthcare provider accurately in tone and register. Additionally, a healthcare interpreter can act in a role of advocate if there is a need for cultural mediation and/or linguistic needs that are being missed. I have 2 different sets of professional codes that I follow. I follow the CCHI code of ethics as well as the RID Code of Professional Conduct. Additonally, I follow the ethical guidelines in medical care that include, autonomy, beneficence, nonmalificence and justice.
- A healthcare interpreter is part of the treatment/clinical team and provides a bridging role among all parties who are language discordant to achieve smooth understanding and communication.|I follow the NCIHC Code of Ethics. I am very familiarized with IMIA's and CHIA's too.
- A healthcare interpreter plays a very important role, ensuring accurate communication between patients with limited English proficiency and healthcare providers. Healthcare interpreters should facilitate clear

communication, ensure patient's safety, be ethical, promote cultural competence and be an advocate.|I follow the Professional Code of Ethics for Healthcare Interpreters.

- A healthcare interpreter should be a bridge that facilitates communication between parties.
- A healthcare interpreter should provide accurate unbiased interpretation for patients, families and providers.
- A healthcare interpreter's job is to facilitate communication and support communicative autonomy.||I have been privileged to train on the code of ethics at least once a year for the last 14 years. We also have team presentations and peer evaluations biannualy and annually, respectively.
- A healthcare interpreter's primary purpose is to accurately and faithfully convey medical information between healthcare providers and patients who do not speak the same language, ensuring clear communication and quality care for all involved. ||I am aware of there being Healthcare Interpreter ethics, but I ascribe mainly to RID's Code of Professional Conduct, which is values based, similar to the codes of professional conduct that healthcare providers follow.
- A healthcare interpreter's primary purpose is to facilitate clear and accurate communication between healthcare providers and patients who do not speak the same language, ensuring that all medical information is conveyed accurately and without misinterpretation due to language barriers; they essentially act as a bridge between the patient and provider by translating both verbal and non-verbal communication while maintaining cultural sensitivity. |Code of ethics includes|• Confidentiality|• Accuracy|• Impartiality|• Cultural competence|• Professionalism|
- A healthcare interpreter's primary purpose is to facilitate clear and accurate communication between patients with limited English proficiency (LEP) and their healthcare providers, ensuring no information is lost due to language barriers; they adhere to a professional code of ethics, often based on the IMIA (International Medical Interpreters Association) standards, which emphasizes confidentiality, accuracy, cultural competence, impartiality, and patient advocacy. (written with the help of AI on internet).
- A healthcare interpreter's primary purpose is to facilitate clear communication between a healthcare provider and a patient who speaks a different language, accurately .while maintaining confidentiality and remaining impartial throughout the interaction; the professional code of ethics most commonly followed by healthcare interpreters is the ""Code of Ethics for Medical Interpreters,"" which emphasizes accuracy, confidentiality, cultural sensitivity, and impartiality in their work
- A healthcare interpreter's primary purpose is to facilitate communication between healthcare providers and patients who do not speak the same language, ensuring accurate translation of medical information to bridge the language barrier and enable patients to fully understand their diagnosis, treatment options, and care instructions.
- A healthcare interpreter's purpose is to become a bridge and assist into the facilitation of the clear and accurate communication between the provider and a patient when they don't speak the same language.|I always aim to follow all aspects of the code of ethics, I try to be accurate, professional, I keep the information exchanged between the parties confidential, I'm impartial and I am aware of cultural sensitivities so, if it's necessary, I might need to clarify with the provider to promote the fluency of the communication.
- A healthcare interpreter's role is to facilitate clear and accurate communication between healthcare providers and patients who speak different languages. This ensures patients fully understand medical information, diagnoses, treatments and procedures, while allowing healthcare professionals to obtain an accurate medical history and provide appropriate care. This helps prevent misunderstandings, improves patient outcomes and upholds patients' rights.
- A medical interpreter's purpose is to facilitate communication between healthcare providers and patients who have limited proficiency in English. They ensure that:||•Legal Compliance: They help healthcare facilities comply with legal requirements to provide language access services, ensuring that patients receive the information they need in a language they understand.|•Medical histories are accurately conveyed.|•Diagnosis and treatment options are clearly understood.|•Informed consent is properly obtained.|•Patient questions and concerns are effectively communicated.|This helps in providing equitable and effective healthcare services to all patients.|•Patient Comfort and Trust: They help build trust and comfort for patients who might feel anxious or vulnerable in a healthcare setting, especially when language barriers are present.|•Cultural Mediation: They often provide cultural context that can help healthcare providers understand the patient's background and beliefs, which can be important in delivering culturally sensitive care.
- A voice for the LEP and a facilitator between the patient and healthcare personnel |Be professional and an advocate when necessary
- ACCESS |All of them
- ALL OF THEM
- ALL of them, confidentiality, conduit, impartiality, completeness, respect, accuracy, ...
- ALL of them|Gotta be careful because if we don't pay attention, it can be disastrous
- Access to health at the same level an English speak would have.|I go by the NCIHC standards.
- Accuracy and completeness!!

- Accuracy in conveying meaning between two languages
- Accuracy, Completeness, Impartiality, Professionalism, Advocacy etc
- Accuracy, Confidentiality, Impartiality, Respect, Cultural Awareness, Role Boundaries, Professionalism, Professional Development, Advocacy
- Accuracy, Confidentiality, Respect, Impartiality, Role Boundaries, Cultural Awareness and Advocacy (depending).
- Accuracy, completeness, cultural awareness, respect, role boundaries, advocacy (when the health or dignity of the patient/family is at risk), impartiality, confidentiality, professionalism, and professional development
- Accuracy, impartiality, professionalism, confidentiality, cultural awareness, role boundaries, professional development.
- Accurate interpretation, not adding not omitting information.
- Accurate nd respectfully interpretation and following the 4 roles of interpretation
- Accurate rendition and confidentiality.. also cultural bridging
- Accurately relay the message from person A to person B. ||Interpret confidentially, accurately, impartially, be aware of culture and respect all parties.
- Act as a bridge between two cultures
- Act as a conduit between doctors and patients
- Advocate and Professionalism
- Advocate for others
- Advocating for LEP patients
- All
- All code of ethic and confidentiality.
- All code of ethics and standards of practice, it's my bible.
- All codes|CoreCHI
- All of the one in the national code of conduct
- All of them
- All of them that I am just a telephone basically that I communicate with the provider and the patient say back-and-forth I have no feelings no nothing I just interpret
- All of them without forgetting empathy. If we act like robots we loose our purpose which is to have a friendly, warm approach to interpreting!
- All of them, I believe that impartiality and completeness are fundamental.
- All of them, the mai purpose is to be a conduit between patients and health providers.
- All of them.
- All of them. The purpose of the interpreter is to be a bridge in which clear communication travels.
- All of them. We are the patients voice and the providers, our ideas, are not to be displayed nor injected in the conversations.
- All of them.|I trained interpreters when I was still teaching .
- Allow both parties to communicate via a qualified medical interpreter. I follow the code of ethics regularly. The interpreter code of ethics helps me navigate situations that are in the gray area.
- Allowing communication by maintaining message content, register and tone.
- Always remain neutral
- An integral part of the healthcare team and a partner.|NCIHC's Code of Ethics.
- An interpreter (accurately, transparently, without omitting, adding, or judging) assists two people that speak different languages to understand/speak (to) each other. All of them.
- An interpreter is conduit between health care providers and patients ||Yes ,sure
- An interpreter is there to bridge the communication gap between speakers of different languages in order to provide better services and obtain better care. I follow the NCIHC code of ethics
- An interpreter providers oral translation between an English speaker and a non English speaker. We are conduits between people who are amidst a transaction and we make that happen.
- An interpreter's role is to facilitate communication between individuals who do not share a common language by accurately converting spoken or signed messages from one language to another, ensuring the meaning is preserved while maintaining neutrality and confidentiality throughout the process; essentially, they listen to a speaker in one language and then relay the message verbally in another language, often in real-time.
- An interpreter's role is to facilitate communication without influence or interference, so they must remain neutral and unbiased and refrain from expressing personal opinions.
- Any Linguist does feel stressed and burned out, having been exposed to all types of social, medical, legal, labor employment, and immigration crisis intervention calls for both real-time on-demand calls and pre-arranged scheduled calls while observing Healthcare Standard of Ethics according to HIPAA and NCIHC and other health and legal organizations.

- Any health care interpreter facilitates communication between patients and providers and is impartially conducting his/her job
- As a as a healthcare in servitor I have to conduct mine services keeping a neutral role only interpreting what is being said without a meeting or adding anything keeping myself away from bias and avoiding giving my personal opinions believe or political affiliation
- As a full member of NZSTI, I follow the New Zealand Code of Ethics for all my interpreting and translation jobs.|The healthcare interpreter is hired so that patients can communicate precisely with health providers and medical staff.
- As a healthcare interpreter I am always willing to help patients and healthcare providers communicate when they don't share a common language. I make sure medical information and/or instructions are carefully relayed and understood. |As for my professional code of ethics, I pay attention to confidentiality, accuracy, impartiality, professionalism, and cultural sensitivity. I keep all information private and I do not change the meaning of the conversation.
- As a healthcare interpreter, my main job is to make sure that patients and healthcare providers understand each other clearly, no matter the language barrier. This is crucial because when someone is dealing with their health, miscommunication can lead to serious mistakes, confusion, or even fear. I help bridge that gap by accurately interpreting everything that's said, so patients can make informed decisions and doctors can provide the right care. It's not just about translating words-it's about making sure both sides truly understand each other.||I follow a professional code of ethics that keeps things fair, accurate, and confidential. Some principles I stick to are:||Accuracy - I interpret everything exactly as it's said.|Confidentiality - I follow HIPAA regulations, so privacy is a huge priority.|Impartiality - I never take sides or give my personal opinion.|Professionalism - I keep things professional by staying focused, using the right terminology, and handling every call with respect, no matter the situation.|Cultural Awareness - I stay aware of cultural differences to make sure the interpretation makes sense in context.|Role Boundaries - I'm not a doctor, a social worker, or a friend in these calls. My role is strictly to interpret, and I don't step beyond that.|Advocacy (Only when necessary) - I usually don't interfere, but if I see that a misunderstanding could cause serious harm, I may step in to clarify (without overstepping my role).|Ongoing Learning - Medical terms and best practices keep evolving, so I make sure to stay updated and continue improving my skills.||At the end of the day, I take my job seriously because I know that what I say can impact someone's health and well-being. It's all about making sure people get the care they need without language getting in the way.
- As a medical interpreter my purpose is to facilitate the communication between a NELP patient and/or their family and the healthcare providers. |In my work, I follow the principles if impartiality, confidentiality, professionalism and accuracy.
- As a medical interpreter, I am a part of the medical system to provide care to our patients. My role is to provide a good communications between our patients and providers.|To ensure that I do my job properly, I always maintain confidentiality, transparency, and accuracy during my interpretations
- 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.
- As for the professional code of ethics that interpreters follow, many healthcare interpreters adhere to standards set by recognized organizations
- Assist providers and patients and their families to communicate effectively.||I follow the Code of Ethics by the NCIHC.
- Assisting to allow the flow of communication between patients and providers that is accurate, unbiased and professional. Following all protocols per the institution o work for as well as the Healthcare Interpreters code of ethics. Never forgetting to have empathy and respect for providers, patients and colleagues.
- At the most basic level, "" A healthcare interpreter is an individual who makes oral communication possible between two people who do not share the same language and who have different cultural backgrounds.""|A healthcare interpreter follows the basic principles of beneficence, fidelity, cultural awareness and advocacy.|A healthcare interpreter promotes, believes and supports equity on language access for LEP and NEP patients.|I follow the NCIHC, IMIA and CHIA Standards and Code of Ethics.
- Autonomy, Accuracy, Transparency, Equality, Professionalism, and more
- Avoid conversation with patients about their medical situation.
- Ayudar al paciente y al equipo médico a comunicarse correctamente en todo momento. Escuchar y traducir con precisión, todo lo que hagas en tu labor es privado.
- Basically, Medical Interpreters' purpose is to facilitate communication between caregivers and patients with limited English proficiency. We must remain neutral and unbiased, accurately conveying the meaning of messages between both parties. IMIA and CHIA code of ethics.
- Be a Conduit|NBCMI Code of Ethics
- Be a bridge of communication. Confidentiality

- Be a communication bridge.||Code of Ethics and Standards of Practice NCIHC
- Be a conduit
- Be a conduit to breach the language barrier
- Be a conduit, clarifier, cultural broker, and advocate ni healthcare settings. |Abide by NHCIH code of ethics.
- Be able to communicate, not sharing private informations, be impartial.
- Be able to offer true communication access to all ; Confidentiality and respect
- Be impartial, accurate, professional.
- Be respectful all the time.It's never about me.Help and assist patients and physicians.Interpret correctly,not omitting,changing or miss anything.Be on time always.Be professional.Stay in encounter all the time I'm needed.Never correct patients or physicians when they speak.Be empathic with patients.Do not give medical or legal advice.
- Be the bridge of the communication barrier there is between provider and client.
- Be the language link between the LEP and the medical provider to facilitate communication and medical services. While performing my work I make sure to manitain transparency in my sessions, be accurate and advocate for any cultural bias.
- Being a bridge for communication breaking the language barriers
- Being a bridge of communication between patients and healthcare providers.|I follow the code of ethics by |Being professional, Advocate for the patient when necessary, help with communication, being aware of the patient's culture, Always keeping the confidentiality and let them know about HIPAA.
- Being a bridge. I follow all the rules established in the code of ethics. Sometimes I am frustrated that I can not help beyond the code of conduct
- Being a conduit
- Being a conduit , cultural broker and a facilitator if necessary. All the professional code of ethics.
- Being accurate, transparency, confidentiality. Maintain constant training and learning to maintain professionalism in the area of interpretation.
- Being as accurate as possible for transparency purposes.
- Being the conduit without adding or omitting information.
- Book response is - to facilitate communication between to individuals who do not speak the same language. My job is respectfully convey both messages accurately with the tone, context and the intent that is meant, While, taking into consideration both biomedical and cultural beliefs or bias that can exist all while maintaining confidentiality, boundaries and refraining from personal involvement.
- Break communication barrier |Interpreter code of ethics NCIHC
- Break comunication barriers,
- Bridge
- Bridge communication between two parties who spe OK Different languages, I follow NCIHC code of ethics
- Bridge the gap and I follow confidentiality rules.
- Bridge the gap between Spanish-speaking families and providers. |||I always keep confidentiality, advocate for families (if I see any sign that they are not understanding the provider, explain cultural differences), accuracy in relaying the message.
- Bridged the gap of communication between patient/family members and provider. Interpret the meaning of what has been said accurately, and serve as a cultural broker.
- Bridging the Communication Gap berween LEP's and providers ||Interpreter Code of Ethics and Standards of Practice
- Bridging the gap between cultures and languages. I am aware of and follow CHIA code of ethics.
- Bridging the gap between healthcare providers and patients. ||confidentiality, render the message accurately of the original message, maintain impartiality, maintain boundaries of professional role, treat all parties with respect, continua further knowledge and skills, act professional and ethical manner.
- Bridging the gap between patients and doctors
- Bridging the gap of communication, clearly, thoroughly. |Transparency|cultural broker|
- Bridging the language and cultural gaps between patients and providers||To render the message accurately, be impartial, to advocate for the patient (limited and appropriately), Clarify, act as a cultural broker, be professional.||
- But answering
- CCHI
- CCHI Code of Ethics
- CCHI SME
- CCHI and code of ethics
- CCHI code of profesional éthics
- CCHI.

- CHIA and NCHIC.|My purpose is to facilitate communication.
- CHIA|IMIA|CCHI
- CHIA|IMIA|NCIHC|NAJIT
- CLAS standards
- CONFIDENTIALITY
- Chia ethics
- Clear communication in between both sides. No interference of my part. Make sure that the patient leaves the room understanding totally all that happened and vice versa.|Etc...
- Close the gap in communication. We follow the company internal code of ethics and we are HIIPA compliant.
- Code of Ethics for Healthcare Interpreters
- Code of Ethics for Medical Interpreters
- Code of conduct of interpreters and code of ethics
- Code of ethics are confidentiality, impartiality, professionalism, respect, accuracy, role boundary, advocacy, culture competence. Yes, I follow.| |The purpose of having an interpreter is to facilitate communication between healthcare providers and patients who do not share a common language so no information is lost or misconstrued due to language barriers.
- Code of ethics in nursing.
- Comfidality.
- Communicate transparently everything while being an advocate to LEP|Confidentiality|HIPAA|Accuracy|
- Communicating in a culturally sensitive manner.
- Communication
- Communication Bridge and language facilitators.
- Communication autonomy
- Communication between patients/families and healthcare providers|Confidentiality||
- Communication|All of them
- Competency, accuracy, completeness, confidentiality, impartiality, professionalism, respect.
- Comunicación ||
- Conduit
- Conduit betw patient and provider|Cultural broker|Accuracy|Impartiality|Clarification|Confidenciality|Advocacy||
- Conduit first - sometimes advocat
- Conduit of communication with accuracy, confidentiality, cultural awareness, and sensibility to ensure understanding between patients and their providers.
- Conduit of information |Impartial |Confidentiality |
- Conduit, accuracy, impartiality, professionalism, cultural awareness, advocacy.
- Confidential, accuracy, respect, impartiality , professionalism, continue education and advocacy .
- Confidentiality
- Confidentiality followed|Accuracy followed|Impartiality followed |Professionalism.. followed |Advocacy followed |Respect followed ||The purpose is to help patients abd Healthcare providers communicate with each other, when language is an issue.
- Confidentiality and Professionalism |
- Confidentiality and advocacy I follow. The purpose is passion for helping others and community.
- Confidentiality first and foremost, but I think that applies in all areas|Following protocols for the interpreting companies I work for and ones of the institutions we provide this service to
- Confidentiality |Advocacy |Being a conduit
- Confidentiality |Being someone voice
- Confidentiality |Impartiality |Accuracy|Respect of cultural practices
- Confidentiality |Impartiality |Respect|Professionalism|Accuracy
- Confidentiality, transparency.
- Confidentiality, Accurately, Imparciality, boundaries, Respect, Advocacy, Knowledge and skills, professionalism
- Confidentiality, Impartiality
- Confidentiality, accuracy
- Confidentiality, accuracy, impartiality, cultural awareness, professionalism, profesional development, respect, advocacy and boundaries
- Confidentiality, ethic, accountability
- Confidentiality, partiality, accuracy.

- Confidentiality,Accuracy,Completness,Conveying Cultural Framework, Non Judgement attitude to the content to be interpret, Attitude towards clients, Professionalism , Relability , Respect , Non descriminating , Impartiality, Fairness, Compassion , Integrity.
- Confidentiality.
- Confidentiality|I advocate for patient making sure they understand what are they being told. |
- Confidentiality|Impartiality|Accuracy|Cultural sensitivity|Professionalism|Accountability|Respect for the patient's dignity
- Confidentiality|Precision in interpreting, no additions, omission, summarizing|Impartiality|Role boundaries|No advices on any healthcare-related topics|Professional development, keep the high quality and wide horizon of knowledge|Professional attire, no perfumes|Respect towards patient's autonomy
- Convey a clear and accurate message to all the parties involved
- Convey a message. Accuracy, transparency, advocacy, confidentiality,cultural awareness,impartiality,professional and respectful.
- Convey accurately and without omission/addition everything that is being said by/to patient. I abide by my own code of professional conduct learned during my years of interpreting/translation experience and in academic settings (similar to ATA Code of Ethics)
- Convey meaning/ understanding between client and provider without adding or omitting to their interaction. I follow the interpreter's code of ethics.
- Convey the info, being a conduit.
- Convey the message from one language to the other accurately, without omitting/adding/ changing the message, Manage the flow of communication and interpret everything said.
- Convey the message fully, completely without omitting or adding.
- Convey the message into another language between both interlocutors (patient and healthcare providers) in an accurate and complete way, with no omissions or additions, and refraining from adding personal comments or opinions.
- Conveying important information accurately and ensuring good communication. I can't remember the name of the code, but it included confidentiality, precision etc
- Conveying the original message is important to give voice to all parties that want to communicate effectively. Professional code of ethics from NCHIC.
- Creating a bridge to Full healthcare access between the patient and the provider despite language or cultural differences, as well as for deaf or hard of hearing. ||I adhere to the National Code of Ethics for Interpreters in Health Care and National Standards of Practice for Health Care Interpreters.
- Cultural broker |Confidentiality |Competence |Professional development |Transparency
- Cultural broker|Language conduit|
- Deliver accurately, completely and clearly messages between people who speak different languages, conveying the spirit and intention of the message, and taking into consideration the cultural context.
- Delivering accurate and culturally sensitive interpretation services, facilitating effective communication between healthcare professionals and patients with limited English proficiency.
- Do my best to close the bridge between the non English speaking family and the healthcare professional providing in home services for the family
- Do no harm
- Do no harm. Confidentiality accuracy
- Do not add to an interpretation; leave your opinion out- simply interpret what you hear.
- Don't be alone with a patient.|Don't give ride a patient.|
- Easing communications
- Empathy|Let them talk|Maintain a good environment during call|Confidentiality
- Ensure clear, accurate communication, being a conduit, bridge the gap for language barriers, ensure confidentiality and comply fully with HIPAA laws, being a cultural broker when needed, and in case of patient's life being at risk, being an advocate for the patient.
- Ensure communicative autonomy.
- Ensure that the client and provider understand the information. Be accurate, professional respectful, culturally sensitive, accountable, non-judgmental ne neutral and love your job.
- Ensuring clear communication between health care provider and patient while maintaining and supporting communicative autonomy (i.e. minimal interventions beyond interpreting). I have studied and try to follow the IMIA Code of Ethics, and the NCIHC Standards of Practice.
- Ensuring the meaning of the message conveyed properly between the parties involved. I observe the National Code of Ethics for Interpreters in Healthcare
- Equal and outstanding access to health care and medicine for our Deaf and hard of hearing patients. I follow RID Code of Ethics and behave as a professional Certified ASL interpreter at all times.

- Ethic
- Ethics and standards of Practice NCHIC
- FACILITATE COMMUNICATION BETWEEN THE LEP AND THE PROVIDER. CONFIDENTIALITY IS MY FAVORITE. I PRACTICE IT ALL THE TIME.
- Facilitate accurate and precise communication between parties while maintaining confidentiality.
- Facilitate better communication between providers and patients who do not speak the same language.|Even knowing you are the expert at the encounter you need to deliver the message with accuracy, impartiality, respect, and professionalism.
- Facilitate clear and accurate communication between LEP patients and their healthcare providers.|The primary code of ethics is based on the principles of confidentiality, impartiality, accuracy, cultural respect and professionalism.
- Facilitate clear communication
- Facilitate clear communication between LEP patients and their healthcare providers, in a manner that is accurate and fair, in order to eliminate barriers to understanding and ensure the highest quality of service.
- Facilitate clear communication, ensure transparency, be a cultural broker and a patient advocate.
- Facilitate communication
- Facilitate communication and bridge the gap between patients and healthcare providers.
- Facilitate communication and do not harm. |Being professional and helpful |Respect all the time |Empathy |
- Facilitate communication between English speaker and non-English speaker.
- Facilitate communication between LEP patients and providers.||All of them-|participate in continuing education, furthering skills and knowledge is essential for optimal job performance.
- Facilitate communication between LEPs and Clients. Act as a cultural breaker when necessary. |Be neutral and accurate. Abide by privacy and confidentiality regulations.
- Facilitate communication between healthcare providers and patients who do not share a common language, acting as a bridge to ensure accurate understanding of medical information by translating spoken words from one language to another without additions, missions, editing or polishing the conversation.|Mantaining confidentiality on all the assignments. not adding personal opinions.|Acting as an Advocate explaining cultural differences or practices that may alter their communication.
- Facilitate communication between patients and healthcare providers and ensure accurate and effective communication; and adhere to a professional code of ethics that emphasizes accuracy, confidentiality, impartiality, respect, professionalism.
- Facilitate communication between patients and providers by translating information into a language the patient is comfortable with
- Facilitate communication between patients and the provider. We also act as advocates for patients.
- Facilitate communication between patients with limited English proficiency. I'm aware of all 8 COE and follow all of them daily: accuracy, confidentiality, impartiality, respect, cultural awareness, professionalism, professional development, advocacy.
- Facilitate communication between provider and patient.
- Facilitate communication, act as a cultural clarifier and advocate on rare occasion
- Facilitate communications between providers, patients and caregivers. I'm aware of all of them.
- Facilitate effective communication between Healthcare providers and LEP.|1. Accuracy |2. Confidencility|3. Cultural Broker|4. Impartiality |5. Cultural awareness |6. Proffesionalism|7. Professional development |8. Advocacy|9. Role Bpundary|||
- Facilitate encounters between a patient and healthcare provider by faithfully interpreting the interaction. This includes following ethical guidelines, advocating on occasion and maintaining confidentiality.
- Facilitate medical interactions through verbal and nonverbal communication.
- Facilitate mutual understanding. ATIF's, ATA's, etc.
- Facilitate the communication between patients and healthcare providers who speak different languages. I abide by the NCIHC Code of Ethics and Standards of Practice. I also follow the code of ethics of the hospital system where I work.
- Facilitate the communication between providers and patients. For me it is very important to follow ALL the codes of ethics.
- Facilitate the oral communication between the patients, family members and clinicians, following the values of our Code of Ethics.|I consistently strive to follow the most important values of our code: accuracy, advocacy, confidentiality, cultural competence, impartiality, professionalism, respect, role boundaries, and professional development.
- Facilitate understanding in communication between people speaking different languages. Interpret everything with confidentiality. Follow IMIA and NCIHC Code of ethics.

- Facilitating communication. Code of ethics for medical interpreters, like NCIHC, National Board for Certification for medical interprets, CCHI.
- Facilitating conversations between patient and provider for giving the most suitable care. HIPAA, FWA
- Facilitating effective communication and connections between patients and providers. ||I seek to follow all of the National Code of Ethics and Standards of Practice for Medical Interpreters.
- Facilitating quality healthcare
- Facilitating the communication between providers and patients
- Facilitating the communication between the patient and the provider. I follow confidentiality, accuracy, impartiality, professional boundaries, cultural awareness, respect, advocacy, continually further training/education and professionalism.
- Facilitating the communication of a patient with low English to get service, good understanding in making decision.
- Flawless communication between parties during sessions.
- Follow HIPPA, Respect, Speack clearly, Be sympathetic.
- Follow all of them; Confidentiality, Accuracy, Role of Boundaries, Professionalism, Impartiality, Cultural Awareness, Respect, Professional Development and Advocacy.
- For compliances at the hospital, to promote health equity and community services. |NCIHC, IMIA, CHIA National Code of Ethics and the one at our organization.
- For me, I take care of communication, because the patient and staff can't speak to each other. I make sure that communication is working well and that all the participants are able to make their own choices about what they want to communicate.
- For me, the purpose is to save lives and help people who face difficulties within the language barrier. In regards to ethics and professional code, I'm extremely in with it, so that I don't permit clients or LEPs to yell, blaim or address any kind of impolite manners on me.
- HARM PREVENTION. MAKING AN LEP/PLOE EQUIVLANT TO AN ENGLISH SPEAKING PATIENT-FAMILY.
- HCI is to accurately and impartially convey both spoken and cultural message between the LEP and HCP effectively. I adhere to standards of NCIHC and CHIA for healthcare interpreters.
- HIPA and code of ethics.
- HIPAA
- HIPAA rules and guidelines as well as professionalism
- HIPAA, IMIA
- HIPAA.
- HIPAA|CCHI code of Ethics
- HIPPA
- HIPPA ,confidentiality, adding nothing, culture barriers
- HIPPA is very important
- HIPPA, NCIHC Standards of practice, IMIA code of ethics,
- HIPPA, NUTERAL, COMPLIANCE
- HIPPAA Privacy, everything that said will be interpret and everything said will keep confidential.
- HIPPA|Facilitate and bridge understanding between cultures. |
- HIPPA|NATIONAL CODE OF ETHICS FOR INTERPRETERS IN HEALTH CARE (The big Three)
- HIPaa rules
- Have integrity, respect, compliance, responsibility, and professionalism ...
- Have the patient understand his condition and being able to manage it
- Health care interpreters facilitate communication between patients with limited english proficiency and the medical staff. As a healthcare interpreter I remain professional and neutral. I always deliver the messages accurately. I try to be cultural sensitive and advocate for my patient when necessary.
- Healthcare Interpreting Ethics
- Healthcare interpreter is a bridge between sides, a facilitator of communication, a trained professional but being a healthcare interpreter is also about cultural competence, compassion, confidentiality and so much more.||Those are the codes of ethics that I follow |https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Code%20of%20Ethics.pdf and https://www.imiaweb.org/code/
- Healthcare interpreter is to assist accurate communication between LEP and provider. Interpreter should treats all parties with respect and impartial. Maintain interpreting content confidentially. Interpreter should strives to render the message accurately, convey the contents of original message and when needed be advocate for cultural difference in a professional and ethical manner. Continue further knowledge and skills of interpreting. |

- Healthcare interpreter is to bridge language barriers between providers and patients. To reach this goal, the interpreters need good knowledge in the healthcare field, cultural awareness, mastery of the languages the interpreter interprets, and continuing education as the healthcare industry advances daily.|Code of ethics I am aware of are professional conduct, confidentiality, impartiality, competence, accuracy, clarity of role boundaries, maintaining professional relationships, and professional development.
- Healthcare interpreters are bi/multilingual communicators that help support communicative autonomy, for both patient and provider. |The IMIA and CCHI codes of ethics provide solid guidance for me.
- Healthcare interpreters help patients and medical professionals who don't speak the same language communicate. We also help medical providers understand a patient's background and culture in addition to their health issues. I am not a perfect interpreter but my daily goal is to always be the best I can be by following impartiality, accuracy, cultural competence confidentiality, and professional development.
- Help as much as can. With out getting personal.
- Help clients with their needs as their language is a barrier for them|confidentiality
- Help communication between patients and providers.
- Help communication between the provider and the patient. The interpreter needs to be accurate and impartial and keep all information confidential. Be aware of cultural, systematic, and other barriers affecting communication and patient care.
- Help facilitate better communication
- Help facilitate communication between patient and provider |Interpreter accurate with omissions.
- Help hearthcare providers and patients communicate effectively. |Confidentiality, accuracy, completeness, impartiality, professionalism, cultural awareness, professional development, advocacy.
- Help lep understand their health & code of ethic & hippa
- Help patients and providers communicate as if they were speaking the same language. Help the vulnerable LEP population have equal access to care and services within system. |Follow health care interpreter code of Ethics: Accuracy, transparency, professionalism, advocacy, confidentiality, respect, continuing duration.
- Help patients and providers communicate with each other. |I try to follow accuracy, impartiality and professionalism
- Help patients and providers communicate. Interpreter code of ethics.
- Help patients to communicate with health care providers
- Help patients to understand and communicate with health care providers.
- Help people communicate. Handle everything professionally and confidentially.
- Help people communicate. We play the role of the conduit, we interpret accurately and completely. We use clarification, verification, and repetition to do so. We remain impartial. Interpret in the first person and refer to ourselves in the third person. We never engage in side converstions. We maintain everyone in the know of what's happening. We maintain confidentiality. Notes are shredded.
- Help providers and patients to communicate since they don't speak the same language.|I follow and I am aware of all of them. Advocate for patients is the most rewarding thing for me.
- Help the community to understand the importance to follow doctors instructions and treatments, and to understand the diagnosis. |All of the codes of ethics are very important!!|I do follow all of them!
- Help with communication
- Help with the communication.
- Help with the language barrier and be neutral.
- Helping LEP community to have access to healthcare services through language access. Accuracy, confidentiality, neutrality, professionalism.
- Helping convey accurate messages between providers and LEP persons. Being a conduit and thus helping people being able to receive adequate medical care, information and discern from that source of genuine understanding and helping providers do their job properly by conveying accurate messages to LEP's. I know and follow CCHI professional code of ethics.
- Helping others.
- Helping the patient and provide accurate interpreting to both patients to ensure the correct understanding.|I follow HIPAA
- Honesty and Integrity.
- Honesty, advocacy
- I adhere to the NCIHC
- I adhere to the NCIHC ethics and standards and my purpose is to provide faithful and accurate interpretation for LEPs, advocating and mediating only when doing so is an ethical imperative
- I am CCHI-certified. I see no need to type all this information during this brief survey.|
- I am a CCHI certified interpreter and I am aware of and follow the professional code of ethics and Standards of Practice

- I am a mouthpiece.
- I am also an RN and feel that the same rules apply to interpreting
- I am aware of all of the code of ethics and standards of practice established by the NCIHC since I used to coach and train interpreters on those and how they would ensure the wellbeing of the participants of the call including the interpreter by ensuring they have clear paths they can follow in order to make their calls successful.
- I am aware of most of it, if not all of it. We all need to be aware of Hippa, confidentiality, impartiality, accuracy, respect, especially respect for other cultural differences, maintaining professional boundaries, as to make sure we are not providing any medical advise or engage in personal discussions with patients, and continuous professional development to make sure we improve our skills and knowledge.|
- I am aware of the Interpreter code of ethics and I do follow and conduct my job according to the MDI work ethics.
- I am bridging the gap between the LEP and the client. I focus on accuracy, confidentiality, completeness and integrity of the message. If there is a cultural sensitivity, I need to mediate and give some cultural context
- I am certified by CCHI and hold a Court Interpreter License for the State of Texas so there are requirements for me to keep these documents, so I have been taking Code of Ethics courses often
- I am familiar with CHIA, IMIA and NCIHC. In Training, we focus on NCIHC and the 9 principles of that code.
- I am familiar with IMIA/NBCMI and NCIHC and follow these. (And please offer something other than screenshots for credit.)
- I am following NCIHC and the code of ethics for the Community Interpreter.
- I am following all of them
- I am just the conduit.
- I am very aware of the code of ethics and I follow them.||The interpreter role is to convey the message completely and accurately between the parties. In addition, maintaining confidentiality, professional conduct. Scope of work, disclosure of conflict of interest, competency, continued professional development.|
- I attain to interpreting verbatim what is said by the patient and I advocate for them during times that I see discrimination and neglect.
- I attended City College Of San Francisco in 2020, the ethics we were thought were in my opinion very good, they are based on ""California Standards for Health Care Interpreters"" by the California endowment.
- I believe in leadership skills. I am a believer of being on time(I definitely get frustrated if I am getting late to an assignment: traffic, given the wrong address of assignment) I believe in giving my patients my 100%,no matter what!! I respect my patients.
- I believe that our purpose is to facilitate communication between our clients and the providers to the best of our ability. Supporting the well-being of patients that I am interpreting for is also of upmost importance. We also need to be respect cultural differences
- I did 140 + hrs of trainings and I am familiar with most of the things.
- I do my best to follow the standards set forth by cchi..... Being a conduit, and advocate are important as are things like maintaining professional boundaries, staying up to date on the field if interpreting etc
- I do not talk about the patient encounter. I keep their information private. Unless it is a suicide case or someone who wants to harm other people. It depends on the situation.
- I don't have cchi certificate, but I wish to get that.
- I facilitate accurate communication between patients and medical providers, keep confidentially, treat everyone with respect, be on time
- I follow CCHI code of conduct and ethics.
- I follow HIPPA, PHI and confidentiality.
- I follow NCIHC's National standard of practice and code of ethics. As a medical interpreter I help to bridge the communication gap between patients and providers by acting as a conveyor, clarifier, cultural broker, and advocate.
- I follow all NCIHC guidelines. The purpose of the interpreter is to bridge the language gap. To make it so that the conversation between an LEP and a provider is in one fluid language. To bridge any cultural gaps. To provide culturally appropriate care.
- I follow all code of ethics and the purpose of the healthcare interpreter is to help patients and medical professionals communicate when they don't speak the same language
- I follow all of the code opf athics.
- I follow all of them as needed. I stay with conduit most of the time but I di have to clarify and advocate some times.
- I follow all of them.
- I follow all professional codes of ethics. My role is to help the patient, and the provider understand each other in order to improve the outcomes of the healthcare

- I follow all the codes of ethics specially the confidentially , advocacy and transparency
- I follow code of ethics and protocols.
- I follow the CCC code of ethics.
- I follow the HIPAA code of ethics and I believe our purpose is to provide clear communication between patient and health care providers
- I follow the IMIA code of ethics. My purpose is to make communication possible between patient and provider and do so with accuracy and reflecting each persons feelings / emotions to the extent possible. |My job also includes sharing resources with my fellow healthcare workers, that might be helpful to patients. (for example the name of a group for Hispanic families of autistic children, etc...)
- I follow the NCIHC Code of Ethics/Standards of Practice, and am also aware of/stay abreast of others (eg IMIA, AIIC).||I am a public health researcher, so I see language as a social determinant of health. From my perspective, the purpose of the interpreter is to ensure that patients can communicate with their health care teams without being disadvantaged by the language that they sign or speak, reducing language-related health inequities. ||I also like/teach the idea of the interpreter supporting communicative autonomy, but think that it doesn't fully capture the impact of what we do on health equity (research shows that access to interpreters reduces inequities in access to care, quality of care, and health outcomes).||This does not mean that I believe that interpreting services alone can eliminate language-related health inequities. Recruitment and retention of culturally responsive health care teams, community-vetted translations of documents and wayfinding signage, and much much more is also needed to achieve language justice in our health care systems. Additionally, removing the language barrier doesn't mean that communication will always be seamless--there are miscommunications with language-concordant patients and care teams too, but interpreting services ideally remove the sort of miscommunication that arises from patients and care teams attempting to ""get by"" by expressing themselves in languages in which they are not proficient.
- I follow the NCIHC code of ethics.
- I follow the NCIHC code of ethics.|An interpreter serves as a communication bridge.
- I follow the RID code of professional conduct. |The purpose of a healthcare interpreter is to facilitate communication as well as be cultural mediator
- I follow the Standards and Ethics as per NCIHC
- I follow the code of conduct and ethics from CCHI
- I follow the code of ethics such as |HIPPA and treat all patients equal |Also interpret word by word |
- I follow the codes set by the hospital I am staff at
- I follow the confidentiality code of ethics and I feel proud to follow a code to remain professional.
- I follow the interpreter code of ethics.
- I follow the national certified code of ethics for interpreters in healthcare.
- I follow the professional code of ethics as outlined by CCHI. I feel that purpose of the healthcare interpreter is essentially to facilitate accurate communication between the patient and provider(s) in order to ensure that the patient receives informed and dignified care.
- I follow the standards of practice and code of ethics for medical interpreters. Our purpose at its most basic level is to facilitate communication and communicative autonomy between two individuals who do not speak the same language.
- I follow them all.
- I follow those that are top-down and nationally certified. However, there are situations when following these can actually become unethical. Why is there no discussion, analysis, peer learning, communication, and more concerning the dynamic interrelationship in concrete circumstances between ethical behavior and codes of ethics.
- I have been made aware of many codes of ethics, but the one I have primarily learned about is the one from NCIHC.
- I have read codes of ethics, I try to follow them as much as possible.
- I have read the NCIHC document on the subject and try to follow the code of ethics mentioned therein.
- I have taken the 40 hrs of medical interpreter requirements and I am very familiar with the HIPAA and other professional ethic codes.
- I learned and follow NCIHC's code of ethics, as well ATA's Code of Ethics (ATA member).
- I must convey the massage faithfully, without adding or omitting. being also cultural aware and adapting accordingly.|I am always professional and always keeping all the rules and regulation of the profession.
- I obviously follow all of them. The purpose of a healthcare interpreter is to be the professional liaison so LOTE speakers have access to healthcare in their language
- I see the purpose of the healthcare interpreter as being the voice of the patient and the provider. The interpreter is the bridge the enables effective communication to take place. The interpreter is the conduit. The interpreter does not interject any of his/her personal opinions, and doesn't deviate in any way from the

message that the patient and the provider give. The interpreter also doesn't enter into any kind of additional conversation with the patient; the interpreter is only with the patient in the presence of the medical professional. The interpreter treats all parties with respect and keeps all information confidential. I follow the NCIHC code of ethics.

- I try all the time to follow the code of ethics.
- I try to always follow all of them.
- I try to follow all of the SOP. Sometimes advocacy is the hardest one
- I use IMIA and NCIHC ethics. The purpose is to interpret spoken language accurately, clarifying potantial misunderstandings so that the patient can use their own agency (self-determination) to make medical decisions.
- I use RID's CPC and HIPPAA as my primary guidelines in healthcare interpreting. I think I outlined the purpose of the healthcare interpreter well in the last questions: to break down English medical terminology and concepts and reconstruct them culturally and linguistically so patients are knowledgeable and empowered in their own healthcare needs and decisions. Equally important is allowing patient and provider to connect as people, regardless of language use.
- I'm NBCMI certified and therefore adhere to all ethical codes of the profession. |Our purpose it to be a bridge between 2 languages and 2 cultures. If we do our job well, everyone in the room should forget we are even there and feel like they are just speaking to each other. |
- I'm a conduit of information, a bridge of culture, an advocate when needed
- I'm aware and follow all of them.
- I'm merely a conduit. I transmit a message word-for-word to someone who lacks the language skills in order for them to be able to get and understand their health matters in their foreign country.
- I've taken all the courses for a certified medical interpreter. The purpose of our job is to efficiently communicate the message between the provider and the person that we are interpreting for.
- IMIA, CHIA.|To act as a conduit to decrease the gap in communication following ethics and standards of the professional Ethics Standards of Practice.
- IMO not only to enhance or make healthcare for LEPs accessible, easier and mistake/misunderstandings free but also TO BE A CULTURAL BROKER and even a liason.|Confidentiality and impartiality
- Impartiality
- Impartiality and understanding the culture and backgrounds of patients and advocate for them when necessary
- Impartiality, confidentiality, accuracy, professionalism, cultural awareness, and cultural broker.
- Impartiality|Confidentiality|Hippa|
- Important information are being spoken and an interpreter has to interpret. Code of ethics should be something that should first come from within to safeguard someones privacy before following the legal aspect.
- In laymen's terms, the purpose of the interpreter is that it is as if everyone in the room speaks the same language, that the message is transmitted faithfully, neutrally, free of addition, omission, and embellishment while preserving cultural bridges. ||I follow the NCIHC Ethics and Standards of practice.
- In my opinion, the purpose of the healthcare interpreter is to facilitate the circulation of spoken expression between two people with no common language, allowing them to exchange their intentions consciously and accurately in their respective language. The purpose of an interpreter is to use his/her linguistic knowledge with competence to help people communicate. Additionally, our purpose is to offer cultural knowledge and some subtle degree of emotional support to the LEP individual. |I am constantly reminding myself to follow these codes of ethics when interpreting; I most be complete, accurate, I have to respect the boundaries, I need to be neutral and impartial, I have to act as a mediator or cultural facilitator when needed.
- Integrity, Professionalism, Compassion
- Interpret accurately for medical staff and patient
- Interpret as indicated and HIPPA rules
- Interpret every thing as said for both parties
- Interpret everything
- Interpret everything as it was said and, in some cases, advocate for the patient.||Get involved just in case the patient's life is at risk.
- Interpret everything exactly as they say.
- Interpret everything that is said without adding or ommissions.|CHI certification
- Interpret meaning and follow NCHIC
- Interpret meaning for meaning faithfully. Know when to remain in the role of a conduit and when to step out of that role temporarily. Maintain confidential and private information. Inform providers of any error made as soon as possible. Be transparent. Inform providers of any impediment to rendering service. Continue to study and train. Act in a professional, dignified manner. Do not develop a friendship the patient. Strive to have the

patient view you as a healthcare professional and not as a friend. Do not remain with the patient when know providers are present. Take notes to faithfully remember and render what was said. Properly dispose of notes. Ask for clarifications when necessary.

- Interpret to the best of my ability, leave the assignment knowing that there aren't any doubts, confusion and having a seamless interaction.
- Interpret with integrity, confidentiality, and Professional behavior
- Interpret without adding or omitting following all the norms, ethics and guidelines strictly.|Cultural broker|Clarifier
- Interpret without additions and omissions I'm aware of code of ethics and follow it
- Interprete everything that is being said in the session without adding or omitting any word
- Interpreter SOP and Ethics
- Interpreter code of ethics
- Interpreter delivers healthcare staff verbal information accurately and precisely to make sure patients understand as stated.
- Interpreter everything, keep it confidential, no biases, and others.
- Interpreter shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias. ||Interpreter shall disclose any real or perceived conflict of interest.
- Interpreters aide in the communication process between providers and patients, in order to help the patients receive the best care possible, being a conduit in relaying accurately often critical information, also at times acting as a cultural broker to help the communication flow.
- Interpreters are there to ensure equal access to healthcare. I follow my training and the California standards for healthcare interpreters. I maintain confidentiality and impartiality. I continue to learn and hone my skills to be professional and accurate and be culturally responsive. I will also advocate for my patients when needed.
- Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything. I follow the NCIHC Code of ethics and professional conduct.
- Interpreting for patients with limited English proficiency ensures clear and accurate communication between healthcare providers and patients, allowing them to understand their medical conditions, treatment options, and overall care.||A Code of Ethics is a set of values, principles, and standards that guide professional behavior. As a professional interpreter, I am committed to continuously enhancing my knowledge and skills in an ethical and professional manner. I strive to develop cultural awareness in all interactions and uphold the boundaries of my professional role by refraining from personal involvement.||I adhere to all principles of professional conduct and the interpreter's code of ethics, including maintaining impartiality and avoiding any form of counseling or advising. I ensure that my personal beliefs and biases do not influence my work and remain dedicated to professional development through continuous education.
- Interpreting only what the doctor and patient say. Not adding anything else. Not saying anything that the patient mentioned outside the doctor's office if patient wants the doctor to know I instruct him to do so in front of the doctor. Not providing any kind of advice
- Is to facilitate understanding in between two people that speaks different languages in medical settings. | |Professional code I follow, |I pursue accuracy as pivotal goal, confidentiality in protecting PHI, I go after impartial for both parties. I'm aware of the cultural differences that it exists in every single person. Debriefing my performance to keep improving my skills and terminology to be a professional interpreter and when I think pt's health is at risk I mediate for clarification in between the parties.
- It is to facilitate communication between healthcare care providers and LEP patients, as well as bridging cultural barriers. ||
- It is to help people of different cultute and who speak a different language to communicate clearly and get their needs met. Code of Ethics: Cultural Competence, professionalism, professional development, impartiality, confidentiality, role boundaries, accuracy, advocacy. I might be missing one.
- Just interpreter and be careful respectful and HIPAA concerned
- Keep opinions to myself.|Confidentially. |Dress & act professionally.|If I don't understand something, ask.|Treat everyone with a smile, be courteous & caring.|Continue learning.
- Kindness, privacy, patience, responsiveness...
- Language access. NCIHC
- Language assistance for minority groups with accurate interpreting.
- Language conduit
- Listen |Be polite |Privacy and confindentiality
- Main code of ethics is HIPPA.
- Maintain confidentiality of all assignments, not to disclose information acquired in the course of interpreting; all notes taken should be destroyed; render complete and accurate information; render the message in a meaning-for-meaning manner without adding, omitting or substituting the information; refrain from advising;

clarify, correct errors and maintain transparency and impartiality; remain within the boundaries of the interpreter role; remain respectful and professional; uphold the values and principles of the profession

- Make sure communication is complete and flows smoothly, as parties would have understood each other if they talked the same language
- Making possible the communication between healthcare providers and patients who do not speak the same language.|Code of ethics I follow: confidentiality, accuracy, impartiality, respect, personal development, professionalism...
- Manage obtain that health provider and patient understands each other.|Identify if patient is not following/understanding the communication and transmit this to provider to try in a different way. |Code of ethics is to be exact, precise on communication.
- Manager communication for the Healthcare Team and patients making informed medical decisions
- Medical interpreters generally facilitate communication for patients with limited English proficiency in the U.S. healthcare system. Their primary goal is to act as bridges of communication between medical staff members and patients who do not speak a common language, ensuring an accurate, clear and culturally appropriate exchange of information that contributes to patients receiving the care to which they are entitled to. |I follow the National Code of Ethics for Interpreters in Heatlh Care (NCIHC, July 20024)As
- Mostly conduit|Clarifier when necessary |Advocate rarely (provider does that)||
- My job is to enable both the patient and the provider to communicate with each other through me. | I adhere to the interpreters code of ethics.
- My job is to make sure the pt understands what's going on with their care. I know that everything discussed is confidential.
- My main job is to convey a message, from the patient to the provider and vice versa. I'm not there to sugarcoat, change or shorten the message, I'm there to make communication happen objectively, respectfully and adequately. ||I am always kind, proper and formal. I try to be professional and always honest (for example, if there's a word I don't know, I'll stop in the middle of my interpretation and let the parties know, take my dictionary on my phone out, and look for said word. I don't try and ignore it, omit it or guess it). I follow the code of ethics provided in every yearly training we go through.
- My purpose is to allow the healthcare staff and the patients to communicate as if they were speaking the same language. I am only there to make communication possible. I only intervene if I didn't catch what they said or if there is any cultural misunderstanding that might need some sort of clarification. I am aware of the professional codes of ethics out there and I follow them.
- My purpose is to be an effective bridge that allows downtrodden people to recieve the medical care the law says they deserve.
- 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.
- My purpose is to facilitate communication and determine cultural nuances, ensuring accurate understanding so both parties can make informed decisions.|Code of Ethics include: Confidentiality, Accuracy, Impartiality, Professionalism, Continuing Education, Advocacy for patients rights(in certain occaions), Non-Interference(avoiding medical advice or suggestions.)
- My purpose is to make communication easier. To make sure the patient is heard & understood. I need to make sure the patient understands the diagnosis & instructions & what options they have in regards to treatments.
- My purpose is to make sure that doctors and patients understand each other. That the communication is smooth and that it is the least of the practitioner's worry. That is done by communicating the thoughts of the patient and the practitioner as closely as I can to the original language. |In a healthcare setting, I also do everything I can to make the patient feel comfortable so that they can communicate fully with me and with the doctor. I know these things aren't stated as such in the code of ethics, but i have learned that they are important and help the whole experience. |Medical and Court interpreting are different. |I do follow the general code of ethics to the best of my ability
- My role as a healthcare interpreter is to serve as a bridge of communication between the patient and the providers. I'm regards to ethics, I attempt to interpret everything that is said in the same register in which it was delivered without omitting, adding it changing anything. I, at times, serve as an advocate for the patient when it is clear they are not understanding, it is there is a cultural barrier but I never insert my opinions or give any of my own medical advice. I encourage all patients to direct their questions directly to their healthcare providers rather than to me.
- N/A
- NCHIC|IMIA|NAJIT
- NCIHC

- NCIHC Code of Ethics and Standards of Practice
- NCIHC Code of Ethics and Standards of Practice||Our purpose is to facilitate communication to support better patient health outcomes
- NCIHC Code of Ethics and my moral compass.|The standard answer: The primary purpose of the healthcare interpreter is to ensure clear, accurate, transparent and culturally appropriate communication in healthcare setting. They are bridging the languages and cultural barriers between patients and healthcare providers. They also give patients an ability to make their own independent decisions about their healthcare.
- NCIHC Healthcare Interpreter Code of Ethics and Standards of Practice.
- NCIHC Healthcare Interpreter Code of Ethics and and Standards of Practice.
- NCIHC National Code of Ethics
- NCIHC National Code of Ethics, IMIA Code of Ethics
- NCIHC code of ethics. However, I do believe that the role of the In-person, staff interpreter has to expand and evolve. 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.
- NCIHC code of ethics. Sets standards of practice to create uniformity among many people who are working independently and protects interpreters in a number of situations.
- NCIHC national code of ethics for interpreters.|HIPAA
- NCIHC standards of practice and RID CPC
- NCIHC's and CHIA's.
- NCIHC|NAETISL|AAITE
- National Standars for Medical Intepreters
- National institutes
- Ncihc and california standard of ethics
- Never lose your patient. Just interpret , be professional.
- Never omit, add, or change.|Follow protocols
- No no ommetion no addition and no feelings.
- None
- Not sharing information about patients|Interpret exactly as is |Making sure that information is relaid accurately|Clarification of patients status for better understanding of the diagnosis and course of action
- Not to take sides/ be neutral|To keep information confidential|Not to give my opinion|Continue educating myself|Be professional all the time
- Our institution follows the National Code of Conduct for Interpreters (NCHCI & IMIA) along with ATA translator ethics as we have a document translator on staff.
- Our purpose as healthcare interpreters is to facilitate clear and accurate communication between patients with limited English proficiency (LEP) and healthcare providers. This role ensures that patients fully understand their medical conditions, treatments, rights, and options while enabling providers to deliver effective, patient-centered care. A healthcare interpreter bridges cultural and linguistic gaps, advocating for equity in access to healthcare and helping to reduce misunderstandings that could lead to medical errors.||As a healthcare interpreter, I follow a set of professional codes of ethics that guide my conduct to ensure quality and fairness in my work. Some of the key principles include:||Accuracy and Completeness:|Accurately and completely convey the meaning of messages without omissions, additions, or distortions.||Confidentiality:|Maintain the privacy of all patient and provider interactions, following laws like HIPAA.||Impartiality:|Remain neutral and unbiased, refraining from interjecting personal opinions or judgments into the interaction.||Cultural Competence:|Recognize and respect cultural differences while facilitating communication in a way that bridges these gaps without stereotyping.||Role Boundaries:|Stick to the role of an interpreter and avoid stepping into roles such as advocate, counselor, or provider unless explicitly trained and required to do so.||Advocacy(when necessary):|Act in the patient's best interest if a communication barrier might compromise their health or safety, ensuring that critical information is conveyed.||Accuracy of Self-Representation:|Represent qualifications and certifications truthfully and never accept assignments outside one's scope of competency.
- Our purpose is to bridge cultural and linguistic gaps between healthcare providers and patients and thus enable all patients' access to health care services. This is our calling and the core of our work. But we are also here to help healthcare providers and healthcare systems improve patient compliance and thus, hopefully, achieve improved treatment outcomes and engage more meaningfully with patients so that they can be more involved in their healthcare decisions. Every healthcare system I know of embraces Patient-centered care as a model for healthcare service delivery. Yet, true patient-centered care cannot be achieved without interpreters.

- Our purpose is to deliver a clear message (not word per word) from source language to target language. ||All information is confidential, and we must refrain from providing advice. We have to always remain impartial and treat all parties with respect.
- Our purpose is to ease the communication between LEP and Provider... |I follow all code of ethics.
- Our purpose is to facilitate communication between two persons of different backgrounds, mindsets and cultures, who speak a different language but at this point in time need each other.
- Our purpose is to facilitate communication. Respect, confidentiality, accuracy are a few that stick with me always.
- Our purpose is to help patients and their care providers communicate clearly and effectively. In order to achieve that we must interpret accurately, professionally, respectfully and with impartiality, and we must be aware of the confidentiality of all the information shared on the calls due to Hippa regulations.
- Passionate about helping others !! I'm a people person ...
- Patient advocate |Bridge of communication |Prevent medical errors
- Pre-session, and follow through
- Primary role is conduit. That all communication is interpreted with accuracy, in a professional way, with impartiality, transparency and all the parts involved are aware that everything will remain confidential.
- Privacy is key, we follow HIPAA
- Privacy, confidentiality, accuracy, transparency, manage call flow, no side conversation
- Privacy, confidentiality, interprete everything
- Privacy, sympathy and understanding
- Privacy.
- Professionalism
- Professionalism for me means: ||1. Accuracy|2. Transparency|3. Confidentiality and |4. Role boundary (staying in my lane) |5. Continued learning of course to remain relevant
- Professionalism |Confidentiality |Accuracy |Cultural knowledge |Advocacy |Professional development
- Professionalism|Impartiality|Professional development|Integrity||
- Promote impartial and accurate communication. Confidentiality, professionalism and respect.
- Provide a bridge of communication between the parties|Transparent|Accuracy|
- Provide a clear understanding of the encounter for the parties involved.|Confidentiality, transparency.
- Provide a service. I follow all of the code of ethics.
- Provide an accurate interpretation for both doctors and patients. HIPAA
- Provide equal access to healthcare services for those who doesn't speak English with professionalism, respect, impartiality, cultural awareness, without omission, and protecting patient's privacy.
- Provide equal access to medical services. I follow the RID CPC as well as the CHI Code of Ethics
- Provide the communication for patients who are limited English proficient
- Provided by law and it's confidential
- Providing health equity for all people regardless of their languages. HIPAA and all the other ethics that are in NCIHC, CHIA, and AMA ethics for health care interpreters
- Providing patients and families with the possibility of understanding and communicating in their native language
- Purpose - to help patients and providers with language assistance||Professional code of ethics - Confidentiality, Accuracy, Impartiality, Cultural Sensitivity and Professional Conduct
- Purpose ? Is to help clients understand |Confidence
- Purpose is stated in the code of ethics and best practices of an healthcare interpreter
- Purpose is to facilitate accurate interpretación. |I am aware of HYPPA|As well as the state court interpreter code of conduct|
- Purpose is to facilitate the success of both parties, the patient and provider in completing a desired event. Confidently, is to me the number one code of Ethics I follow consistently.
- Purpose is to interpret other language deliberately well in a way and manner understand
- Purpose is to provide accurate interpretation|
- Purpose it's to be a barrier breaker , so patient and provider could communicate efficiently despite language they speak |I respect hipaa and patient and providers privacy and also their right to express themselves in their own way
- Purpose of a healthcare interpreter is to facilitate communication between patients and healthcare providers to ensures that patients fully understand their medical conditions, treatment options, rights and responsibilities correctly, considering neutrality, cultural differences, and advocacy for their rights||All code of ethics in the healthcare interpreting based mainly on HIPPA|

- Purpose of interpreter is to ensure communication access happens and the Deaf patient has access to convey their feelings as well as receive direction/treatment, etc . Confidentiality, respect for patient and staff, not interjecting our own opinions but interpreting faithfully the message being rendered
- Purpose of the healthcare provider is to interpret to the best of his/her ability so there is no confusion of what is said, and keeping everything said confidential.
- Purpose of the interpreter is to be impartial, remain honest & sincere, follow HIPAA guidelines.
- Purpose of the interpreter is to enable communication between persons who don't speak a common language, to manage the flow of communication, and support the provider-patient relationship. ||I am most familiar with the NCIHC and CHIA Codes of Ethics.
- Purpose of the interpreter is to faciliate communication (understanding what is said, and being able to act upon what is said). I follow the national code of ethics.
- Purpose: facilitate communication.|CoE: NCIHC
- Purpose: Facilitate accurate communication between healthcare providers and LEP/deaf patients.||Ethics: Accuracy, confidentiality, impartiality, respect, cultural competence, professionalism, often guided by NCIHC, IMIA, or CHIA codes.
- Purpose: to assure patients are receiving care and are able to make informed healthcare decisions in a language they understand |I have reviewed the code of ethics of three certification agencies including CCHI
- Purpose: to be the bridge of communication for equitable healthcare, by removing language barriers. In addition to HIPAA, I follow the NCIHC Code of Ethics in Health Care guidelines.
- Purpose: to bridge the language barriers between the care providers and the patients in following all interpreting rules and code ethics such as accuracy and confidentiality. One of the code of ethics is the confidentiality.
- Put the patient and provided at the same language level
- RID CPC
- RID Code of Conduct
- RID and the NCIHC Code of Ethics|Our role is to be a cultural and linguistic bridge between the English speaker and non English speaker.
- Reducing the gap between the provider and the patient also eases their conversation, and I adhere to HIPAA and NCIHC guidelines.
- Regarding the code of ethics I can say being impartial, maintain accuracy and professional development. And on top of these, confidentiality would be the most important one.
- Relay exact message within a conversation from a language to another.|Be an advocate for patients when needed.|
- Relay message to both parties
- Relay what is being said as close to the intent of the speaker as is possible in the given constraints of time & knowledge
- Respect people & their confidentiality .Respect code of ethics. Be impartial. Be accurate & honest . Continue to excel education and skills.
- Respect the patient|Assist my healthcare team on obtain the information required from the patient.|Continuing developing my interpreting skills |Always not add, change nor omit the message that's being interpreted
- Respect, Culturally sensitive, Impartiallity and professionalism.
- Respect, privacy and dignity of the patient.
- Respecting patients' right to confidentiality, providing a good standard of practice and care, transparency, privacy, respect, diversity and fairness.
- Responsible, ethical, fair, professional, kind, skilled interpreting for patients and health care providers in a main language along with a target language.
- Safeguard privacy. ease communication between the provider and the patient.
- Same answer as 61: Helping ensure that the patient receives the best possible health care despite the language barrier.||NCIHC Codes of Ethics
- Seriously?
- Serve a a language liaison between 2!target languages.
- Serve as a communication channel for families and providers. We follow the code of Ethics, Standards, etc.
- Serve as a conduit for effective communication. Impartiality and confidentiality
- Serve as a conduit of communication in a nonbiased and completely inclusive form...
- Serve as a solid bridge of communication. CHIA Standards
- Standards of Ethics and Practice
- Standards of practice I follow
- Standards of practice.
- Stay professional try to help as much as I can without crossing limits. Be polite and respectful

- THE PURPOSE IS TO INTERPRETE TO THE BEST OF THE INTERPRETER'S ABILITIES IN A NEUTRAL AND PROFESSIONAL WAY. I MAINTAIN THE CLIENT'S PRIVACY. I KEEP IN MIND THAT THE PATIENTS ARE HURT AND IN PAIN AND/OR ALSO FACING FINANCIAL HARDSHIP. I RESPECT CULTURAL DIFFERENCES. I AM RESPECTFUL OF THEIR DECISIONS.
- TO ASSURE THAT NOT ONLY LANGUAGE IS CONVEYED BUT THAT THE PATIENT GETS THE SAME HEALTHCARE ACCESS AS AN ENGLISH SPEAKING PATIENT
- TO INTERPRET EVERYTHING THAT IS SAID DURING AN ENCOUNTER. |TO LIMIT PERSONAL INVOLVEMENT WITH ALL PARTIES DURING THE INTERPRETING ASSIGMENT.
- TO PROVIDE PATIENT AUTONOMY AND ACCURACY IN COMMUNICATION WITH A HEALTHCARE ENCOUNTER. ||IMIA
- The 3 widely used codes for medical interpreters are IMIA(International Medical Interpreters Association). the NHIHC(National Council on Interpreting in Healthcare). the CHIA(California||||||||||||||||||The purpose of the healthcare interpreter is to have effective skills to facilitate effective communication in healthcare settings where clarity and accuracy are essential and sometimes a matter of life and death.. The goal should be to understand the message, because for many people language and cultural differences become a significant barrier to accessing quality healthcare from mainstream medical providers.||There are 3 widely used code of ethics.(IMIA);(NCIHC);(CHIA).Whichever code of ethics is followed ,these seven common values should always be kept in mind.||. Accuracy; Advocacy; Confidentiality; Cultural Competence; Impartiality; Professionalism; Respect. |||||||
- The CCHI code of ethics as well as the RID cpc. As well as the values of the healthcare field- autonomy, beneficence, non malfeasance, confidentiality, etc. I believe the purpose of the healthcare interpreter is to provide access to communication and content in a healthcare setting while fostering the autonomy and safety of the patients they serve. Their purpose is also to provide consult and be an expert on the language and culture of the patients they serve. Providing resources when necessary.
- The Code of Ethics for Medical Interpreters.
- The Code of Ethics is part of our training. we are to assist in communication between the patients and the Health Care providers.
- The Code of Profesional Interpreters that requires interpreter to interpret clearly, accurately and completely without distorting the original message.
- The Healthcare Interpreter exists to facilitate accurate communication between provider and patient to ensure quality, safe healthcare is the outcome. Acting not just as a conversation conduit, but also cultural advocate is also an important part of the role of the interpreter.
- The Healthcare interpreter is a bridge between the provider and the LEP, our job is to help both parties communicate with impartiality.
- The Interpreter is to bridge the language gap between two parties. I have study and try to follow the NCIHC code of ethics.
- The National Code of Ethics for HealthCare Interpreters (CCHI, and NCIHC).||My understanding is that the purpose of a healthcare interpreter is to serve as a communication vehicle between parties, via accurate and ethical interpretation.
- The National Council on Interpreting in Health Care (NCIHC) - A National Code of Ethics for Interpreters in Health Care|The National Council on Interpreting in Health Care (NCIHC) - National Standards of Practice for Interpreters in Health Care|California Healthcare Interpreter Association (CHIA) - California Standards for Healthcare Interpreters|International Medical Interpreter Association (IMIA) - Medical Interpreting Standards of Practice|ASTM F2089-15 Standard Practice for Language Interpreting|National Standard Guide for Community Interpreting Services (NSGCIS) and published by the Healthcare Interpretation Network.|ACCURACY AND FIDELITY:|Interpreters strive to render all messages in their entirety accurately, as faithfully as possible and to the best of their ability without addition, distortion, omission or embellishment of the meaning.||CONFIDENTIALITY:|Interpreters will not disclose and will treat as confidential all information learned, either uttered or written in the performance of their professional duties, while adhering to relevant requirements regarding disclosure.||IMPARTIALITY:|Interpreters strive to maintain impartiality by showing no preference or bias to any party involved in the interpreted encounter.||RESPECT FOR PERSONS:|Interpreters demonstrate respect towards all parties involved in the interpreted encounter||MAINTAINING ROLE BOUNDARIES:|Interpreters strive to perform their professional duties within their prescribed role and refrain from personal involvement.||ACCOUNTABILITY:|Interpreters are responsible for the quality of interpretation provided and are accountable to all parties and the organizations engaging the interpreter's service.||PROFESSIONALISM:|Interpreters at all times act in a professional and ethical manner.||CONTINUED COMPETENCE:|Interpreters commit themselves to lifelong learning in recognition that languages, individuals, and services evolve and change over time and a competent interpreter strives to maintain the delivery of quality interpretation.

- The basic purpose of an interpreter is to facilitate communication. I follow the BTG code of ethics: accuracy, advocacy, confidentiality, cultural competence, impartiality, professionalism, and respect
- The basic purpose of the interpreter is to facilitate understanding in communication between people who are speaking different languages.
- The code of ethics that is posted on line
- The healthcare interpreter acts as conduit, allowing for better communication among all parties involved in a medical exchange. The interpreter strives to maintain and respect the autonomy of each party. Patients can therefore actively participate in the making of vital medical decisions affecting their health and quality of life. Providers can also rest assure that medical professional advice is being delivered accurately. The interpreter also plays an essential role in maintaining then flow of communication and contributing to a good and respectful working relationship among the medical team and patient by establishing a healthy level of trust in the information rendered during the various exchanges. |In addition, the interpreter is aware of possible cultural misunderstandings that may arise during a medical consultation, and is there to clarify information for both providers and patients alike at their request and mindful not to interject information not requested by the parties|Involved.
- The healthcare interpreter facilitates communication between healthcare professionals and patients who do not share a common language. Their primary goal is to ensure equal access to healthcare by ensuring that information is conveyed accurately and faithfully. This is essential for patients to understand their diagnosis, treatment, and rights, as well as for healthcare professionals to be able to make informed decisions.||Healthcare interpreters follow codes of ethics established by recognized organizations, such as the National Council on Interpreting in Health Care (NCIHC) and the International Medical Interpreters Association (IMIA). Some of the most important principles include:||Accuracy and fidelity: Transmitting information completely and accurately without omitting, altering, or adding content.|Confidentiality: Respecting patient privacy and adhering to regulations such as HIPAA (in the US).|Impartiality: Not influencing the conversation or intervening in the decisions of the patient or healthcare professional.|Professional competence: Maintaining and continually improving their linguistic and cultural skills.|Neutrality: Avoid expressing personal opinions or assuming roles unrelated to the interpretation.|Culturality: Help minimize cultural barriers when necessary for understanding the message.
- The healthcare interpreter is a conduit who allows a patient to speak freely in their own voice. Likewise, the voice of the doctor or provider is also conveyed meaning for meaning. We can not interpreter word for word. But we must make sure to keep the meaning in tact using the same tone, speech and register as that of the person speaking. I follow all of the interpreter code of ethics. I keep patient information confidential, I render accurate messages without interjecting my opinions. I maintain boundaries and professionalism. I only advocate for a patient when necessary. I keep cultural considerations and contexts in mind. And I am always striving to learn more to improve in my knowledge and skills.
- The healthcare interpreter is meant to aid in direct communication. I follow the CCHI code of ethics.
- The healthcare interpreter is present to ensure communicative autonomy for all parties and to prevent misunderstandings that stem from cultural differences. I follow the CCHI code of ethics and the NCIHC COE and SOP.
- The healthcare interpreter is there to aid in communication. The code of ethics is always the one thing I bounce back to when there are questions of how I must involve myself. The biggest, is being unbiased in the situation.
- The healthcare interpreter is there to be conduit between patients, their families and companions and the team that is dedicated to improving their health. I have studied all the ethics codes and standards of practice and am careful to follow them all.
- The healthcare interpreter is to help non English speakers communicate effectively with their medical professionals. To interpret the meaning (not necessarily word for word) of the message so that both parties are aware and understand what is happening in the appointment. ||The interpreter should be able to read the room and request repetitions if needed as well as assure that the parties are understanding verbage being used.
- The healthcare interpreter must thoroughly, clearly and accurately render all the LEP and the English speaker's messages.|I follow the code of professional ethics for the spoken and sign language interpreters.
- The healthcare interpreter offers much more than a communication channel ||between the patient and the provider, they are the ones in charge of building ||trust, understanding, and cross-cultural relationships.||As a CMI Spanish interpreter, I follow the IMIA Code of Ethics.
- The healthcare interpreter renders an accurate message in content, spirit, and context. All information is kept confidential. The interpreter must remain impartial, that is, cannot counsel or project beliefs. The interpreter must maintain professionalism. The interpreter must constantly be aware of the cultures of both the medical provider and the patient and makes others aware of cultural differences. The interpreter treats everyone with

respect. If a patient is at risk, the interpreter must advocate for the good of the patient. The interpreter is always learning in order to improve skills. The interpreter must act in an ethical manner.

- The healthcare interpreter serves as a conduit between a patient and a healthcare provider interpreting all that is said in both languages in order to create, as much as possible, the same level of communication that would occur in a monolingual setting.|Code of Ethics (abbreviated)|Completeness, Accuracy, Non-judgemental|Maintain privacy|Continue to seek training|Maintain impartiality - don't give advice|May advocate if the patient's health, safety, dignity, are at risk.|May decline an assignment if there is a conflict of interest.
- The healthcare interpreter's purpose is to facilitate accurate communication between two individuals that speak different languages and are from different cultural backgrounds. I follow the code of ethics and work with them in mind at all times. The one that I cling to most is this one: The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.
- The interpreter has the purporse to be a conduct and facilitate communication between two parties, making sure that each party has communicative autonomy.
- The interpreter is a bridge between people who don't speak the same language at 100%. We say the words, convey the emotions, and that way help people really understand one another.||We follow and train new interpreters using mainly the NCIHC standards of practice and code of ethics.
- The interpreter is a conduit between the provider and the patient. I need to interpret everything that is said completely, without omitting, adding, or changing anything in the conversation. If I am not sure of a term I will ask ""the interpreter is not familiar with....."" and then continue. Everything that is said is confidential and if I take notes I will shred them. I will conduct myself in a professional manner and treat all parties with respect.
- The interpreter is committed to maintaining impartiality by refraining from counseling, advising, or projecting personal biases or beliefs. This ethical stance ensures that the communication and relationship between the patient and their provider remain central to the healthcare encounter, promoting trust, clarity, and effective care delivery throughout the process.
- The interpreter is everything. I mean I used to think of it as a bridge between 2 points but it's more like the holy Trinity, you are all 3 people, you are the doctor I, the patient and the interpreter. I follow NCIHC's code of ethics
- The interpreter maintains neutrality, avoiding counseling, advice, or the imposition of personal opinions or beliefs. This ethical standard prioritizes the patient-provider relationship as the focal point of the healthcare interaction.
- The interpreter maintains the boundaries of the professional role, avoiding | personal involvement.
- The interpreter must facilitate a clear and precise communication among the non-sharing language individuals/parties involved during an interaction. ||To be able to do so I follow the Interpreter's code of ethics:|I Interpret accurately in a neutral, unbiased, respectful, manner maintaining cultural sensitivity. |I avoid interpreting for family and friends. |I treat and keep all shared information as confidential.|I do refrain from sharing my opinion.|If patient's safety, health or dignity is at stake, I might intervene to minimize such situation.|I educate myself continuously .|I act ethically and professionally.||
- The interpreter purpose is to render accurate interpretation, in first person, remain confidencial, impartial, be profesional out of many other code of ethics that are essential for a competent interpreter.
- The interpreter should facilitate in-language communication between the provider and the patient while maintaining the patient's confidentiality and independent decision-making authority. If the patient is being presented with a treatment option, the interpreter must convey the information in such a manner that the patient fully understands the consequences of either consenting to or rejecting the proposed treatment. These communications should take place in settings that preserve patient privacy.|An interpreter must be familiar with and apply the HIPAA Security and Privacy Rule.
- The interpreter's purpose is to bridge the cultural gap. interpreters must maintain confidentiality, ensuring that all information remains within the treating team. They must accurately convey messages while preserving cultural context, remain impartial by avoiding personal biases or advice, and uphold professional boundaries. Respect for all parties. In situations where a patient's well-being is at risk, advocacy may be justified after careful consideration.
- The interpreter's purpose is to interpret and convey clearly and concisely what each party involved in the encounter is saying. The professional code of ethics I'm aware of and follow is confidentiality.
- The main job of a healthcare interpreter is to make sure patients who don't speak English can communicate clearly and completely with their healthcare providers. This means helping patients understand medical information, treatment plans, and decisions so they can get the care they need safely. Interpreters act as a bridge, breaking down language barriers and helping patients take an active role in their healthcare.|I follow the National Code of Ethics for Interpreters in Health Care.
- The main purpose is to facilitate clear and accurate communication between patients and providers speaking different languages, ensuring effective care and patient safety. ||I strictly follow the professional code of ethics

that includes confidentiality, accuracy, impartiality, cultural sensitivity, professionalism etc. to ensure clear, unbiased, and respectful communication.

- The main purpose of a HCI is to facilitate understanding in communication between providers and patients who speak different languages.|The professional code of ethics that I'm aware of, and follow, include: Confidentiality, Impartiality, Respect, Professionalism and Integrity, Accuracy and Completeness, Cultural Responsiveness, and Ethical Behavior.
- The main purpose of a healthcare interpreter is to be the bridge between the health care provider and the LEP, give the most accurate information to both parts so the comunnication flows smothly.
- The main purpose of a healthcare interpreter is to make sure patients and providers understand each other, so everyone gets the right care. It's all about clear communication! As for ethics, I follow principles like confidentiality, impartiality, and accuracy. That means I keep everything private, don't take sides, and make sure I interpret what's said without adding or omitting anything. It's super important to build trust and provide the best care possible
- The main purpose of the healthcare interpreter is to be the voice of the patient and the staff providing care and to check for understanding. I follow the code of ethics for healthcare providers.
- The main purpose of the healthcare interpreter is to provide quality means of communication between the patient and the provider
- The national board code of ethics as well as NCHIC code of ethics.
- The national code of ethics and standards of practice.
- The one given by the organization
- The primary purpose of a healthcare interpreter is to bridge language and cultural barriers between patients and healthcare providers. This role ensures that medical information is accurately conveyed, enabling patients to make informed decisions about their care and ensuring that providers fully understand patient needs. Healthcare interpreters facilitate effective, safe, and equitable communication, which is critical for delivering quality care.||Regarding professional ethics, I adhere to a professional code that emphasizes several key principles:||Accuracy and Fidelity: I must convey information as accurately and thoroughly as possible without adding, omitting, or altering meaning.||Confidentiality: Patient privacy is paramount. I am bound to keep all patient information confidential by laws such as HIPAA in the United States.||Impartiality and Neutrality: I remain unbiased and refrain from injecting personal opinions or advice during interpretation, ensuring that both parties' messages are communicated faithfully.||Cultural Competence: I strive to be sensitive to cultural nuances and ensure that cultural differences do not impede effective communication.||Professionalism: I maintain high professional conduct by following established guidelines such as those provided by the National Council on Interpreting in Health Care (NCIHC) and the International Medical Interpreting Association (IMIA).||These ethical principles are fundamental to my role. They ensure that I provide a reliable, respectful, and effective service that supports patient care and upholds the integrity of the healthcare system.
- The primary purpose of a healthcare interpreter is to facilitate clear, accurate, and effective communication between healthcare providers and patients who do not share a common language. Healthcare interpreters play a critical role in promoting patient safety, reducing disparities in care, and ensuring equitable access to healthcare services. Among the key responsibilities of this professional are to ensure accuracy, serve as cultural mediators, maintain confidentiality, be impartial, and be an advocate while staying within the scope of the interpreter's role. All these features in an interpreter ensure that patients fully understand their medical conditions, treatment options, and care instructions, while also allowing healthcare providers to gather accurate information about the patient's symptoms, history, and concerns. ||The National Council on Interpreting in Health Care (NCIHC) has developed a widely respected Code of Ethics and Standards of Practice for Healthcare Interpreters. It emphasizes the principles of accuracy, confidentiality, impartiality, professionalism, and cultural competence. This code is considered standard in the field and the one that I must follow as a professional healthcare interpreter as well as directed by the organization I work with. ||In addition to the NCIHC, other organizations, such as the International Medical Interpreters Association (IMIA), also provide ethical guidelines that align closely with these principles.|
- The primary purpose of a healthcare interpreter is to facilitate effective communication between Limited English Proficient (LEP) individuals and healthcare providers to ensure that patients can access accurate and culturally appropriate care. The two main professional codes of ethics that i follow are the NCIHC and the IMIA.
- The primary purpose of an interpreter is to facilitate effective communication between individuals who speak different languages. Interpreters ensure that the message is accurately conveyed, maintaining the meaning, tone, and intent of the speaker while bridging cultural differences. One of the code of ethics I follow closely is role boundaries. I avoid taking on roles outside my scope of practice, such as offing advice or personal opinions, and focus solely on facilitating communication.

- The primary purpose of the healthcare interpreter, in my own words, is to facilitate communication and mutual understanding in a healthcare setting, with the main goal of fostering a positive patient experience. I am aware of and follow the CCHI professional code of ethics.
- The primary role of a healthcare interpreter is to bridge the language gap between patients and medical providers, ensuring that communication is accurate, clear, and culturally appropriate. This helps patients understand their diagnoses, treatments, and medical options, while also enabling healthcare professionals to provide safe and effective care. The ultimate goal is to improve patient outcomes, prevent misunderstandings, and ensure ethical and legal compliance in healthcare settings.
- The propose varies and is too nuanced to describe here. It depends on the nature of each session, the participants, etc. The prescriptive roles are great to get us started, but they are limiting and can be ineffectual.
- The purpose and contribution to society of a healthcare interpreter is to enable the communicative autonomy of two or more individuals who do not share a common language and need to interact for the well-being of at least one party in a setting. I follow NCHIHC code of ethics and standards.
- The purpose is for the healthcare interpreter to facilitate communication between patients and healthcare providers. I follow accuracy, patient confidentiality and impartiality at all times.
- The purpose is making communication happen between two parties who don't share the same language||I follow The National Code of Ethics for Interpreters in Healthcare of NCIHC
- The purpose is the help to build the bridgers between helthcare provider and patient||All the codes are given to us at the time of the introduction in the company
- The purpose is to be the channel between patients and health professionals. To help in the process of serving the person who needs health care
- The purpose is to bridge language, culture and level of understanding. I follow the RID code of professional conduct CPC and the majority of NCIHC code of ethics (I don't introduce myself as a healthcare interpreter, etc prior to each call)
- The purpose is to bridge the gap of communication between a provider and LEP person, patient. |Confidentiality, accuracy, impartiality, respect, culture differences.
- The purpose is to bridge the gap of communication by conveying messages from one language to another.
- The purpose is to conduit the message from One party to another that dawn understand each other because of the language Barrier and we are there to help them communicate and to solve the questions or the doubts they might have about what they're talking about with so much respect and privacy
- The purpose is to convey message and feeling for two people to connect. To say what is said and advocate for that person/s if there is a cultural misunderstanding. We are the third party that allows people to communicate in a doctors setting. Maintain confidentiality is essential to ensure security of someone's information.
- The purpose is to convey the full message , to help people communicate exactly what they're feeling , to feel heard. |Interpret the message accurately
- The purpose is to convey the message, and I try to follow this codes: accuracy, respect, professional, confidentiality, advocacy, impartiality, and boundaries
- The purpose is to convey the provider's message or information in the patient's language and culture.|I am there to interpreter not more, not less, the message the provider wants to convey. Everything I interpret is confidential.
- The purpose is to create an even language experience for patients who speak non-English languages in a predominately English-using health system. I follow the California Healthcare Interpreters Association (CHIA) guidelines for ethics, and count them as my own, including accuracy, impartiality, respect and professionalism. I always seek to ensure that a full and complete interpretation, including register and tone, are communicated both ways.
- The purpose is to deliver accurate and complete communication btw patient and health care provider and assist with cultural brokerage when necessary as well as being an advocate when patient feels things aren't going well
- The purpose is to enable communication between Healthcare providers and patients without changing the meaning of what is said. |I am professional and treat everyone with respect, all of the information is confidential, I refrain myself from making personal commentaries. I try really hard to render the message clearly. I study material that is to be discussed beforehand.
- The purpose is to facilitate accurate, impartial, and confidential communication between healthcare providers and patients. I follow the ethical standards set by the organizations I contract with and adhere to the NCIHC Code of Ethics, which includes accuracy, confidentiality, impartiality, and professionalism.
- The purpose is to facilitate an affective communication between a healthcare provider and patient who do not the same language.|Confidentiality |Impartiality |Competence |Professional boundaries |Respect |Accuracy.

- The purpose is to facilitate communication and medical care. We are part of the treating team, we help to save lives.|NCIHC
- The purpose is to facilitate communication between LEP community and providers so they can access healthcare. I am aware and follow the code of ethics as listed here, per NCIHC||https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Code%20of%20Ethics.pdf
- The purpose is to facilitate communication between a non-English speaking patient and healthcare provider. I follow the NCIHC Code of Ethics, and Standards of Practice.
- The purpose is to facilitate communication between doctors and patients who speaks a different language. I follow all, confidentiality is the most
- The purpose is to facilitate communication between healthcare staff and patient without bias while being a cultural broker to reduce errors and patient revolving doors in healthcare. The interpreter must follow all codes of professional conduct as it relates to patient rights and HIPAA.
- The purpose is to facilitate the communication between a health worker and a patient.
- The purpose is to facilitate the communication of a doctor and patient.||Ethics require you to decline an assignment if you do not know the material or disclose if you have a personal relationship with one of the parties involved. You cannot give any medical advice and must faithfully interpret everything that is said.
- The purpose is to help and make the communication clear enough for both parties to understand what's goin on
- The purpose is to help patients and providers to communicate, to be a bridge for them. I follow confidentiality, accuracy, and always remain impartial.
- The purpose is to help the non speaker with all of the information needed and the interpreter should follow all of the directions which were given during the training
- The purpose is to help the non speaking English caller to understand.
- The purpose is to help the patient's communicate with the health care worker with out involving cultural, or tour own emotions in care.
- The purpose is to make sure that none proficient English speaking patient have full transparency and understand the diagnosis, prognosis and treatment as it it the right of every patient.|Confidentiality, Impartiality, Cultural awareness, Accuracy, Professionalism, Advocacy. I implement all if them in my work.
- The purpose is to remove a language barrier. I provide transparency in my professionalism.
- The purpose is to serve as a conduit between patient, their family and healthcare provider who do not speak the same language. ||I follow the code of ethics learn in Bridging the Gap.
- The purpose is to transmit a message and facilitate communication between those who do not share the same language. ||Being Transparent, respectful, confidential, professional, keeping up with professional development. |Being accurate in my interpretation and advocating for patient only when necessary.
- The purpose is to transmit the message in full, not adding or omitting anything, so everyone in a health care encounter understands the information as if they were talking directly to each other with no interpreter. I follow the National Code of Ethics for Interpreters in Health Care.
- The purpose is to use my language skills to allow accurate and culturally competent communication between the parts involved at a medical encounter while practicing; confidentiality, impartiality, professional behavior, and without adding or omitting nor advocating for patients.
- The purpose of A healthcare interpreter is to facilitate clear communication between patients with limited English proficiency and their healthcare providers by accurately interpreteting medical information between languages. To make sure patients fully understand their diagnosis, treatment options, and medical instructions while assisting providers to gather accurate medical history and information from the patient.
- The purpose of ANY Interpreter is to communicate information from one language into the other language in a manner that the LEP can understand and use. The professional Code of Ethics of Healthcare Interpreters does provide a mechanism/guardrail within which we must provide our service.
- The purpose of a Healthcare interpreter is to facilitate communication between a Healthcare provider to patient and patient to Healthcare provider. I am aware of the proffesional code of ethics from both cchi and nbcmi and the requirements.
- The purpose of a healthcare Interpreter is to bridge a gap of communication between limited English proficient patients and providers to ensure patient health needs are met.
- The purpose of a healthcare interpreter is mainly to be the voice of those who cannot express themselves because of their language barriers. To help them understand their medical situations and ensure their culture is seen and respected.
- The purpose of a healthcare interpreter is to act as a communication bridge between healthcare providers and patients who do not share a common language, ensuring accurate and clear understanding of medical information by facilitating translation between languages during medical appointments and interactions. |I am aware of NCIHC 9 Code of Ethics. I follow all.

- The purpose of a healthcare interpreter is to act as a linguistic and cultural interface, allowing LEP patients and community members to fully access vital services. I abide by NCIHCs code of ethics and Standards of practice.
- The purpose of a healthcare interpreter is to assist non English speaking patients have equal access and ability to communicate directly with their healthcare providers about their medical needs.|I am aware about all of the healthcare related professional code of ethics which I do follow on my daily work especially, confidentiality, transparency. direct in first person communication and when needed clarification and cultural or dialect related differences.|
- The purpose of a healthcare interpreter is to be a transparent conduit of communication, from one source to another inter exchanging languages, to convey a message.||code of ethics, never to share personal information about patient, respect the religion culture and demographics, understand the scope of the practice..
- The purpose of a healthcare interpreter is to bridge the communication gap between healthcare providers and patients who speak different languages, ensuring accurate and clear communication. This role is essential to facilitate understanding, improve patient outcomes, and support equitable access to healthcare services. As a healthcare interpreter, I ensure that language is not a barrier to quality care.||I am aware of and adhere to the following professional codes of ethics for interpreters:||Accuracy and Fidelity: I ensure that all communication is interpreted accurately, conveying the content, tone, and meaning of the source language without omissions, additions, or alterations.||Confidentiality: I strictly maintain the privacy of all parties by safeguarding patient information in compliance with legal and professional standards, such as HIPAA.||Impartiality: I remain neutral and avoid introducing my personal opinions, biases, or emotions into the interpreting session.||Respect: I treat all parties with dignity, fostering an environment of mutual respect and professionalism.||Cultural Competence: I am sensitive to cultural differences and nuances, ensuring that these are appropriately considered during interpretation.||Professionalism: I maintain a professional demeanor, arrive prepared, and uphold high standards of conduct in all interpreting assignments.||Role Boundaries: I understand and respect the boundaries of my role as an interpreter, refraining from giving advice or acting outside the scope of my responsibilities.||Advocacy: In rare and necessary situations, I may advocate for the patient's understanding of critical healthcare information, ensuring their safety and well-being.||By following these ethics, I aim to provide equitable, respectful, and effective language services in the healthcare setting.
- The purpose of a healthcare interpreter is to bridge the gap between a patient and provider that don't speak the same primary language. At times this means interpreting everything in a conversation, other times it may means making sure that everyone understands each other despite cultural differences and making sure to clear up any misunderstandings that could come up. Personally, I like to keep track of misunderstandings, analyze what led to them taking place, and look for ways to avoid them happening in the future.
- The purpose of a healthcare interpreter is to bridge the gap between provider and the LEP.
- The purpose of a healthcare interpreter is to bridge the language and culture gap between patient and providers. An effective interpreter makes communication seamless and remove the attention placed on the interpreter. ||Ethics - impartiality, transparency, confidentiality
- The purpose of a healthcare interpreter is to close communication gaps between patients and medical professionals and support both in ensuring optimum outcomes from the encounter
- The purpose of a healthcare interpreter is to ensure clear and accurate communication between patients and healthcare providers who don't share a common language, allowing patients to understand their conditions and treatment options while ensuring accurate information is relayed.||I follow a professional code of ethics that includes maintaining confidentiality, striving for accuracy, remaining impartial, being culturally sensitive, and upholding professionalism in all aspects of my work. These principles ensure I provide high-quality service to both patients and healthcare providers.
- The purpose of a healthcare interpreter is to facilitate clear and accurate communication among medical personnel and patients who speak different languages, ensuring that patients fully understand their medical conditions, treatment options, and care instructions. This helps promote equitable access to healthcare and improves patient outcomes.||Code of ethics; Confidentiality: Protecting patient privacy and maintaining the confidentiality of all interpreted information.||Accuracy: Ensuring precise and complete interpretation without adding, omitting, or altering the message.||Impartiality: Remaining neutral and avoiding personal bias or involvement in the conversation.||Cultural Competence: Being aware of and sensitive to cultural differences that may affect communication.||Professionalism: Maintaining professional boundaries and continuously improving skills and knowledge.
- The purpose of a healthcare interpreter is to facilitate clear and accurate communication between healthcare providers and patients who speak different languages. This ensures that patients fully understand their medical conditions, treatment options, and care instructions, while also allowing healthcare providers to accurately assess and address patients' needs. By bridging the language gap, healthcare interpreters play a

crucial role in improving patient outcomes, enhancing the quality of care, and ensuring that all patients receive equitable and respectful treatment.

- The purpose of a healthcare interpreter is to facilitate clear and accurate communication between patients and healthcare providers who speak different languages, ensuring that patients receive equitable and effective care. My role helps bridge language and cultural gaps while maintaining patient confidentiality and professionalism.||I follow the CCHI (Certification Commission for Healthcare Interpreters) Code of Ethics, which includes:||Accuracy - Interpreting everything faithfully without omissions, additions, or distortions.|Confidentiality - Protecting patient privacy and adhering to HIPAA regulations.|Impartiality - Remaining neutral and avoiding conflicts of interest.|Respect - Treating all parties with dignity and cultural sensitivity.|Professionalism - Upholding high standards of conduct, competence, and ongoing education.|Role Boundaries - Staying within the interpreter's scope of practice and avoiding personal involvement.|Advocacy - Advocating only when a patient's well-being is at risk due to language or cultural barriers.|These principles ensure ethical and effective interpretation in healthcare settings.
- The purpose of a healthcare interpreter is to facilitate clear and accurate communication between patients and healthcare providers who speak different languages. By bridging the language gap, interpreters ensure that patients fully understand their medical conditions, treatment options, and healthcare instructions while also enabling providers to gather accurate patient information. Their role helps improve patient safety, reduce misunderstandings, and promote equitable access to healthcare services. Beyond words, healthcare interpreters also navigate cultural nuances, fostering trust and understanding between patients and medical professionals to enhance overall healthcare experiences.||One essential professional code of ethics that I follow as a healthcare interpreter is confidentiality. Maintaining patient privacy is crucial in ensuring trust and compliance with healthcare regulations, such as HIPAA. As an interpreter, I am committed to keeping all patient information strictly confidential, only sharing details with authorized healthcare providers when necessary. This principle allows patients to speak openly about their health concerns without fear that their personal information will be disclosed. Upholding confidentiality not only protects patients' rights but also reinforces the integrity and professionalism of the interpreting role in healthcare settings.||||||||
- The purpose of a healthcare interpreter is to facilitate clear and accurate communication between patients and healthcare providers who speak different languages. This ensures that patients receive the care they need while respecting their cultural and linguistic backgrounds.||Healthcare interpreters follow a professional code of ethics, which typically includes:| 1. Accuracy - Conveying the message faithfully without omissions or additions.| 2. Confidentiality - Protecting patient privacy and maintaining strict confidentiality.| 3. Impartiality - Remaining neutral and avoiding personal opinions or biases.| 4. Professionalism - Maintaining professional boundaries and conduct.| 5. Cultural Awareness - Being mindful of cultural differences while ensuring clear communication.| 6. Role Boundaries - Acting solely as an interpreter, not as an advocate or advisor unless specified by the role.||Following these ethical principles ensures quality interpretation, builds trust, and enhances patient care.
- The purpose of a healthcare interpreter is to facilitate clear and accurate communication between patients and healthcare providers who speak different languages|I focused at impartiality, neutrality and cultural sensitivity.
- The purpose of a healthcare interpreter is to facilitate clear and accurate communication between patients and healthcare providers, ensuring that linguistic and cultural barriers do not impede the delivery of effective healthcare. Healthcare interpreters follow a professional code of ethics that includes principles such as confidentiality, impartiality, accuracy, and professionalism. These ethical guidelines ensure that interpreters maintain the privacy of patient information, provide unbiased translations, faithfully convey the message without distortion, and uphold a high standard of conduct in all interactions. These principles are vital in building trust and ensuring that patients receive the best possible care.
- The purpose of a healthcare interpreter is to facilitate clear communication between patients and healthcare providers. They follow professional codes of ethics such as confidentiality, accuracy, impartiality, and professionalism.
- The purpose of a healthcare interpreter is to facilitate clear, accurate and unbiased communication between patients and healthcare providers who speak different languages, ensuring the patient receives proper care and understands their medical information. This medical information must be treated and kept confidential between the treating team. These ethical standards help ensure that interpreters provide effective and ethical service.
- The purpose of a healthcare interpreter is to facilitate communication and assist in providing cultural information in order to improve the provider-patient-family relationship/dynamics.
- The purpose of a healthcare interpreter is to facilitate communication between two parties that speak different languages within a medical setting. The communication has to be done in a transparent manner, with complete and total accuracy, and cultural awareness and competency. The interpreter needs to be respectful, professional and ethical at all times.||I follow both the NCIHC Code of Ethics and the NAD-RID Code of Professional Conduct.

- The purpose of a healthcare interpreter is to facilitate effective communication between patients with limited English profiency . The healthcare providers accurately translate medical information, understand diagnoses, treatment plans, and any questions or concerns during medical appointments.
- The purpose of a healthcare interpreter is to facilitate the communication between two or more individuals who are unable to understand one another due to language barriers, and cultural differences, while making sure that the intention beyond the words is accurately communicated. |I familiarized myself, and I am aware of the professional Code of Ethics and Code of Conduct for Healthcare Professionals. I adhere to conduct and ethics standards, as I understand it is vital to ensure the safety and integrity of the patients, colleagues, providers staff and all other parties involved.
- The purpose of a healthcare interpreter is to help patients and healthcare providers communicate effectively. Interpreters are bound by a code of ethics that includes confidentiality, impartiality, and accuracy principles. This ensures the utmost professionalism in their work and instills confidence in their role.|Healthcare interpreters are not just instrumental; they are indispensable in facilitating communication. Their role is about conveying information in the patient's preferred language and ensuring that every patient receives the best possible care. |Healthcare interpreters are crucial; they are the guardians of ethical standards in healthcare communication. Their role in protecting the rights of patients and providers is not just instrumental; it's a cornerstone of the healthcare system.
- The purpose of a healthcare interpreter is to interpret accurately, meet proficiency standards set by DSHS, and remain impartial and unbiased to the patient. Demonstrate professional demeanor, and keep up with our professional developmet. I follow the WAC 388-03-050 DSHS Code of Professional Conduct.
- The purpose of a healthcare interpreter is to provide accurate and unbiased communication between patients and healthcare providers.
- The purpose of a healthcare interpreter is to provide accurate transfer of information from one language into the other, be a patient advocate when needed and a cultural broker. I follow the NCIHC code of ethics.
- The purpose of a medical interpreter is to help the parties maintain their communicative autonomy by interpreting accurately and stepping into the advocacy role only when necessary to clear cultural misunderstandings or prevent harm to the patient.||I'm mostly familiar with the CCHI code of ethics and similar codes of ethics for medical interpreters. |However, I primarily follow the code of professional responsibility for court/legal interpreters.
- The purpose of an interpreter is facilitate the communication... |I follow the code of ethics following the principles of confidentiality, accuracy, impartiality, professional competence, maintaining appropriate role boundaries, avoiding personal opinions or advice.
- The purpose of an interpreter is to accurately bridge the gap in communication between patients and healthcare providers.|There are ten codes of ethics a medical interpreter should know:|1. Accuracy and completeness.|2. Confidentiality.|3. Impartility.|4. Professionalism.|5. Role boundaries.|6. Cultural awareness.|7. Advocacy.|8. Honesty in self-representation.|9. Professional development.|10. Compliance with legal and institutional policies.||Following these ethical principles ensures effective communication, promotes patient safety, and upholds the integrity of the medical interpreting profession.
- The purpose of an interpreter is to be a conduit for others while remaining as invisible as possible, always using the Code of Ethics for Medical Interpreters as a guide for difficult situations.
- The purpose of an interpreter is to become a bridge of communication with providers and Lep while maintaining accuracy, transparency and privacy.
- The purpose of being a healthcare interpreter is to bridge the gap of language barrier. To help assist non-English speakers get the proper care they need without any miscommunication. The code of ethics i am aware of and follow is HIPPA. We cannot give or talk about any patient's personal health information.
- The purpose of health care interpreter is to communicate accurate to patient in target language the message provider deliver to patient..
- The purpose of healthcare interpreter is mostly the voice for both parties, making sure communication get understood. The professional code of ethics I'm aware of and follow are confidentiality, transparency, accuracy, impartiality, professional development, respect advocacy, and professionalism.
- The purpose of healthcare interpreter is to bridge the language barrier between the patient and the provider. Healthcare interpreter's role is to facilitate a clear and effective communication between providers and patients who don't speak the same language to ensure accurate understanding of medical information and instructions. ||I am aware/follow of the importance of professionalism, accuracy, transparency, confidentiality, impartiality, respect professional boundary, cultural awareness, and further my knowledge and skills through continuing education as a healthcare interpreter.
- The purpose of healthcare interpreter is to ensure accurate communication and fair and safe language access that keeps health information safe and confidential. HIPAA and other codes of ethics includes advocacy are a must if I detect violations.

- The purpose of healthcare interpreter is to facilitate clear, accurate communication between patients and healthcare providers, ensuring understanding and promoting patient safety.||I adhere to the Code of Ethics as published by the following 3 organizations: NCIHC, IMIA & CHIA.||The code of ethics I follow and uphold includes:|Accuracy, Confidentiality, Impartiality, Respect, Cultural Awareness, Role Boundaries, Professionalism, Professional Development, Advocacy.
- The purpose of healthcare interpreter it to assist patients and doctors to communicate with each other when they don't speak the same language. This ensures patients understand their own medical conditions, treatments, and rights and helps patients make informed decisions about their health.||As a certified medical interpreter, I follow these key ethical principles: accuracy, confidentiality, impartiality, respect, cultural awareness, professionalism and advocacy, when needed.||
- The purpose of healthcare interpreting is to provide accurate and effective language access in a culturally aware and ethical manner to providers and patients in every aspect of the healthcare system. ||As a certified interpeter through RID, Inc, I adhere to the RID Code of Professional Conduct (CPC)|I also am aware of HIPAA requirements...which are covered under the RID CPC's tenets of Confidentiality, Respect for Consumers and Professional Conduct.
- The purpose of interpreting is to be a conduit, to relay messages. |Always keep the message intact, be transparent, interpret everything.
- The purpose of the Healthcare Interpreter is to facilitate understanding in communication between people such as the doctor and the patient who are speaking different languages.|I follow professionalism: At all times I act in a professional and ethical manner,|according to the standards of the profession.
- The purpose of the Healthcare interpretation is to facilitate clear, accurate, and culturally sensitive communication between patients and healthcare providers who do no speak the same language. Another purpose is to help to improve patient outcomes and promote equitable access to medical services to all in the community.||I follow the NCIHC Code of Ethics
- The purpose of the Healthcare interpreter is to be a conduit for clear communication and to be a cultural broker when needed.||I follow the NCIHC code of ethics.
- The purpose of the health care interpreter is to be a conduit between provider and patient. Facilitate direct communication. In a larger system I think interpreters cover other roles also as navigators helping the patients beyond the specifics of the roll of the interpreter to help them traverse a complicated system.|||NCIHC's Code of Ethics for Medical Interpreters|The National Council on Interpreting in Health Care (NCIHC) - National Standards of Practice for Interpreters in Health Care
- The purpose of the healthcare interpreter is being a message converter or conduit, a message clarifier, a cultural broker and a patient advocate.||I am aware of and follow: Confidentiality, Impartiality, Respect for Individuals and Their Communities, Professionalism, Accuracy and Completeness.|
- The purpose of the healthcare interpreter is doing our best to ensure health equity through language access. While I believe the role of the interpreter is important and needs to be more visible, I also believe that a skilled healthcare interpreter fades into the background and allows seamless, transparent communication to occur between all parties who speak different languages. I follow the NCIHC code of ethics and standards of practice, the California Standards, and the IMIA code of ethics. I also take inspiration from the RID Code of Professional Conduct and the American Medical Association's Code of Medical Ethics. Ethics MUST be interdisciplinary!
- The purpose of the healthcare interpreter is to accurately interpret from the target language into English and vice versa between patients and Doctors.
- The purpose of the healthcare interpreter is to act as a bridge between languages and cultures. We are facilitators and a voice. We have to follow the NCIHC National Code of Ethics for Interpreters in Heathcare.
- The purpose of the healthcare interpreter is to be a communication channel between 2 people. And the professional code of ethics I follow includes:|1. Confidentiality|Do not disclose information of any interpretation.|Do not share personal data or details of conversations.|2. Precision and Fidelity|Translate accurately without adding, omitting, or modifying the message.|Maintain the tone, intention, and register of the speaker.|3. Impartiality|Do not take sides or influence the conversation.|4. Professionalism|Arrive prepared and on time for each performance.|Continuously improve my language level and knowledge of the subject.|5. Neutrality|Do not express personal opinions about what is being interpreted.|Do not give advice or intervene in communication.|6. Cultural and Linguistic Respect|Recognize and respect the cultural differences of the interlocutors.|Use appropriate terminology for each context.|7. Transparency|Inform if there are difficulties in interpretation.|Clarify if there are terms or expressions that I cannot translate accurately.||
- The purpose of the healthcare interpreter is to be a voice for those who cannot speak nor advocate for themselves. Even more to help them understand the complex ways of the United States healthcare system.||
- The purpose of the healthcare interpreter is to be the bridge between the medical staff and the patients, avoiding rephrasing, adding, or omitting things in the message. Always taking into account the context and

cultural background and maintaining accuracy. It is the job of the interpreter to advocate for the patient as well.

- The purpose of the healthcare interpreter is to be the conduit between the two parties, maintaining cultural awareness, patient advocacy and confidentiality in mind.
- The purpose of the healthcare interpreter is to be the language facilitator between two users of languages and cultures. We are there to bridge the gap between individuals and follow the codes of conduct that have been set before us. ||My code of ethics that I follow are the RID-NAD CPC and the MO standards of ethics.
- The purpose of the healthcare interpreter is to bridge the gap between LEPs and healthcare providers. Information is crucial in the setting, and sometimes it could mean something very serious such as life and death. ||In my own experince working with the group of mostly senior citizens who need langage services, the healthcare interpreter is also a person who could bring a bit of joy to their days, as they tend to feel lonely in a living situation where almost no one could understand them due to communication barriers.
- The purpose of the healthcare interpreter is to close the communication gap between patient and healthcare providers.
- The purpose of the healthcare interpreter is to communicate for non speaking English accurate and create positive communication between patient and health care team.
- The purpose of the healthcare interpreter is to convey a message from one language into the other as accurately and completely as possible, while maintaining the spirit and purpose of the message. Along with this I maintain everything confidential and practice impartiality during every session. My professional development enhances my skills and promotes good practice.
- The purpose of the healthcare interpreter is to ensure near-seemless communication between the patient and providers therefore ensuring equal access to healthcare. I am aware and follow most of them, IMIA, NCIHC, et.
- The purpose of the healthcare interpreter is to establish communication between an LEP and a healthcare worker. I follow the professional code of ethics introduced to me by the LSP that hired me very strictly.
- The purpose of the healthcare interpreter is to facilitate accurate and effective communication between patients and healthcare providers.||The code of ethics are accuracy, confidentiality, impartiality.
- The purpose of the healthcare interpreter is to facilitate accurate, impartial, and precise communication professionally between families/patients and providers. The professional code of ethics I follow is that of NCIHC.
- The purpose of the healthcare interpreter is to facilitate clear communication between patients who do not speak English fluently and their healthcare providers ensuring both parties fully understand medical information, diagnoses, treatment options, and care instructions during the encounter.|I follow the NCIHC Code of Ethics.
- The purpose of the healthcare interpreter is to facilitate communication between a patient and a medical professional. We do not add or omit anything at all. We work hard to almost make it like we are not even in the room. Everything that is said by either party is interpreted, and anything we hear or learn stays in the exam room (or wherever we happen to be interpreting).||I try to keep up with the code of ethics. I am part of a local community network of interpreters that meets either monthly or quarterly to review and discuss the code of ethics, and real life situations that we may have encountered where our code of ethics needed to be consulted in order to make an ethical choice.
- The purpose of the healthcare interpreter is to facilitate communication between parties that speak different languages. I follow the CHIA/IMIA Medical Interpreter Code of Ethics.
- The purpose of the healthcare interpreter is to facilitate communication between patient/families and medical staff, accurately conveying the intent, mood, and spirit of the message. I try to adhere to both the standards of the national council of healthcare interpreters and the RID code of ethics
- The purpose of the healthcare interpreter is to facilitate communication between patients and healthcare providers. ||Professional code of ethics that I follow:|NCIHC-The National Code of Ethics for Interpreters in Health Care|IMIA-Medical Interpreting Standards of Practice|
- The purpose of the healthcare interpreter is to facilitate communication between patients with Limited English Proficiency and healthcare provider.|I try to do my best and provide interpretation services with accuracy, confidentiality, professionalism and respect.
- The purpose of the healthcare interpreter is to facilitate communication between the healthcare provider and the patient/family. I follow all professional code of etics as this allows you to have more credibility in the field.
- The purpose of the healthcare interpreter is to facilitate communication between two parties who don't speak the same language or share the same level of language proficiency. I know there are different codes of ethics (NCIHC, IMIA), but I tend to use NCIHC and, when teaching, that is the one I prefer to use. I do, however, introduce students to the standards of practice and the three professional organizations: NCIHC, IMIA and CHIA.

- The purpose of the healthcare interpreter is to facilitate medical services to someone who does not speak the language and provide fair care. I am very familiar with all the codes of ethics (I used to do a presentation on this). I follow all of them. My favorite one is cultural awareness because not only do we make sure our patients are receiving the care they need and deserve but also educating providers so they can provide better care to diverse patients.
- The purpose of the healthcare interpreter is to faithfully, ethically and without bias render one spoken language to another, to facilitate the safe and effective provision of health care. I follow the NCIHC Code of Ethics which was taught to me in my interpreter training course.
- The purpose of the healthcare interpreter is to help out by bridging the language gap between the Provider and the Client or LEP
- The purpose of the healthcare interpreter is to improve LEP patients' outcome by being a language and cultural conduit for them and the providers who treat them, and also being an advocate for the LEP patients when it's necesery. At the same time, I deem the extreme importance to honor and follow code of ethics: confidentiality, impartiality, accuracy, cultural competence, respect for patients, and professionlism.|
- The purpose of the healthcare interpreter is to provide a high-quality communication channel between an LEP patient and a medical provider. An interpreter serves not just as a conduit, but sometimes as a cultural broker and advocate. The last two roles should be used carefully, with great diplomacy, especially the latter. During my introduction, I always mention that everything said will be fully interpreted and remain confidential. I strive to render the message in full without modifications or omissions. If I don't understand something, I ask for clarification. I must remain impartial and respectful no matter what kind of person I work for (background, beliefs, opinions, etc.). I make sure I look and act professionally by being punctual, appropriately dressed, and always having my pen and notepad ready. Continuing education and creating glossaries on various topics is my regular practice.
- The purpose of the healthcare interpreter is to provide accurate and complete interpretation among the parties involved in the healthcare encounter. Having a trained, certified interpreter ensures that all that is being said is interpreted correctly so that all parties understand what is being communicated to them. The interpreter also has a responsibility to step out of this principal role at times to clarify that there is full understanding, as sometimes there are barriers besides the words being spoken. I follow the National Code of Ethics for Interpreters in Healthcare.
- The purpose of the healthcare interpreter is to provide language services to those that need it, especially the LEP patients so that what they need to know about their health and anything they need to do to improve or address their health concerns is addressed timely, clearly, and efficiently. I try to follow all of the professional code of ethics, as this allows me as an interpreter to do my job well.
- The purpose of the healthcare interpreter is to provide patient the ability to communicate their needs or concerns effectively regardless of the language barriers thus giving them the care they deserve as human beings. As an interpreter, I follow the role of the conduit, I only relay the message exactly as it was said with the same tone style and register. I remain impartial in each encounter and keep all details confidential respecting the privacy of the patient.
- The purpose of the healthcare interpreter is to reliably and faithfully interpret for all parties by rendering the message, tone, etc. appropriately in the other language. The healthcare interpreter must also think about the wellbeing and healthcare objectives as they are in a unique position of witnessing the patient's healthcare experience and monitoring the flow of communication. The interpreter also has the duty to try and be a cultural broker if needed, without overstepping their primary role of ""translation"" (interpreting).||I am aware of the NCIHC code of ethics as well as the IMIA and California codes of ethics. I have read them and tried to follow them in the past. I haven't looked at them in a couple of months but I believe it is the NCIHC code of ethics that is in our interpreter services department handbook.
- The purpose of the healthcare interpreter is to render the original messages (SL and TL) in true, unchanged utterance to that the patient and provider have a relationship and communicate effective for better diagnosis and outcomes.||I follow the professional code of ethics as set forth by NCHIC and competency from IMIA.
- The purpose of the healthcare interpreter is to serve as a conduit between speakers of two different languages in such a manner that the flow of conversation is as effortless as if the two parties were speaking in the same language without the interpreter there.||I am aware of the National Code of Ethics for Interpreters in Health Care. I follow that code of ethics to make sure I always have patient confidentiality, dignity, and respect top of mind when in an interpreting encounter. I continuously make an effort to learn more about healthcare in general and relevant terminology in Spanish so I can continue to improve as a language services provider - this is both formal and informal education (CEUs and personal research/study). This helps me to continue to interpret accurately and faithfully. I also keep in mind, if a patient's dignity or safety is at risk, I may act as an advocate, but I do not interrupt natural conversation flow unless it is a truly serious offense or mistake that could harm the patient either physically or psychologically. The number one goal for my job is to help providers and patients establish a rapport and reach excellent health outcomes.

- The purpose of the healthcare interpreter is to understand what the patient is saying and be able to convey it faithfully to the physician.|By the same token, to make sure the interpreter understands the subject matter and the physician and be transparent with both parties if a word, a concept is not heard or understood asking for clarification or repetition to be able to convey the right information.||I strive to interpret thoroughly, faithfully, remain neutral, respect the confidentiality of the information shared, and treat everyone equally.
- The purpose of the healthcare interpreter, most importantly, is to be a conduit for language. We can also be advocates and cultural brokers if the need arises. I was taught ethics through Bridging the Gap, so I follow those interpreter ethics. These are professionalism, cultural awareness, transparency, advocacy, impartiality, confidentiality, and accuracy.
- The purpose of the healthcare interpreter: To facilitate effective communication between LEP patients and their healthcare providers by accurately interpreting between languages, by ensuring both parties fully understand the diagnosis, treatment plan, and any questions or concerns involved. ||Professional code of ethics I do follow:|* Accuracy * Confidentiality|* Impartiality * Treat all parties with Respect * Role Boundaries|* Cultural Awareness: conveying cultural nuances; allow parties to explore through my interpretation.|* Professionalism * Professional Development|* Patient Advocacy: I rarely do this, but when I do it is absolutely needed.
- The purpose of the healthcare interpreters is to facilitate health related communication between Health Care Providers and Limited English Proficient patients, ensuring that patients receive understandable and respectful care that is in keeping with their cultural health beliefs, practices and primary language.||As an health care interpreter, I am aware of and Follow the NCIHC Code of Ethics for Interpreters in Health Care; the NCIHC Standards of Practice for Interpreters in Health Care; the Maine Health Policies and procedures as well as Interpreters and Cross Cultural Services policies and procedures.
- The purpose of the healthcare is to help the communication between the health care provider and the patient/client to have correct understanding each other accurately and completely. ||I am aware of the professional code of ethics are keep confidential of the information, interpret completely and accurately, strive to maintain impartiality and refrain from counseling, refraining from personal involvement, the interpreter continually strives to develop awareness of his/her own and other culture, the interpreter treats all parties with respect, the interpreter strives to continually further his/her knowledge and skills, the interpreter must at all times act in a professional and ethical manner.||I follow of my best.
- The purpose of the healthcare provider is to facilitate communication between patients and their healthcare providers when they do not speak the same common language. I am aware of and follow the National Code of Ethics for Interpreters in Healthcare. I also am required to regularly take ethics to keep up my court interpreter certification, and while the codes of ethics are not identical, they are very similar. And I do occasionally re-read the National Code of Ethics for Interpreters in Healthcare because ethics are important to me. |
- The purpose of the heathcare interpeter is to help bridge the gap of communication between the healthcare provider and the patient who, otherwise would not be able to communicate because of language . |The code of ethics that I follow is:|-Everything must remain confidential |- Must remain impartial, ethical & professional |- Render the message accurately to the best of my ability
- The purpose of the interpreter is to assist in the communication between the Medical Staff and the Patient, in a way that both parties understand what is being said. ||- All information handled is confidential|- Keep the content and spirit of the original message|- Stay impartial and do not counsel or advise.|- Do not get personally involved.|- Be aware of different cultures.|- Respect all parties|- Advocate for the patient.|- Keep learning.|- Always, professional and ethical.
- The purpose of the interpreter is to facilitate communication between two or more individuals who are unable to understand one another because they don't speak the same language. The interpreter is responsible for making sure that what is said is accurately communicated in the language required.|| The interpreter treats as confidential, within the treating team, all information |learned in the performance of their professional duties, while observing relevant |requirements regarding disclosure. | The interpreter strives to render the message accurately, conveying the |content and spirit of the original message, taking into consideration its |cultural context.| The interpreter strives to maintain impartiality and refrains from counseling, |advising or projecting personal biases or beliefs. | The interpreter maintains the boundaries of the professional role, refraining |from personal involvement. | The interpreter continuously strives to develop awareness of his/her own and other |(including biomedical) cultures encountered in the performance of their professional |duties. | The interpreter treats all parties with respect. | When the patient's health, well-being, or dignity is at risk, the interpreter may be |justified in acting as an advocate. Advocacy is understood as an action taken on behalf |of an individual that goes beyond facilitating communication, with the intention of |supporting good health outcomes. Advocacy must only be undertaken after careful and |thoughtful analysis of the situation and if other less intrusive actions have not resolved |the problem. | The interpreter strives to continually further his/her knowledge and skills. | The interpreter must at all times act in a professional and ethical manner||

- The purpose of the interpreter is to fill the role of the conductor. There are many codes of ethics to be applied in a medical encounter.
- The purpose of us as healthcare interpreters is to facilitate the communication between patients who don't speak a English and their provider. ||I think that all the codes of ethics are very important because we as interpreters must be as accurate as possible recognizing both cultures and always respecting the patient's privacy and being impartial, and professional so by doing that we are being a good conduit and both patient and provider feel like there is a direct link between them.
- The purpouse of an interpreter is to help people to communicate with each other in the most fluent and accurate way possible. Leaveing out feelings, religion, bias, and other thoughts involved with the emotinal part of ourselves.|The code that i follow is to remain detached from the people and their issues, not to intervine in any way when it comes to the translation, do not change anything of what the person states, do no reveal personal informarion about me or my compay to the clients and do not releav any personal and private information about the clientes and the patients. Also to delete or destroy every form of writen information used to tranlsate.
- The purpsoe of the healthcare interpreter is to faciliate clear and accurate communcation across linguistic and cultural divides in a healthcare setting, where the patient and provider do not share the same native language.||I follow the NCHIC and IMIA codes of ethics for healthcare interpreters.
- The role of a healthcare interpreter is to facilitate communication and cultural needed between patients and Healthcare staff.||RID Code if professional co
- The role of a healthcare interpreter is to facilitate communication between healthcare professionals and patients who speak different languages. |Confidentiality, Accuracy, Impartiality, Cultural Sensitivity and Professionalism, I follow all of them
- The role of a healthcare interpreter is vital for ensuring seamless communication between patients and healthcare providers who speak different languages. We are committed to delivering accurate, complete, and culturally sensitive interpretations that empower patients to fully understand the information provided to them. This clarity enables them to make informed decisions about their medical treatments confidently. As a language coach and trainer for colleagues, I adhere strictly to ethical guidelines to protect myself, the families we serve, and the organizations I represent. I maintain the highest standards of professionalism by being ethical, precise, and upholding confidentiality and impartiality while respecting cultural differences. This commitment allows me to provide better care to families while safeguarding patient privacy and safety.
- The role of an interpreter is to act in a conduit role to remove the language barrier from caregiver/patient interactions. A good interpreter neither adds to nor takes away from what is being said. An interpreter stays in the conduit role as much as possible but as needed can act as a clarifier, culture broker, or more rarely an advocate.
- The role of medical interpreters is to facilitate the exchange of communication between a patient and a provider as verbatim as possible in consideration of cultural practices, context, slang, and linguistic variation. Confidentiality, accuracy, impartiality, cultural competency, professional development, and appropriate advocacy to ensure ethical conduct during medical interpretation interactions are some of the professional codes of ethics that I follow.
- The usual interpreter code of ethics for medical interpreters
- Their purpose is to interpret everything. |Nothing left behind. |Compliance and accountability.
- There is no any ""Code of Ethics"" with the insurance companies paying or contracting IME (Independent Medical Evaluation) interpreting services. Multiple double standards used by different clients.
- This is a wonderful question that could be discussed in an essay or over a coffee with interpreter friends/colleagues! I would start off by explaining that healthcare interpreters are key figures who help facilitate communication in an efficient manner and ensuring understanding between non-English speakers and their English speaking providers. Interpretation is a fine motor skill. When interpreting, not only are we decoding two languages in our brains, but we are also trying to navigate the message across two different cultures (idioms, unique words or expressions that don't have an exact translation) to find the MEANING. Interpretation is all about the MEANING. Interpretation in healthcare settings can be done either using the simultaneous, consecutive, and/or sight translation modality. A pre-session is very helpful since it allows the interpreter to build rapport with the patient AND it's a great way to empower patients to ask questions during the medical encounter. During the pre-session, we could mention that a) everything stated will be confidential, b) the interpretation will be done using the first person, c) the interpreter will manage the flow of the interpretation and intervene if clarification is needed, and d) absolutely everything being said in the room will be interpreted. Humility, empathy and compassion are also vital virtues to have as healthcare interpreters. These virtues will help us serve patients in a way that they will feel we care about them. ||I have studied and follow the NCIHC's Code of Ethics, CHIA's Standards for Healthcare Interpreters, and IMIA's Code of Ethics. I would highly recommend these reading to any new interpreter or seasoned interpreter as reference or guidance.

- This treat everyone equal and HIPA|Health care settings word itself says caring about people when they are going through a vulnerable time of their life|That is the purpose I have that I can help these people at this time when their own relatives nor around them
- Thru the providers, help patients understand the diagnosis, make informed decisions for themselves and their families, plan the course of their treatment, feel relieved knowing the status of their health.|
- To Facilitate communication between patients with LEP and providers. I follow honestly, respect and Integrity.
- To Help LEP Patients|| Code of Ethics: || Confidentiality, Accuracy, Completeness, Impartiality, Transparency, Conflict of Interest, Scope of Practice, Disqualification and Impediments to Performance, Authority, Professional Courtesy, High Standards of Conduct, National Standards
- To accurately and reliably facilitate communication between a healthcare provider and a patient, while maintaining confidentiality and the patient's privacy.
- To act as a ""bridge"" between individuals, facilitating accurate and complete communication and understanding through skillful interventions, cultural awareness and advocacy.
- To act as a conduit between a patient and the healthcare provider. The IMIA code of ethnics
- To aid patients and medical professionals in successful communication with each other. I have not done my job if someone leaves confused. ||I adhere to RID code of ethics, CCHI code of ethics, NCIHC code of ethics for interpreters in healthcare. |
- To aide in communication so the client is knowledgeable in their health concerns
- To allow a patient to have the service they need;|To facilitate the communication in the medical setting.||National Council on Interpreting in Health Care (NCIHC) Code of Ethics and |National Standards of Practice for Interpreters in Health Care||Yes, I do follow these standards!
- To allow communication between patient and provider, with accuracy and completeness and allowing both parties to have communication autonomy|NCIHC
- To allow patients and their families to have a voice in their care. Professional code as stated in CCHI training.
- To assist people that don't speak English, respecting their values, beliefs and culture
- To assist with communication between the patients and providers. ||NCIHC
- To assure that patients whose primary language is not English will be able to get the same level of treatment as English speaking patients.
- To be a bridge between patients and providers, always being transparent, accurate, and making sure all information is conveyed without bias.Professional code of ethics I follow includes being maintaining impartiality, confidentially, acting as a cultural broker when needed, respect for patients and providers, reporting ethical concerns.
- To be a bridge between the patient and the healthcare provider
- To be a bridge between the provider and the patient. I follow the complete code of ethics but most specifically confidentiality.
- To be a bridge of communication in between to people who don't speak the same language. The code of ethics I follow is the one established by NHCIC. They include beign confidential, accurate, impartial, constant professional development, respectfulness, and behaving in a professional and ethical manner.
- To be a conduit allowing accurate, transparent and neutral information to be transmitted between two parties speaking two different languages.|I follow all of them and realize that advocacy can actually be done also in a hospital setting.
- To be a conduit between patient and healthcare provider. Ideally an interpreter's presence should be as minimal as possible so that the two parties can feel as if they are having a direct conversation.
- To be a conduit between two parties. |NCIHC
- To be a conduit both for patient and provider. |I make sure everything discussed stays confidential, and make sure to set professional boundaries with all parties involved.
- To be a conduit for effective communication so that healthcare can occur between provider and patient for the recovery of the patient.
- To be a conduit for the LEP and provider. The NCIHC code of ethics and standards.
- To be a conduit, clarifier, cultural broker & advocate. CCHI, NCIHC, CHIA
- To be a conduit, clarifier, culture broker or sometimes to advocate for the LEP
- To be a language and cultural bridge of clarity and transparency. I follow HIPPA and everything a healthcare interpret should
- To be a member of the medical team working towards the patients goal. I follow the RID CPC and NCIHC
- To be a voice for the LEP patient as well as an advocate
- To be able to convey the meaning of each party without adding omitting or summarizing what has been said. Be impartial and none bias. Allow the patient to choose the best care possible for them selves without providing any medical advise as we are not medical professionals.
- To be accurate at the time of interpretation

- To be an effective conduit while trying to be ""as invisible "" as possible for both the patient and provider.
- To be an impartial conduit, facilitate clear, accurate communication, cultural awareness, advocate, etc.
- To be kind, patience, understanding, empathy, honestly, etc...
- To be not only a language interpreter but a cultural mediator.
- To be the an ethical, knowledgeable, and professional conduit of the communication between an LEP and a provider.
- To be the bridge between the healthcare professional and teh LEP without changing the menaing fo what they're trying to say. To make things easier instead of harder to understand.
- To be the bridge, to advocate||professionalism, confidentiality
- To be the conduit of communication and to follow the professional code of ethics.
- To be the conduit of communication between two parties that speaks different languages. I follow the CHIA's Ethical principles (confidentiality, impartiality, respect for individual and their communities, professionalism and integrity, accuracy and completeness, and cultural responsiveness).
- To be the voice box of the patient and provider. We are not add nor omit anything that is said. We may interject as the interpreter. I follow all of them. They are important for all parties not just for safety but to also help create professional boundaries.
- To be the voice of the patient and the doctor so they can get accurate information.
- To be the voice of those that don't know the language.
- To be the voice of those who cannot be heard.
- To be very professional all the time
- To break the barrier and remain impartial at all times
- To bridge communication and to facilitate understanding among all parties||Confidentiality, impartiality towards both patient and provider, respect for and responsiveness to diverse communities and individuals, professionalism and upholding trust and integrity.
- To bridge communication between two individuals that do not speak the same language / National Code of Ethics for Interpreters in Health Care
- To bridge communication gap
- To bridge communication. I am aware of all of the code of ethics.
- To bridge the communication gap between patients and healthcare professionals.
- To bridge the communication gap between the patient and heal are provider who do not speak the same language.|.
- To bridge the cultural and language gaps. ||
- To bridge the gap and provide equal healthcare to all
- To bridge the gap between languages, cultures and people with accuracy and impartiality. To defend and promote health equity and access to healthcare in general, and ptts rights in particular. I'm aware of both the NCEIHC and the IMIA, and I follow the NCEIHC more closely, since it was the one that my training mostly focused on.
- To bridge the gap between languages. I use and stick to CCHI code of ethics
- To bridge the gap between non-English speakers. Cultural patterns |I follow all
- To bridge the gap between provider and patient and also act as a cultural broker to reduce the disparities in healthcare.
- To bridge the gap between the LEP patient and the provider. A code of ethics that I follow is to never give your personal opinion or feedback during the visit. That is not appropriate even if you think something is not right you have to hold your tongue. ||Being the advocate for the patient when we feel/see that the patient is not understanding or vice versa
- To bridge the gap between the language barriers.
- To bridge the gap between the providers and the patient, I always wanted to be accurate, professional and partial and advocate for a patient as needed upon the situation
- To bridge the gap in language in order to communicate the plan of care. I follow the Code of Ethics for Healthcare Interpreters.
- To bridge the gap of communication.|Professional development, to always continue to learn and be up to date with new technology, etc.
- To bridge the language gap between the provider and patient, and make the patient more comfortable knowing they understand and are being understood.
- To bridge the linguistic and cultural gap between patients and providers.
- To clearly facilitate communication between the healthcare staff and patients that do not share the proficiency in a common language.
- To close the gap in communication between a LEP and any medical provider, to improve health of our communities using the resources entrusted to us.

- To communicate between parties who speak different language. I follow the NCIHC standards of practice.
- To communicate what is being said.
- To convey clear information to patients so they receive quality healthcare.||Adhere to strict standards of confidentiality, impartiality and ethical behavior to preserve the dignity and privacy of the patient. The information I provide must be complete, accurate, and timely. To act as a cultural broker and advocate when necessary.
- To convey meaning between providers and patients maintaining transparency, confidentiality, accuracy, impartially and providing proper advocacy.
- To convey the meaning of the message of the people in the room as accurately as possible ||IMIA Standards of practice |CCHI Code of Ethics
- To convey the message accurately from one language into the other. I follow the NCIHC code of ethics
- To convey the message accurately, to respond quickly if they think the patient or provider is confused. To understand the culture differences and if possible tell the provider about it . To remain impartial. To keep the information confidential.
- To convey the message from one language to the other so both persons understand each others intent. ||Interpreters code of ethics
- To deliver an accurate message in a language that the receiver can understand
- To deliver comunication through the language barrier with accuracy and completeness,by practicing protocol when needed, asking for repetitions, clarifications and verifications. Using the roles of conduit, cultural advocate, etc.
- To do no harm.|||I follow the code of ethics stated by RID.
- To effectively facilitate communication between two people who do not speak the same language.|Impartiality, Accuracy, Confidentiality, Transparency, Professional conduct and professional boundaries
- To effectively relay a message as intact as possible with no additions no omissions that the patient can fully understand
- To enhance provider patient interaction/outcomes.
- To ensure access to everyone! Remain impartial and be a neutral party!
- To ensure communication across 2 different languages to take place(role of conduit), thus helping the deliver of healthcare to take place. Mantaining confidentiality for the sake of protecting PHI. Personal opinion is out of question as it would obstruct clear communication between providers and LEP's.
- To ensure correct communication between client and medical staff. My primary employer provides a written code of ethics and standards that we must follow.
- To establish clear and direct communication between 2 or more individuals that speak different languages and know different cultures, but that need to work together for a common cause. |I follow the NCIHC Code of Ethics.
- To facilitate accurate communication and understanding between patients and providers so that their health outcomes won't be affected by language/cultural barriers. Yes I follow the healthcare interpreter code of ethics. This was given to me many years ago through my training with Bridging the Gap and when I first started interpreting for health systems in Madison, WI.
- To facilitate an effective communication between a healthcare provider and an LEP.|I follow a National Code of Ethics for Interpreters in Health Care.
- To facilitate clear and accurate communication between patients and healthcare providers, ensuring that no information is lost or misconstrued due to language barriers.||The NCIHC code of ethics.
- To facilitate clear communication between a pt and their provider. Code of ethics followed: impartiality, complete interpretation, confidentiality
- To facilitate clear communication between patients and providers with confidentiality, accuracy, professionalism, respect, impartiality and cultural awareness. Also to advocate for patients if it's necessary depending on the situation.
- To facilitate communicate, be a cultural broker, do no harm, advocate. NCIHC Code of Ethics
- To facilitate communication
- To facilitate communication and understanding between two parties that speak a different language. Confidentiality, transparency, neutrality, impartiality, accuracy and respect for all parties involved.
- To facilitate communication as a conduit, clarifier, cultural broker, and advocate ||NCIHC
- To facilitate communication autonomy, regardless of language preference or ability. I follow the NCIHC code and standards.
- To facilitate communication between 2 parties that do not speak the same language. All of them.

- To facilitate communication between LEP patients and their clinician by providing accurate and unbiased interpretation (and sight translation) of critical medical information, while respecting patient confidentiality and maintaining cultural awareness. |
- To facilitate communication between healthcare providers and patients who do not share a common language.|respect toward all persons involved in the interpreting situation, impartiality, unbiased and culturally sensitive
- To facilitate communication between healthcare providers and patients.||| I strive to be accurate in my interpretation, be imparcial, confidential, professional and continue acquiring continued education to grow my knowledge boat.
- To facilitate communication between parties for the best outcome |Confidential|Accuracy|Impartial|Observing boundaries |Awareness of cultural differences |Respect for all parties|Advocacy for patient when justifiable |Keep up with self development |Professional and Ethical
- To facilitate communication between parties who do not share a common language. |Confidentiality |Accuracy |Impartiality |Professional Boundaries |Cultural Competence |Respect |Advocacy (when imminent danger)|Professional Development |Professionalism
- To facilitate communication between patient and medical providers to ensure language barriers do not compromise quality of healthcare delivered. I remember the ethics by using the following aid: ""Always (accuracy) confide (confidentiality) in (impartiality) Roberto (respect) Cause (cultural awareness) Roberto (role boundaries) Passionately (professionalism) Prepares (professional development) applesauce (advocacy) and I follow these standards always. Its how I train our new hires.
- To facilitate communication between patients and providers in the healthcare setting with cultural sensitivity, empathy and compassion
- To facilitate communication between patients and their healthcare providers. |NCIHC Code of Ethics
- To facilitate communication between people that don't speak the same language. I follow all the professional code of ethics such as, not adding or omitting content, staying accurate, and acting as a cultural broker when necessary.
- To facilitate communication between provider and patient and making sure to interpret everything said and the meaning of what's being said.
- To facilitate communication between providers and patients who don't speak same language. To make sure that patients concerns or questions are being met by bridging the language barrier between them. |Code of ethics that I primarily take into action are those of NCIHC-confidentiality, professionalism, impartiality, accountability, cultural respect and accuracy.
- To facilitate communication between providers and patients with limited English proficiency.|I follow the code of ethics for medical Interpreters at all times. |Confidentiality|Accuracy|Impartiality|Professionalism|Cultural Competence
- To facilitate communication between the deaf and hearing parties. We are bound by the RID Code of Professional Conduct which includes its own tenants. We also respect and follow any code of ethics that the contracting agency may inform us of.
- To facilitate communication between the health care provider and the patient.|I don't communicate personal opinions about health matters.
- To facilitate communication between the healthcare team and the patient. Some of the professional code is that I do a pre-session where I introduce myself and explain to both parties that I will interpreter everything and keep them confidential. I usually stand behind the patient or mostly out of sight so that I don't interfere with the provider-patient relationship during the encounter.
- To facilitate communication between the patient and provider.
- To facilitate communication between the provider and the patient in a professional, concise, ethical snd also empathic manner. I strive to follow all of the codes of ethics throughout my days. Confidentiality, rendering messages accurately, maintaining impartiality and boundaries, remaining aware of cultures, treating all parties with respect, advocating in order to facilitate communication and always striving to improve my knowledge.
- To facilitate communication between the provider/healthcare worker and the patient. |Interpret everything being said, how it's being said, not adding or omitting.|Keep every encounter confidential.|
- To facilitate communication between two different languages speakers accurately without adding or omitting any information.
- To facilitate communication between two individuals in the healthcare setting who do not speak the same language. I am aware of CHIA, NCIHC, and IMIA. I follow of them as they are similar.
- To facilitate communication between two or more parties without a common language. ||I follow the RID CPC most closely. I am aware of many others but they all essentially share the same core tenets.
- To facilitate communication between two people who speak different languages. |Healthcare interpreters follow established codes of ethics that guide their professional conduct. Some key ethical principles

include:|Accuracy - Faithfully convey messages between the patient and provider without adding, omitting, or altering meaning.|Confidentiality - Uphold strict patient privacy standards, following regulations like HIPAA (Health Insurance Portability and Accountability Act).|Impartiality - Remain neutral, avoiding personal bias or involvement in medical decisions.|Respect - Show cultural sensitivity and professionalism to all parties involved.|Role Boundaries - Maintain the role of an interpreter without offering personal opinions, medical advice, or acting as an advocate unless explicitly required.|Professionalism - Continuously improve skills, adhere to institutional guidelines, and conduct oneself honestly.|Cultural Competence - Be aware of and respect cultural differences while ensuring effective communication.

- To facilitate communication for LEP families to access healthcare and give them the same access as English speaking patients and families. Bridge the cultural gap for providers and families. Help families navigate the health care system. Help providers provide better health care by helping with cultural barriers. Advocate for families who are facing discrimination. Help eliminate health disparities. Yes we follow the interpreter code of ethics. But we also provide more advocacy than the code allows to achieve goo health outcomes for patients.
- To facilitate communication in an accurate way |The National Council in healthcare interpretation code of ethics
- To facilitate communication in the source language into the target language. |IMIA Code of Ethics |NCIHC Code of Ethics & Standards of Practice
- To facilitate communication.
- To facilitate communication.|I follow, respect, confidentiality, accuracy and other professional codes of ethics outlined in the National Code of Ethics.
- To facilitate direct communication between the patient and provider.||Code of ethics: Interpret Accurately, act as an Advocate for the patient (when needed), continue Professional Development, maintain a Professional Role and Boundaries, keep Confidentiality, render a Complete interpretation, Impartiality, be Respectful.
- To facilitate effective communication between the|language of service and the patient spoken language, to|have a better outcome. Some code of ethics are|accuracy, advocacy, impartiality, compliance,|confidentiality, professionalism, respect professional|boundaries and support intercultural communication.
- To facilitate patients to receive the care they need and deserve
- To facilitate the interaction between the providers and patients.|Confidentiality |Impartiality |Accuracy |Professional conduct|Ethical||
- To facilitate understanding between the LEPs and providers.||CHIA. Standard for Healthcare Interpreters|IMIA Code of ethics and standards of practice|NCHIC National Code of Ethics and standards of practice.
- To facilitate understanding in communication between patients and providers. I am aware of the NCIHC Code of Ethics (9 principles) and standards of practice.
- To faithfully convey communication between healthcare providers and patients as a bridge since they will not be using the same language and to bridge language barrier in the medical setting. |COD of ethics - Being neutral, accuracy, impartiality, professionalism and cultural awareness
- To faithfully render the meaning of conversations between provider and patient.
- To give the LEP a level playing field and to make them feel like they received the same quality of care as an English speaker.
- To give voice to those LEP patients who would otherwise not be able to communicate with their healthcare provider.
- To guarantee the right of patients to healthcare ensuring HIPAA regulation are met as well as interpreting standards.
- To he interpret without omitting, adding and staying faithful to the message being interpreted to the source language
- To help all parties communicate as seamlessly as possible while each party remains in control of and responsible for their own communication. We are familiar with most interpreter codes of ethics published ni this country, but refer most often to the NCIHC.
- To help and advocate, in some cases, the patient.|Since I teach ethics, I follow all the code of ethics.
- To help bridge the gap in communication between languages, more specifically in the medical field.
- To help build a bridge between medical providers and patients so that both sides can communicate and medical services can be rendered.
- To help close the gap in communication, to ensure patients are understand and are able to make informed decisions when it comes to their health care. To help improve health equity. The NCIHC
- To help facilitate communication and foster the patient provider relationship, and follow the roles we are trained in when necessary to clarify, broker culture, and advocate.
- To help others have a voice and guarantee their right os speech. HIPPA.

- To help patients and doctora communicate with each other.|NCIHC code of ethics
- To help patients and healthcate providers to communicate clearly and accurately while abiding by all of the items that are part of our code of ethics.
- To help patients and providers communicate as if they spoke the same language and shared the same culture. HIPAA and CCHI code of ethics for interpreters.
- To help patients and their families and caretakers communicate and understand each other so they can have equitable and culturally relevant access to as high-quality healthcare as possible for optimal medical outcomes. ||I abide by and have found the 1996 - 2007, IMIA Medical Interpreting Standards of Practice and Code of Ethics, developed at that time, to be the most comprehensive of all, offering the best framework for the work I do and teach at this complex, complicated and sometimes capricious organization that I work for and love, bar none.
- To help patients communicate clearly, being impartial and discreet.
- To help patients understand what drs are asking , treatments etc.
- To help patients whose preferred language is not English to communicate with healthcare providers and systems on par with an English-speaking peer to the greatest extent possible, by interpreting language, culture, and institutional knowledge.
- To help people communicate with each other when they don't speak the same language. Beneficence and impartiality. Codes from NCIHC, AAITE, and NAETISL.
- To help relay the message without adding or omiting anything
- To help the both sides by providing the language understanding and feelings
- To help the injured worker communicate with their providers
- To help the patient express what is going on and to interpret everything the Doctor is explaining to them based upon their level of understanding. Making the patient feel comfortable with me to open up, and to feel secure that I will share everything they need to share. Never make them feel I am in a hurry, and I am there to be their voice. |I am not their friend, but I am respectful and amiable in the way I present myself with them.
- To interpret all that is said without adding or subtracting and to remain Neutral
- To interpret and advocate for the patient, in order for them to receive quality of care. I keep everything confidential and keep myself professional in a call, no judgement and no interference from my end, because I'm just a vessel that facilitates the communication.
- To interpret everything that is said by all parties to the best of my abilities while maintaining patient privacy
- To interpret to the best of our ability to be able to inform the patient and their families for their healthcare needs. All code of ethics followed
- To interpret what is being said as authentically as possible. Ethics would be privacy and confidentiality. Shredding notes. Be as accurate as possible.
- To interpret what is being said as it is being said.|Facilitate understanding in the few occasions when cultural differences are creating a barrier in communication |To give an initial both to patient and provider about my name, company, clarify that I will interpret in first person and my obligation to keep everything in confidentiality
- To interpret what is said exactly/accurately. Practice autonomy. Advocate if only necessary. Keep professional. Do not interpret for someone you know personally.
- To interpret with integrity and professional so the Patient understand clear what as i explain.
- To interpret, all of them.
- To keep transparency with our clients, ensure that all information is accurately relayed between both parties. To me, the most important things to keep in mind while interpreting is confidentiality, accuracy and transparency.
- To make a difference in the communication process between doctor and patient. I follow HIPAA guidelines as well as never ask personal information about the patient.
- To make it possible for provider and patient (and family) to communicate, making it possible for the provider to actually know and understand what the needs of the patient are, and for the patient to grasp the intent and content of the treatment prescribed. We don't add, omit, advise, or otherwise intervene, although after many years of experience and working with a regular group of staff I can, while maintaining transparency, make suggestions to staff or clarify things that one of the parties might not realize the other is not understanding.
- To make sure there is a clear understanding between healthcare provider and patient/family.||Cultural Competence: Understand and respect the cultural contexts of both the patient and healthcare |provider, adapting communication style as needed. |
- To make sure they patient has fully understood their medical conditions or situation. Cultural sensitivity is a code of ethics I know I fallow through. I always read the patients response to questions and bring the register down. Always making sure I am providing the same medical information in a register they are able to understand.

- To preserve the health and well-being of the patient.|To support that, I follow code of ethic from NCHIC to always be professional and ethical as well as rendering the message accurately, by conveying the content and spirit of the original message.
- To promote direct communication among all the parties in the encounter.
- To provide a bridge of communication between the healthcare provider & the LED patient. I follow Impartiality-Accuracy-Cultural Competence-Professionalism-Ethical Conduct.
- To provide a clear and accurate conversion of content in both the source and target language. NCIHC Code of Ethics.
- To provide a linguistic and cultural understanding between two or more parties which, without interpretation, would be unable to fully comprehend one another. My role is to minimize my impact and presence, to advocate for patient rights while simultaneously protecting hospital values.
- To provide a safe working environment for both patient and provider in order to reach a positive outcome from the encounter benefiting the patient and family's wellbeing.
- To provide access that promotes health equity|NCIHC|IMIA|CHIA
- To provide accurate communication between parties, maintain confidentiality, say everything that all parties are saying, help patients maintain autonomy over their healthcare decisions.
- To provide accurate communication between the parties involved in an encounter
- To provide clear communication between the provider and patient. To be totally invisible so that both parties can communicate with each other. As interpreters we do not give personal opinions, we are there just to interpret. We also do not spend time alone with the patient, to avoid any personal information being divulged. HIPPA is important. We do not talk about the patient details to others. Interpreters interpret everything that is said.
- To provide communication access
- To provide communication between both parties. ||RID CPC
- To provide equal access to healthcare information in the patient's native language. ||Confidentiality is number one! Also the other tenants of the RID.
- To provide equitable access and cultural mediation in any and all healthcare environments to all parties involved. I follow RID CPC, and my company's professional codes.
- To provide high quality interpretation services in order to bridge the language gap between patients and providers so that the patient can recieve the highest quality of care.|||- Interpreter treats all parties with respect, acts professional at all times, promises to continue to improve |Skills and knowledge. Always convey the message as close to the original as possible, an interpreter is always neutral and maintains professional boundaries at all times.
- To provide non-biased interpretation for individuals to ensure that accurate and effective communication takes place. To interpret only what is said without influencing or adding personal commentary or beliefs. To remain ethical, respectful, and most important, to keep confidentiality in every situation.
- To provide patients the message the provides are relying in a compassionateI wish I could learn what it actually takes to train future interpreters. and accurate way.
- To provide the best service as a conduit and treat patients with care.|To be truthful interpretations. To not add anything or take away anything being communicated. |Adjust register accordingly. |To have the best disposition and be present in the interpretations.
- To provide the bridge between the patient/client and provider. California Healthcare Interpreters Association and International Medical Interpreters Association.
- To provide the legal right of clear communication in the person's native language.
- To provide the linguistic and cultural link to enable patients/family members and medical staff to ""bridge the gap"" that exists between them. I am CMI certified.
- To relay the message exactly as given.
- To render the message effectively and accurately. To keep information private.
- To render the message from sender to receiver with accuracy, impartiality, confidentiality, professionalism, culturally appropriate, respectful, without any additions. NCIHC code.
- To render the message without omitting, or adding words that were not said.
- To serve a as conduit between the patient and the health care provider.||Code of ethics that I follow:|Confidentiality|Professionalism|Respect|Accuracy |Impartiality|
- To serve as a conduit for communication. Must maintain transparent, complete, and accurate interpretation. Maintain confidentiality.
- To serve as a cultural bridge, ideally eliminating the barriers between patients and providers would do not speak the same languages.
- To serve as an effective and efficient conduit of communication between parties that do not speak the same language. I am aware of and/or follow the IMIA and NCIHC professional codes of ethics.

- To translate (inform) the provider what the patient is saying, and repeat in the native language (Spanish) what the Dr. or provider is saying.
- To translate meaning by meaning. The general code of the translator and interpreter. We serve as an information bridge.
- To translate the meaning of conversations as accurately as possible. Interpreters should not act outside this role unless they have genuine concern for the wellbeing of the people involved.
- To transmit the message accurately, respectfully and in a culturally sensitive way.
- To uphold communicative autonomy between parties who do not share the same language. ||I follow the Code of Ethics and Standard of Practice established by the National Council on Interpreting in Health Care.
- Tobe the bridge between the health care providers and the patient.
- Total transparency, honesty, and advocacy in favor of db the needy
- Tranperancy, professionalism and follow HIPPA guidelines.
- Transmitting the message accurately and completely.|IMIA Code of Ethics and Standards of Practice.
- Transparency
- Transparency and confidentiality.
- Transparency is very important for me. I try to communicate everything, that way both the patient and the health care provider know what's going on. I also advocate for the patients.
- Transparency, Beneficence, Confidentiality, Cultural Awareness, Confidentiality at the top of my head.
- Transparency, Respect for patient and provider, Accurate interpreting, Cultural Competence, Knowledge of HIPAA rules.
- Transparency, follow standards practice of communication and translation. Purpose is helping to provide clear interpretation and translation as well to make provider and patient at ease by breaking gap in communication.
- Transparency, respect, cultural awareness
- Transparency.
- Transparency|commited to excellence
- We are a bridge between patient and provider.
- We are a bridge between provider and patient (include their families). Interpreter correctly will help patient and provide understand each message they received and patient will get a good health care.
- We are the bridge across language and cultures. |I know and follow our code of ethics, don't have time to list them.|But we serve with impartiality, respect, and accuracy, to summarize.
- We are the bridge between provider and patient.
- We are the voice of LEPs. |I follow every code of ethics of our profession.
- We are the voice of our patients and their family facilitating clear and accurate communication. As a Healthcare Interpreter I practice confidentiality, provide accuracy without omitting and adding. I provide cultural sensitivity and professional boundaries.
- We are there to assist with language, cultural, and literacy disconnects. We are very much a part of the medical team. I follow NCIHC, CHIA, ATA.
- We are to relay the messages between healthcare providers and patients/families. We are to get messages across accurately and entirely without omission and bias.
- We bridge communicatios so, we must be aware of culture differences.
- We create a bridge in communication and we are cultural brokers, in addition as needed we advocate for the patient
- We follow the ""National Standards of Practice for Interpreters in Health Care,"" (NCIHC)
- We must follow ALL code of Ethics consistently.
- We provided meaningful communication between the patients and the healthcare providers. We follow the code of ethics and HIPPA compliance and hospital protocols.
- We're conduits for removing language and culture barriers that could diminish patient autonomy, abridge their right to be informed, and impact their best interests in their decision-making
- What is utmost in my mind is doing all that I can to eliminate the barrier that non English speaking patients face when receiving healthcare.
- When I did interpret and when I do in the future first and foremost I would abide by all of the HIPAA requirements. My job is to interpret the spoken word of the professional and of the client or patient in order for best client outcomes to be achieved. When very necessary and according to the policy of the hospital and interpreting agency if a cultural interpretation were needed for best medical outcomes I would ask permission to provide and do so.
- Yearly renewal of OSHA and other requirements for a complete understanding of ethics in the interpretation world.
- Yes

- You have to maintain good manners, speak clearly and interpret as accurately as possible. We have to make sure that the message that provider is relaying to the LEP is accurate, specially when they are giving instructions on a treatment or medications dose. And on the LEP side make sure to interpret all they are feeling so the provider understands what is going on and what they need and decide on the best plan of care.||We should never shared any information either the providers or the LEP. And never show biased. Each person have their own beliefs and it should be respected.||Always be patient, kind and maintain good flow of the conversation. And have good customer service. |
- You know what, I learned about the concept of communicative autonomy either beginning of last year or the year before. I think that has become my goal.
- You need to introspect and find out what is the right of The Interpreter. Ethics, professional protocol, etiquette these are tools to control interpreters what is the pay in return?
- You really need more interpreters on your board to not ask redundant questions.
    - accuracy b) confidentiality c) professionalism/respect
        - ⎫ compassionate enough to be objective and objective enough to be compassionate in interpreting,|b. I hope I could educate them more on the rights of LEPs so they don't feel bad about not speaking the provider's language.|
- accuracy and completeness|get the patient the best service they need
- accurate communication, cultural competency, aonfidentiality, advocacy, equity in health care,
- all
- all of t hem
- all of them
- all of them ea and every call
- all of them, conduit, respect, impartiality, accuracy, confidentiality, professionalism, continuous development/education, integrity
- all of them.
- all the interpreters follow
- communication bridge
- communication bridge between a healthcare provider and a patient who do not speak the same language, accurately translating medical information to ensure the patient fully understands their diagnosis, treatment options, and medical history, while also maintaining confidentiality.
- communication, advocate, conduit
- conduit
- confidentiality, accuracy, impartiality, professional competence
- confidentiality|accuracy|impartiality|boundaries|awareness of cultural differences|respect for all parties involved |advocacy|professional development|act in professional and ethical manner|
- convey direct message between provider and patient.
- convey the message correctly and exactly
- cultural broker, clarifying, language bridge, and at times advocacy
- don wanna bother doing this. sorry
- ensure effective communication among people who do not share (or are limited in) language or cultural contexts to achieve the objectives of the encounter
- equity, good healthcare; CCHI
- facilitate communication between the parties|Accuracy|Respect|Advocacy for well care of patient
- facilitate the communication between parties to establish the best relationship and care patients need
- help and maintain Patient care with communication standards
- help non English speaking people and English providers communicate by following national code of ethic for interpreters in healthcare.
- helping the patients
- i do
- impartial, transparency, direct communication; I follow all the standards and code of ethics
- impartiality
- interpret all ass is sad
- its to bridge the gap of communication between parties while being culturally understanding and uphold that the medical conversation remains confidential.
- just translate and get paid
- language access to all.
- mediate culturally and linguistically to participate in improved an informed healthcare to the clients
- na
- not being biased.

- partially
- primary purpose is to facilitate accurate communication between a healthcare provider and a patient who speaks a different language, ensuring that both parties fully understand the medical information being exchanged by translating the conversation accurately and respectfully.|Impartiality:|Remaining neutral and unbiased, avoiding personal opinions or interpretations that could influence the communication.
- privacy and having the patient have complete understanding of what the caregiver is saying
- professionalism and kindness.Confidential.
- provide equal access - RID
- providing linguistic interpretations, insuring that the communication flow and pointing out cultural needs and differences when necessary.
- serve as a bridge between healthcare providers and patients who do not share a common language|Interpreter shall render accurate interpretation without altering omitting or adding anything to the meaning what is stated or written and without explanation.
- serve as a faithful conduit between the LEPs and provider
- so the Deaf have access to the healthcare system....
- standard of practice, code of ethics, HIPPA and agency requirements. the purpose of the healthcare interpreter is: true informed consent. to empower a non or limited English speaker to take the information given and make their own decision about what they want to do with their own body or the body of the person they are caring for.
- the interpreters serves as a conduit, remain impartial and not let any personal issues affect my work, have a proper work environment, all information is confidential
- the purpose of a healthcare interpreter is to help patient and provider communicate for the mutual benefit of those parties. I follow the codes of ethics from NCIHC
- to act as a communication bridge between healthcare providers and patients who do not share a common language. |We have to follow certain principles: confidentiality, accuracy, and cultural respect, impartiality professionalism. |NCIHC|IMIA|
- to aid in bridging the gap of communication||i follow all the code of ethics
- to assist both the medical provider and the patient to communicate between one and another and to interpret only what the patient is therefore and to follow confidentiality at all times for the patients privacy
- to be a conduit allowing clear communication between provider and patient
- to be a conduit for the LEP and maintain confidentiality, sometimes advocate for an LEP
- to break the language barrier.
- to bridge the gap between medical providers and patients.
- to communicate accurately between provider and client, I follow the code of ethics of the NCIHC
- to convey a message from the native language to English, and viceversa, without adding, ommiting or changing the original message, , in t the non native and being a cultural broker for both, provider and patient.
- to convey information between LEP and provider without omitting or adding information.
- to facilitate communication between patient and provider, providing cultural mediation when necessary and abiding by the RID code of conduct
- to facilitate communication between patients and healthcare providers||Impartiality: An interpreter's role is to facilitate communication without influence or interference, so they must remain neutral and unbiased and refrain from expressing personal opinions.||Accuracy: Interpreters must communicate everything, including uncomfortable content and/or tangential information.
- to facilitate communication between provider and patient
- to facilitate communication between providers and staff and patients who do not share a common language and culture|||RID Code of Professional Conduct
- to facilite comunication between drs and leps
- to fill a communication gap to be able to reach patient's well being|Only interpreter what is said (not adding or taking words away).|Confidentiality|
- to give the person around you or that you are helping the same help and resources of a person that understands the language being able to give the opportunity equally. professional code of ethics is that you will not give your opinion or pass on your own bias to the individual that you are working with no matter the view that you or the other person may have.
- to help people.
- to help, try to keep up with
- to interpreter everything as completely and accurately as possible without omitting or adding any additional information and to keep everything confidential.
- to make everything stated in the medical appointment understandable to all parties, with no changes, no additions and no omissions.

- to serve as a conduit between patients/ visitors & medical staff
- to transmit the message as is, back and forth between parties, maintaning both the meaning and intention of the message with accuracy.
- voice of the patient and provider. breaking down barriers
- we are only to interpret what the patient and their say
- what the employer dictates|
- yes
- yes I do follow the code of ethics as it is a tool to make my job professional and worthy.|my purpose is to help every pt and have compassion and understanding
- 1. Facilitating Communication| 2. Promoting Patient Safety| 3. Ensuring Patient Rights| 4. Cultural Mediation| 1. Accuracy: Interpreters must convey messages faithfully without adding, omitting, or altering information.| 2. Confidentiality| 3. Impartiality| 4. Professionalism| 5. cultural Sensitivity | 6. Advocacy (when appropriate)| 7. Continued Competence
- The purpose of a healthcare interpreter is to ensure accurate and culturally appropriate communication between patients and providers. They follow ethical principles such as accuracy, confidentiality, impartiality, respect, and professionalism. They also promote cultural competence, avoid conflicts of interest, and encourage continuous development. They only step outside their role when serious misunderstandings affect the patient's well-being
- I interpret medical jargon in layman's terms, ensuring that patients fully grasp their medical condition, diagnosis, treatment options, and any potential risks. I also convey the patient's queries, concerns, and symptoms accurately to the healthcare provider, while maintaining professional boundaries and upholding patient confidentiality. |⎫ I play a vital role in ensuring health equity and language access for all patients.|⎫ I provide active listening skills in order to thoroughly comprehend the patient`s and medical consultant's opinions.|⎫ Ability to maintain the confidentiality of the patient's personal information.|⎫ Ability to facilitate understanding, empathy, and communication in a world that greatly needs it. Whether it's a critical medical consultation, a pivotal legal discussion, or an important business meeting.|⎫ I also have a crucial role in displaying cultural sensitivity. I don't only translate languages, but also bridge differences in cultural norms, values, and beliefs. This understanding helps to eliminate potential misunderstandings or misinterpretations that could arise from cultural differences. By having cultural sensitivity, I ensure that patients from different cultural backgrounds feel respected, understood, and comfortable in their interactions with healthcare providers.

Appendix U(4). Anticipated Change in the Next 2 Years (Q.64)

Question 64. How do you expect the healthcare interpreting profession or your personal work role to change over the next 2 years?

- Attending more workshops, conferences , training etc
- I'm exiting, but I would hope is for the best.
- Increase demand for interpreters|- Growing video remote interpreting with in-house interpreters|- Stricter hiring requirements. Looking for qualified/certified interpreters |- Using more AI tools|- Wider availability of language services|
- Policy changes and regulation|-Increased use of technology|-Expansion of Interpreter training and certification|-Hopefully more integration into centered care model or closer collaboration between interpreters and health care providers not only as linguistic facilitators but also as advocates for patient understanding and engagement. |-Better recognition and resources of greater mental health and well-being specially in critical environments.|With all the changes in technology happening so rapidly, we as Interpreters need to adapt to these changes, solidifying our critical role in patient care. |
- 0
- Better pay and fair practices from agencies. |2- Requirement of certification for all interpreters.
- Increase in seasoned interpreters that will impart their gained knowledge to the rising generation of healthcare interpreters.||2. A greater understanding how AI can potentially enhance our skills as Healthcare Interpreters.||
- A better understanding of a role of a Interpreter respect for the class.
- A better understanding of the importance of interpreting services. I expect professionals to undertake required training to understand the nature of working with interpreters.
- A big challenge with AI
- A chunk of the business will be lost to AI
- A good raise, bonuses, and motivation are needed.
- A lot
- AI
- AI and machine translation will take over about 20 percent of the workload.
- AI and technology
- AI interpretations will become more accessible and accurate. This may pose a slight change in how often human interpreters may be requested for assignments.
- AI is already here. Maybe we do some hours in person interpreting and some hours video.
- AI is coming and pay is not increasing , therefore people will look for another career.
- AI is going to change something
- AI is going to do more of it
- AI is inevitably implemeting in healthcare system. It will eventually change translation/ interpretation in some ways that I'm not able to foresee at this moment.
- AI may affect and change how medical interpretation is conducted.
- AI may impact our job scope or opportunities available to human
- AI may play a large role in the change
- AI may take over
- AI may take over some of what we do now, also, i feel that the 40 hour minimum of training vastly underrates and prejudices our professional status. I feel very strongly that to call ourselves professionals, we need at least a two year degree. I think it is dangerous to send out medical interpreters to the field with only 40 hours English only courses. The national certification does not really reflect expertise,it just reflects that you can pass a test. I have seen many interpreters who make big mistakes in interpreting health care, as a health care provider as well, this scares me. medicine is very complicated and requires vast knowledge. would you like a nurse that has only had 40 hours training take care of you? many countries require a minimum of a associate or bachelors degree for medical interpreting, why are our standards so low?
- AI might be able to take over some of our responsibilities!
- AI might have some effect.
- AI related. I hope we all learn to use it as an ally and it will be very beneficial for the patients.
- AI starting to replace some healthcare interpreter jobs
- AI tools will be augmented for VRI and OPI, and radically speed translation renditions.
- AI will be big and will be used more in the interpreting rollk
- AI will be used by interpreters to do their jobs better (instant research to understand medical conditions, learn new vocabulary, etc.)||Providers will use AI to produce routine, short documents instead of using translation

services ||Some hospitals will continue to provide in-person interpreters as a way to distinguish their hospital as providing exceptional customer service

- AI will be used more often.
- AI will have a huge impact in making the experience less human and adapted to each individual. |In my experience, the best approach to medical interpreting is to have a live person in the room with the patient. |OPI and VRI can miss important non verbal clues which might be important in diagnosing and treating the condition. |In addition, from the patient's perspective, he/she might feel more at ease with a person who speaks their language and understands their culture, therefore communicating more openly with the healthcare practitioner. |I could write a complete article about the benefits of the 'in-person interpreter' in a healthcare setting.
- AI will make us obsolete.
- AI will most certainly affect our profession but almost all my clients throughout the years have stated a preference for human interaction.
- AI will play a big part of this field.
- AI will play a significant role in short calls depending on the complexities. But human interference will significantly decrease for sessions that has simple emotions which can be apprehended by AI module
- AI will play an important factor as it continues to be able to refine machine translation/interpretation. I can see continued outsourcing as the organization with which I work continues to seek more cost-effective measures for interpreting via remote options. Also, our immigrant community will shift as political policies take effect and I can foresee a decline in demand for interpreter services.
- AI will play increased role
- AI will probably start making a difference
- AI will replace multiple follow up encounters decreasing the need an interpreter presence.
- AI will replace the job of personal interpreter.
- AI will replace us
- AI will start replacing some of us...
- AI will take over interpreting.
- Adapting to more AI and automation of language services delivery, and having to increase my general medical knowledge and medical terminology to show value.
- Advances in technology, such as AI and remote interpreting services will become more widespread.
- Ai will play a role
- All agencies should have set guidelines and requirements. It is confusing for freelance or contract interpreter to read lengthy and different contracts. If all agencies follow one universal requirement, it will be easier for everyone to have timely services and employments.
- All interpreters, not matter where they are interpreting, will likely see a more emphasis on technological integration, AI taking over in some settings, cultural competency training and a chance of an increase in remote interpreting options.
- All patients I helped prefer in-person appointments. Nobody feels comfortable with tablet interpreting but the pay for hour is not sufficient to dedicate myself to this. I do it to not lose my roots, my language and the contact with my people while I help those less fortunate in understand English to have the same
- AI|||
- Anticipating more remote work and less in person.
- Artificial intelligence will reduce (or even replace) the need for in person interpreters.
- Artificial intelligence will soon make us redundant. There will be gradually less work for us.
- As a qualified professional, I am expected to provide accurate and objective language translation services and adhere to a strict code of ethics. In next two years
- As a remote interpreter the main disadvantage is payment rates and benefits, I invest my time and knowledge, but I don't receive the reward I deserve, a good fee or payment rate. Hoping I can make more money doing what I genuinely love.
- As an in-house in-person interpreter working in a speciality center, I do not expect many changes over the next 2 years in my profession except continual exploration to the field I am interpreting. To be frank, the interpretation assignments I receive require in-depth knowledge in the field, so it's not easily replaceable by AI or remote interpreters who mainly interpret family practices or general medical practices.
- As the demand for healthcare interpreters grows, I expect the profession to continue evolving with more standardized training, certifications, and specialization opportunities. The use of remote interpreting through video and phone services will likely expand, requiring interpreters to adapt to different modes of communication while maintaining accuracy and professionalism. Personally, I plan to further develop my skills through continued education and training, staying up to date with medical terminology, ethical

considerations, and cultural competency. I also anticipate that interpreters will play an increasing role in patient advocacy by ensuring language access policies are effectively implemented in healthcare institutions.

- As the industry goes on, I see more and more companies coming out and offering the interpreters lower than the average pay rates. For an instance, there are some companies who offer a mere $4 per hour or 0.002 cents per interpreting minute. Due to this, I believe there are a lot of interpreters who are thinking of switching their fields as no one can survive or feed their families with such low rates.
- At least that they recognize that we deserve more.
- Awareness to the Interpreter Profession. Asjusting salaries or per hour rate . |Being fair with the re Certification process , have a phone number to call to get answers when needed. Allow the interpreter to be able to choose appointments.
- BETTER TRAINING AND BETTER COMMUNICATION WITH INTERPRETERS.
- Based on the current administration I suspect work assignments will go down as many immigrants are feeling safe.
- Based on the importance of our profession within the healthcare system, I think that as Certified Healthcare Independent Contractors, in addition to our hourly rate, we should receive financial support in the form of medical insurance, paid vacation, free or discounted education opportunities, wellbeing services like gyms, acupuncture and meditation practices.
- Be able to be recognized nationwide as a key in the healthcare system .
- Be able to help more people without boundaries.
- Be influence more by AI
- Better communication and more interpreters
- Better pay
- Better pay and benefits
- Better pay and benefits.
- Better pay for Interpreters
- Better pay rate with a minimum of 2 hours rate.
- Better pay, 2 hours minimum, is a Career that requires a lot of studying and preparation
- Better pay, better treatment from companies, transparency and support, academically or emotionally.
- Better pay.|A knowledgeable profession |
- Better payment. Mental and physical support. More training
- Better recognition and respect of our valuable role. Not to see us like simple replaceable employees and better laws that can help protect us when for example providing services that are then not paid and have to be counted as lost income.||
- Better salary and benefits
- Better salary, health insurance and more information about our profession in the media. Many people don't know about our work.
- Better salary. USD 4/logged hour is really low!
- Better technology for OPI/VRI interpretation. More opportunities for training
- Better trained interpreters and better paid
- Better wages according to education
- Better working conditions, increase in fees, more respect toward the profession, more recognition as a profession, hiring only certified interpreters.
- Bigger push to work VRI
- CE
- CHI required as the standard for healthcare interpreters and specialization are needed!
- Can't guess
- Certification of Medical Interpreter must become a job requirement.
- Certified Interpreter for Federal government through legal support.
- Change gradually
- Change in higher pay and that this job be seen more than just ancillary
- Change with AI and the need tobecertified
- Changes to immigration policies and funding may impact the need for interpreters where I volunteer.
- Changing interpreting fields.
- Considerable and I would say not for the better reasons.
- Consideration for advanced Interpreter topics/certification. For instance, being fellow or diplomate in a particular area. Like that of a Cardiovascular surgeon or Advanced Pratice Nurse or even a Paramedic. ||Or simply have advanced training opportunities to stay current in our language pairs. ||We need to show that we are as capable as them.

- Considering the decreasing volume of calls I noticed this past year, I am quite pessimistic.|If I factor in AI and politics, I am even more pessimistic for the future of the interpreting profession, including in healthcare.
- Considering the status of the country at this moment, related to immigration, I believe this profession will change in an innovative way to remain neutral but loyal to the message and the content.
- Continued improvement
- Definitely more experience and I am also considering taking a course in a health profession.
- Depending on the development of entities that can stand for a fair payment for interpreters, It may improve or decay.
- Depends if trump guts accessibility and the ADA then all sign language interpreters are going to lose their careers so I don't know what would happen
- Do away with non certified interpreters. I've seen some horrible interpreters that are just doing it for the money, and do not want patients to say too much because they book themselves too close to truly meet the needs of the patients.
- Do not expect much change.
- Do not know
- Do not know.incertain right now
- Do not use AI!!!||It is not possible to follow up the patients fillings.
- Don't get me started. Given the current administration in DC, even less funding & enforcement efforts, elimination of programs and services, punitive measures towards anyone who tries to assist or advocate for LEPs in any way.
- Don't know
- Don't no hope it's progresses
- Dont know
- Drastically with AI
- Due to the new technology, such as AI, interpreters' role will be changed to forced to adapt to new technologies. |And more trainings on their cultural awareness and medical knowledge are needed.||
- Due to the present political environment, I have no clue how things may change, or whether our industry will be affected by the present administration. My hope is that funds won't be stripped away from programs that are greatly needed by the most vulnerable people in our society, thus, affecting our industry, for example, Workers' Comp, Public Health and Head Start, etc. My hope is that we can continue to be of assistance to those who need us, and that we can still survive as professionals.|
- Educate myself every day on different health topics
- Either growth or AI taking over the role of Interpreter
- Espero que para mejor
- Every step made to grow personally will impact for sure the interpreting field. We will contribute to the improvement of patient care and health outcomes. There will be more qualified and professional interpreters. More respect for the profession!
- Expect a drop in volume in healthcare settings. Maybe will be hired by LEP individuals themselves.
- Fair pay
- Fears of immigration confusion, racism.
- First of all, I believe the payment rate should increase We are basically doing the same thing as AU.S based interpreter.What do they just think that because we are out of the u s we deserve lesser pay|
- Focus to my regular work, responsibilities. |Recently, I saw The new interpreter aspirants coming in contact, sharing knowledge, information with them. Helping them as needed
- For all interpreters to be certified and better pay.|We compete with qualifiedinterpreters that do not take courses or pay business licenses.
- For better more interpreters in person.
- For the good using new technologies to aid in a more precise, secure and realiable interpretation across the globe. Hopefully this can help create a real international network fo interpreters that can ensure
- For the interpreting profession I expect a higher demand for interpreters with higher pay rates. More trainings available. More awareness of the demanding role that we interpreters execute.|Education, certification and experience be taken into consideration when offering a pay rate. I also expect that access to language is going to be at risk due to current US president policies | |For my work role I'm afraid that a call volumen may decrease a little.
- Get better at my job skills
- Get certified
- Getting more interpreters
- Give us benefits and better pay
- Given the current administration I feel like we may see some fluctuation.

- Go more remote
- Good question! Perhaps AI may be used more?|I'm not worried about it; change is inevitable. Those who are tech savvy may use it more. Those who are not~ will not.
- Great
- Greatly decline due to AI. Pay will get worse also.
- Hard to predict with the fast-growing AI movement.
- Hard to project
- Hard to say. The political landscape dictates things too and there's a lot of uncertainty.
- Hard to say. |It's a difficult time with the new administration
- Have better trained interpreters, and better pay.
- Haven't given it much thought.
- Having labor stability and probably labor benefits.
- Healthcare Interpreting profession may change with the new employees who are not as fluent as they sta te to be.
- Healthcare interpreters profession is expected to change significantly in the next two years because of technology, increased use of AI and also base on the fact that almost the new generation do not need interpreter that much because although they might not be fluent but they know English and understand it.
- Healthcare interpreting has not significantly changed in my work role over the past ten years, so I believe it will not change much in the next two years.
- Higher demand of services for the community that will open more opportunities to expanding the department and allow more job positions for interpreter services.
- Higher pay
- Higher salaries
- Hire more certified interpreters.
- Hope
- Hope to improve the pay and remuneration
- Hopefully AI doesn't take over completely
- Hopefully I can become an in-person interpreter for some reputable healthcare organization
- Hopefully I get paid by the hour and I can get certified and charge a little better.
- Hopefully I would have gotten something else
- Hopefully better
- Hopefully get more professional and , better pay
- Hopefully it continues to be respectful to patients and their needs and rights
- Hopefully more in person work
- Hopefully more respect for the profession and better salary
- Hopefully not that much
- Hopefully the demand will be higher, will be seen as essential and pay will be higher.
- Hopefully to involve more interpreting services where it becomes a default setting for all caregivers when a patient is being seen instead of the patient asking for it.
- Hopefully we c an ear more money within the profession
- Hopefully will need more demands and not replace by AI.|
- Hopefully with more in person staff
- Hopefully, I'll get more responsibilities.
- Hopefully, two interpreters can cover the busiest time block in the emergency department. In terms of changes to the interpreting profession, I hope there is an exchange interpreter program either to shadow or provide feedback from interpreter-to-interpreter or as part of an official interpretation class.
- Hoping for fair pay and reimbursement for certificate/renewals & education.
- Hoping to increase and develop.
- Hospitals and health care facilities are focusing on workforce challenges, such as talent shortages and retention issues.
- Hospitals will implement more AI tools to communicate with patients
- I BELIEVE THAT AI WILL BE USED MORE. NEVERTHELESS, THERE IS NOTHING LIKE A REAL HUMAN BEING NEXT TO A CLIENT.
- I Don't Know
- I EXPECT AI TECHNOLOGIES TO AFFECT SOMEWHAT OUR JOBS|BUT I CONSIDER OUR ROLE WILL STILL BE NECESSARY

- I aim to gain more experience as a healthcare interpreter and take on more complex health cases. I have been working as a healthcare and community interpreter since 2021, and I plan to increase the time I devote to healthcare interpreting within the next two years.
- I am a worker of my environment. I strive in teams that nourish and protect teammates' mental health and physical needs (appropriate breaks). My previous interpreting experience was exhausting but I learnt a lot and now I recognize that the call center environment is not suited for my needs. I am now in a different and much balanced working setting and excited to be working with education and medical interpretations with children and their families. I hope that in 2 years I can involve myself in creating more trauma informed environments where call center interpreters can feel human, appreciated, and not overwhelmed by demanding hospital needs.
- I am afraid that AI is going to increasingly replace human interpreters and I hope healthcare organizations and CCHI do not let that happen.|
- I am afraid that AI may take over the role of interpretation
- I am afraid that AI will take over our jobs completely, MANY companies started even selling interpretation hours powered by Ai.||the strange things is, some language companies are helping Ai companies to train their interpreting modules.
- I am afraid that because of the new governement I will receive more and more calls from ICE centers with migrants feeling traumatized.
- I am afraid that electronic equipment is being introduced for expediancy or economic reasons losing the accuracy and cultural approach in the interpretation and will be detrimental in the overall attention to patients.
- I am afraid that more and more work will be assigned to AI or AI-powered devices, unfortunately.
- I am afraid that the current government will ruthlessly force hospitals to switch to AI interpreting.
- I am already seeing the effects and impact of both AI use and VRI/OPI availability and affordability. I am not as concerned about AI impacting my work with Deaf patients, but I do worry about reliance on AI translation for medical documents or the use of audio translation apps for short patient interactions. My other role as an interpreter services coordinator for a hospital system means I see both sides of VRI/OPI use. There is affordability and convenience, especially for nights, weekends, holidays, emergencies, bad weather, sick interpreters, etc. but we do often get complaints from patients and providers regarding poor audio quality, poor video quality, difficulty understanding the interpreter, interpreters that seem to be unsuitable for the role, and connectivity issues leading to frozen screens or dropped calls. I worry that over-reliance on technology to replace live in-person interpretation leads to a degradation in quality of healthcare received and general medical literacy for non-English-speaking patients. I am also very concerned about the negative impacts the current U.S. administration will have on both domestic and international healthcare in the near and long-term futures, especially for immigrants, ethnic minorities, and other underserved communities.
- I am concerned about the use of AI, since we have multiple dialects in Arabic so sometimes the same word means totally different from one dialect to another.
- I am concerned that many companies are hiring untrained interpreters and giving them a quick course that does not cover ethics, medical terminology, values, HIPAA, and many important things. Also, that AI might become a cheaper option even though is not a good.
- I am concerned that the Trump administration will either repeal or severely curtail the ADA, limiting access for patients.
- I am concerned that the age of most interpreters is near retirement and that there won't be enough qualified medical interpreters in the future.
- I am curious about the role of artificial intelligence and what advantages and disadvantages it will have for our profession. I trust that experience and certification will be valued. Some of the clients are undocumented and I see them not showing up for appointments, I do not know how the immigration actions the US is taking at this time will affect the patients/parents/workers; for now I am seeing an increase in remote virtual appointments again. I would also like to see more opportunities for networking and camaraderie with colleagues in the interpreting field.
- I am expecting more use of AI.
- I am hopeful that more organizations recognize the need of face to face and live interpreters
- I am hopeful that the need for interpreters is recognized more in the healthcare system. I hope that every provider is trained to work with us and honestly that our work is valued financially as well and out at the level of Legal interpretation.
- I am hoping that not only education will be required to get certified but practicums theology is good, but until you are actually in the field you cannot understand how to improve
- I am hoping that the profession changes in that interpreters are fully recognized as part of the healthcare team and not ""helpers.""
- I am hoping that there will be enough medical interpreters
- I am looking for more on-site assignments, because of my location it will be other than medical assignments.

- I am not sure
- I am not sure if AI will be good enough to take over many interpretation assignments, but I am aware many larger departments or hospitals are training their own bilingual staffs as interpreters under they own set of systems that not necessarily require certification
- I am not sure what to think here as the current USA Presidential administration seems to want to change things that have to do with Diversity and Inclusion. I hope and pray for the sake of our patients that have limited English proficiency that Language Access continues to be a must provide service in USA healthcare.
- I am not sure with the current Administration.
- I am not sure, but sometimes I think there might be a need for specialization, such as mental health (theraphy seesons) or patient companionship.
- I am not sure, it is very hard to say.
- I am not sure.
- I am not working at this moment
- I am preparing to set myself in medical setting
- I am pursuing a career change in healthcare
- I am retiring.
- I am sad and scared about the inauguration today. Unfortunately it's very difficult to predict how it will impact us, but I'm sure it will. I am seeing the work become more professionalized with the passage of time and I hope that continues, but laws and funding around language access have played a role in this and they may be interrupted.
- I am somewhat worried about AI, in the best case we would get AI supplemented tools like live close-captioning to help with understanding and remembering what patients or providers say. In the worst case everyone decides AI is good enough and fires the in-person interpreters (me) to save money. That may be farther off than 2 years though.
- I am training interpreters and creating a company.
- I am unsure as the new presidential administration takes over there is uncertainty on will I be needed.
- I am very concerned about my role as an interpreter with the new administration.
- I am worried that AI may start to infiltrate the workforce in some way. I also am worried that the low salaries that interpreters get will on-site interpreters less and less and there will be more phone/video interpreting. It is well known that live interpreter cases have much better outcomes.
- I anticipate a lot of AI implementations and less and less openings for interpreters.
- I anticipate more remote interpreting opportunities and increased use of AI tools. Personally, I plan to continue working periodically as a contract interpreter while staying updated on industry changes.
- I assume that the volume of work is going to increase and the job enviroment is going to improve
- I assume we will have attempts to use AI in our work. The most likely scenario to happen first for our company or my role is the use of speech to text transcription on the backend to support accuracy of interpretation.
- I beleive onsite healthcare interpreters will continue to play a crucial role in medical settings when it comes to challenging situations like end-of-life cases and /or trauma.
- I believe AI will affect us
- I believe AI will be actively used and I will be able to focus more on being present than taking notes
- I believe AI will start taking part on this role, I hope that it will be supporting our efforts (of interpreters) not just replacing the full function. I hope also interpreters are considered providers, and our training in health care develops into areas of specialty.
- I believe I will have to do more virtual work and will be using AI more.
- I believe as any other profession we will have to incorporate the technology advances into our daily work load to improve and expand the reach of the assistance provide. This will increase the job opportunities even that any people differ because our services can't be perform by a computer, base of all the aspects we as human are able to take care. We as a field had to be in control of the decision making when new technologies are introduced to be able to have favor from them
- I believe in-person interpreters will always be needed in some capacity. Personally, I will probably work less than I do now.|I will continue to maintain my certified status.
- I believe interpreters deserve the recognition their role demands. I hope to see industry regulations in place to ensure fair pay for interpreters, regardless of their country of residence. There should be institutions that uphold these standards, ensuring we receive essential benefits like healthcare, sick leave, and vacation time. Fair wages would also allow us to stay updated in our field and invest in our professional development.
- I believe it will change once we start incorporating AI/Technology.
- I believe it will progress in terms of technology/knowledge and training with AI tools and resources
- I believe it's going towards robotic interpretation.
- I believe more interactions will be video/remote interpreting.

- I believe since there has been mor awareness about the vital necessity related to equal access to healthcare needs and the importance on utilizing professional healthcare interpreters not family members, , the healthcare interpreting profession will expend and become even more in demand,|As a result to this, I am hoping I will have an increase 40%by in healthcare related call sessions.|40%||4||
- I believe that AI will begin to play a bigger role.
- I believe that in the next 2 years we will be doing more in-person appointments.
- I believe that it'll be about the same for the next 2 years, perhaps easier with the release of the new AI tools which may help to facilitate even further this service.
- I believe that our role as interpreters particularly in the healthcare sector will be even more in demand with the flow of refugees and the growth of low income families who are fast rated to seek the help and care on behalf of medical personnel just due to no or little knowledge of English. We interpreters need to be even more advanced.
- I believe that over the next 2 years, the bread-and-butter, uncomplicated communication/ Interpretation and translation tasks between healthcare providers and patients will be increasingly handled by automated systems and AI algorythms. But the most challenging and delicate conversations between doctors and other healthcare providers and their patients will be facilitated by competent, highly-trained interpreters and translators who will be using AI algorythms as an important tool to achieve better patient care outcomes and improve the quality of their work.
- I believe that some providers will continue to prefer in-person interpreters because of the higher quality involvement it offers. I also believe that digital and AI will become more common while staying less reliable.
- I believe that the demand for interpreting will continue but we will see more effects of AI, perhaps more use in low risk settings and more use of programs that translate as a person is speaking. AI will probably continue to have more accurate translations, and thus, more trust. I also think we will see more remote interpreting and less in-person because this is a way for hospitals to provide more service and cut down on costs, though not always for the better. It is hard to know what will happen with healthcare in general in the next few years as the system has many holes but I hope there can be improvements.
- I believe that things could change due to the influence of AI. There has been a lot of talk about AI potentially taking over the role as an interpreter, but I believe that AI can never truly replace the communication of the deeper intention behind the words that a human being can, and also express the unspoken emotions that can emphasize what's being said.
- I believe that we will be able to use AI-based tools to assist us in our interpretation.
- I believe that, in the next two years, I will continue to have the opportunity to work as an in-house interpreter. There is an ever-increasing need. When I was first certified in 2017, these full-time positions were hard to come by in Madison, Wisconsin. ||I also think I will have more opportunities to freelance in the VRI modality, as this is becoming more commonplace to address gaps in language access across the country.
- I believe the role of healthcare interpreters is becoming more virtual as time goes by. More and more employers prefer that the interpreter be available at all times but remotely, through video or phone. There is also now the increase in use of AI and interpreting platforms that use AI. Soon enough employers will opt for the cheaper option, regardless of quality, which could inevitably lead to less job opportunities for human interpreters.
- I believe there will be a higher demand for healthcare interpreters as the population continues to grow. This will lead to medical staff being more culturally aware since they will be exposed to patients from different backgrounds.
- I believe there will be less demand for interpreting |I believe there will be less interpreters||Systems will skirt by with providing minimal access through AI or untrained humans|Less individuals will request or expect human interpreting ||I expect to transition away from the profession|I expect to continue to earn less money while working as a freelance interpreter
- I believe we will continue to see video remote interpreting as the main way of delivering language service I am also waiting to see how much will really affect and change our jobs as interpreters and translators.
- I believe we will have less demand for our service with the new immigration rules
- I can only hope that we continue to be seen as an important and crucial part of the care team. It is possible that the work influx could increase in the coming years, as well as it could decline depending on certain political situations. Right now, healthcare interpreting is also in a delicate situation. I hope we continue the same as we are right now, maybe more work and better pay.
- I can really tell
- I could see ai having a detrimental effect.
- I do not expect it to change over next two years.
- I do not expect major changes in the healthcare system for interpreters. I do expect to see the increase usage of AI as it relates to video remote interpreting, as I have seen some testing done. As my current health system expands coverage in the d/Deaf and HoH communities, I plan to see an increased work load.

- I do not expect much change
- I do not expect much change in my profession. I am currently in a role I hope to grow in, and I have always interpreted for contract companies since my college career. I wish to continue to do this work as to me it is very fulfilling, and I love what I do.
- I do not expect much change unless I cross over to full-time interpreting at a facility.
- I do not expect yet I still hope it will change.
- I do not know
- I do not know what to expect with Trump in charge of US. Maybe increase in AI usage?
- I don't
- I don't anticipate a change.
- I don't expect anything positive. Providers don't care about interpreters and their well being
- I don't expect change
- I don't expect for anything to change. I would like to provide interpretation services in person in the future!
- I don't expect it to change much of how it is now. |My expectation is that there is more in person interpreting. The trend is heading towards remote interpreting. I think this based on the current growing popularity of telehealth. So it is natural to expect that the Interpreter profession is following that same road.
- I don't expect it to change
- I don't expect it to change a lot.
- I don't expect it to change, AI shouldn't be overused in healthcare (HIPAA is not the only obstacle for AI here)
- I don't expect major changes
- I don't expect much change. I'm considering obtaining my CCHI so that may be my only change.
- I don't expect much change. Language companies exploit their employees and there is no rules to regulate how they should treat healhcare interpreters, who are mostly treated as a customer representative rather than a language professional.
- I don't expect much changes on my own work over the next 2 years.
- I don't expect my personal role to change. But I think a higher percentage of our healthcare system's interpretation encounters will be done remotely by video interpreters.
- I don't expect too much change personally, but I see changes in the profession due to AI like VRI interpreters being replaced with AI.
- I don't expect, but I would hope that a certification is required of all interpreters.
- I don't foresee significant changes to my role.
- I don't have high expectations about that.
- I don't know
- I don't know for sure, but it will probably be affected by the AI. I'm hoping to learn more about the use of AI in interpreting to increase my productivity, e.g., using Microsoft Co-Pilot and other AI for quickly building glossaries for certain topics (that would still need to be double-checked by a human), using close captioning in Zoom for simultaneous interpreting, etc.
- I don't know if I expect any changes to happen, but I do wish our role it is better understood, appreciated and recognized as a crucial role for ensuring equitable and effective healthcare. For people to understand that we are professionally trained medical interpreters and that our role is to ensure that language barriers do not stand in the way of quality care. That we are way more than jus someone who is bilingual.
- I don't know, i am scare
- I don't know.
- I don't know. I am hoping to give more presentations so our organization can be a leader when working with the Deaf community.||I want our organization to actively recruit Deaf graduating students from universitates like Gallaudet and NTID.
- I don't know. It is hard to predict.
- I don't knw
- I don't like any changes
- I don't really expect any changes |This job is monotonous so we expect to still have a job and not being replaced by AI
- I don't really expect my personal work role to change over the next 2 years. The healthcare interpreting profession since COVID seems to consist more of remote telephone and video interpretation. Seems to me this trend is likely to continue.
- I don't see it.
- I don't think it should change|I like the way it us
- I don't think it will change much but the setting I am in is always different.
- I don't think it will change very much, and I hope it won't. I think more clinics are using video interpreters, but the quality of interpretation is not as good by video. Not the fault of the interpreters, but of the fact of being

on video and not being present with the parties. So I guess I just hope it won't change very much, because if it did, it would probably be changing away from in-person interpreting. I've done phone work, and very much prefer in-person.

- I dont expect significant changes so soon. So the rise of Ai translation and interpreting will happen, eventually.
- I dread what's coming with the rush to use unvetted AI automated interpretation & translation based on only English LLMs. |It saddens me to think I might be part of the last generation of human interpreters.
- I expect AI will replace interpreters.
- I expect ai to develop a bigger role
- I expect an expansion in the use of AI and other digital technologies.
- I expect an increase in the number of encounters, in the number of languages, and the percentage of virtual visits (phone or video)
- I expect an increase of work.
- I expect big language companies to continue to grow in the industry. I expect roles with medium or small language companies to decrease. I expect it will become harder for an interpreter to contract directly with the interpreting customer. This will mean most compensation will go to large language companies.
- I expect fewer interpreters to do more assignments using more technology, producing a lower quality service. My role will be to resist these adjustments by cultivating a well-organized circle of clients that know my level of performance and have decided to rely on that, without expecting an unreasonable workload due to the prevalence of AI tools.
- I expect for it to become more professionally developed and acknowledged, because of rules and laws changing nation.
- I expect for it to expand and get more assignments.
- I expect for the healthcare settings to have a better understanding of the role and the importance of the certified healthcare interpreter human being in whichever way we participate in-person, OTP, VRI, etc.
- I expect for the industry to recognize our roles and give us a better pay, also give us benefits such as paid vacation time and Health insurance. I also expect the chance of growth.
- I expect healthcare interpreting profession being rationalized and equalized in terms of values and prices either you're a US based Interpreter or not, since we're doing the same job.
- I expect healthcare to value and promote the use of qualified interpreters rather than family member, because they don't have the training and can change the meaning of the content and omit information they don't want the patient or provider to know.
- I expect improved internet connectivity. No pixelation, or dropped calls.
- I expect increased reliance on remote interpreting and AI tools, but the need for skilled human interpreters will remain. Personally, I aim to expand my expertise and adapt to evolving healthcare needs.
- I expect it to continue to evolve more in the direction of OPI, and also for AI interpreting tools to replace interpreters. At the same time I expect to hire demand overall which will delay these impacts for me
- I expect it to increase as I move from a clinical setting to a hospital setting when I start working as an RN.
- I expect it to largely remain the same.
- I expect it to move to more remote interpretation using cheaper (perhaps non-certified) interpreters outside of the country.
- I expect it to professionalize even more than it has over the last 15 years.
- I expect it to remain largely the same.
- I expect it will become more challenging because of political reforms and deportations with the new presidency, and I will possibly lose my job due to lack of funding, or be forced to comply with new massive deportations that will be imposed on us as healthcare workers.
- I expect it will become more simultaneous interpretation vs Consecutive.||I expect the amount of sessions to grow.
- I expect many changes, including more regulations to ensure the quality of interpretation, better compensation, and more AI tools to improve interpreter quality.|
- I expect more interpretation to be done remotely and accomplished using AI.
- I expect more people will become certified at the state level, and perhaps more people will be interested in taking a level two healthcare interpreter certification exam. There will be more demand in the healthcare field also.
- I expect more use of AI; especially in document translations and perhaps in video interpreting. I believe the use of AI should and will be monitored by a human expert, at least in these early years. ||I also expect a better system for scheduling interpreters and keeping track of utilization. ||I am also concerned about the current situation in our country with the strict policies against immigration...people may start to become afraid to go to hospitals or clinics unless it's an absolute emergency.

- I expect much change particularly as this country, the United States, becomes more polarized, less welcoming of ""the other,"" of those who do not speak English. It's possible that Interpreting will be even less supported than it is now.
- I expect my healthcare interpreter profession to change over the next 2 years by getting certified.
- I expect my profession to be higher stress in the future because the hospital wants interpreters to be available for inpatient and high stress situations. I hope that our pay will improve.
- I expect my profession to change to health care settings more in pediatrics. I wish to grow my knowledge on all specialties for this field.
- I expect my role as an interpreter to be full time, working maybe with several agencies as a freelancer combined with the part time I have right now
- I expect my role to disappear, I also expect healthcare interpreting to move abroad to cheaper countries and go 100% VRI and Ipad.
- I expect my work to be more full-time medical interpreting, and I hope to use my Spanish language skills in the Christian mission field.
- I expect no change.
- I expect on site interpreting to continue to decrease and reg push for more remote services to increase.
- I expect people to be better informed about the role and the importance of the interpreter. More and more knowledge of how to work with an interpreter.
- I expect some major challenges when it comes to the role of AI in translating/ interpreting, for all interpreters. I also expect my job as an in-house interpreter to be at risk, since it has been mentioned that it's cheaper for the clinic to pay for a vendor for language services than to pay employees.
- I expect stability in the next two years. Doctors prefer in person interpreters and there is an established immigrant community where I live.
- I expect that I might be more of a leader for other ASL interpreters in my organization. I anticipate that we will have more needs in ASL. There also might be more needs in advocacy.
- I expect that advancements in technology and training will significantly enhance accuracy and efficiency. My role may increasingly involve navigating new communication tools and adapting to evolving patient needs.
- I expect that current trends will continue, including the use of VRI and the desire for Ai integration. VRI is not always the appropriate choice and it continues to be used as an end all be all. I hope that will change. With the current state of the country/government system, I believe that our work and contributions will become less valued along with our patients, Deaf or hearing.
- I expect that hospitals will try to implement more use of AI and try to reduce dependence on interpreters. I expect this will have mixed results but may reduce the demand for interpreters.
- I expect that in person appointments will not be replaced by over-the-phone or video encounters.
- I expect that in the next 2 years the healthcare profession will work more, and more with AI tools and process'. Also, simultaneous interpretation mode will be used more frequently as part of daily workflow for healthcare interpreters.
- I expect that it all will switch for a full online services basis. Either AI or VRI/OPI.
- I expect that more institutions will be using AI instead of humans. My role might be less important than now.
- I expect that remote interpreting companies will hire outside of the US for very low pay, so I will have to do more in-person work, probably study legal interpreting
- I expect that the Healthcare interpreting profession grows and that it will be better paid over the next 2 years. This profession needs to be well recognized, since our role is very important in the industry.
- I expect that there be more in person interpreting than over the phone and video
- I expect that there will be a strong push to use AI in translations, and that I will switch to interpreting more VRI than I did previously.
- I expect that with Google and AI coming into play more inaccuracies and dependency will come in for these items instead of a professionally trained interpreter.
- I expect the Interpreter role to stay strong and continue to grow.
- I expect the current political administration of the US to make multiple negative changes. I think that our work will be impacted in many ways, yet unknown.
- I expect the demand for Spanish Interpreters will definitely increase.
- I expect the healthcare interpretating profession to be even more influenced by advancements in technology. Evolving of platforms making services easier and more accessible. As interpreters we can also adapt to these changes staying updated but always keeping areas where the human skills are irreplaceable (mantaining a personal connection with providers and patients)
- I expect the healthcare interpreting profession to embrace more technology for efficiency. Also I can see using more remote interpreters than ""in-person"" interpreters in the next 2 years, just because of the need to be flexible and to act quickly, based on where the needs arise. That can be very sudden, like the recent

fires in California and all the relief work, medical actions and community work that needed immediate support of interpreters.||I expect to see myself in the next 2 years as a grown professional medical interpreter, more confident and prepared even in new medical settings, like Clinical Trials. I also hope to be able to accept some IN-PERSON assignments to get to know the healthcare environment better.

- I expect the healthcare interpreting profession to evolve with technological advancements like telehealth and remote interpreting platforms. These changes will likely increase the demand for interpreters in virtual settings, allowing for more flexibility and global reach. I anticipate further specialization in medical, mental health, and legal interpreting, which will require me to stay up-to-date with relevant certifications and training. As the industry grows, I also expect more emphasis on language access rights, improving service delivery for non-English-speaking patients.
- I expect the healthcare interpreting profession work role to change overtime. I expect things to change as technology improves. I expect more healthcare interpreting to be video remote interpreting (VRI) and over-the-phone (OPI) .
- I expect the profession to be recognized even more now with the AI era, so that we can make sure that the messages are accurately transmitted.
- I expect the profession to evolve more towards remote work since that seems to be the primary demand of providers in hospitals and clinics. I think that in person interpreters will still have a role, but a lesser one, even though I personally believe it is a more empathetic services. I hope to continue working in person to fulfill that aspect over the next two years and beyond.
- I expect there to be little change. Settings and patients change sure but the core meat and potatoes of the work will remain the same.
- I expect there will be more changes with virtual interpretation increasing. We have found in our area, however, that in-person can't be completely replaced. It doesn't work.
- I expect they improve the mental health approach to every interpreter, that companies assure better work condition, better call flow (more interpreters able to cover b2b) and most important, they start to pay what this profession deserves.
- I expect to attain more certifications and be able to request higher rates and that companies accept them.
- I expect to be a better interpreter.
- I expect to be more active or involved. Maybe I can find other locations.
- I expect to be required to do more remote interpreting and less in-person so the hospital can have me interpret more minutes (I.e. financial reasons.) I wonder if my job will continue to exist in this current political climate and if existing legislation around language access will be struck down.
- I expect to become better in Spanish healthcare vocabulary.
- I expect to become knowledgeable in many specialities in the hospital and at an advanced level of interpreting. I believe my role in the language department will grow and I will be highly regarded among my peers.
- I expect to change for the better with better pay and better work conditions for interpreters.
- I expect to continue growing and learning, to better help patients and medical staff.
- I expect to continue improving my knowledge as a medical interpreter by attending CE's and seminars, as well as taking classes to support my growth.
- I expect to continue working as a free lance interpreter but hopefully with a rate increase and more hours per week.
- I expect to develop more education and strategies to provide better assistance to patient.
- I expect to engage stakeholders more on interpreter welfare as it relates to language access and equity. This includes discussion of collective bargaining and government registries that could provide variable stipend allowances for active interpreters nation-wide.
- I expect to get a certification to improve my in income
- I expect to get more time in between encounters, it has to be a way for the appointments no to be one on top of the other, that is in my area since sometimes I have 2 or 3 patients coming at the same time for different providers.
- I expect to grow at a professinal by adjusting the use of AI in the field.
- I expect to have a raise in pay and to immerse myself more in different settings like legal interpreting, banking interpreting, insurance and financial settings and, most importantly, political interpreting like OHCHR calls
- I expect to have gained knowledge and experience not only in my area but in other specialties.
- I expect to have more stable work settings in the next 2 years and more experience.
- I expect to improve and work in all medical specialties.
- I expect to increase my trainings.
- I expect to learn more terminology in target languages.
- I expect to transition from an employee role to a freelancer.

- I expect to use AI and to work from home via phone, Zoom and Video conference methods.
- I expect/hope for our profession to be taken more seriously and as important as it really is. I feel our roles are of a delicate matter, given that depending on what we say/convey to the client/patient/etc. things can go right or wrong for that individual. Our profession is very IMPORTANT
- I expected companies to offer better rates for international employees and the possibility to grow into other roles within the company.
- I fear for my patients that are immigrants in the next 2 years because of Trump's presidency. I wonder if I will see a decline in my patient population due to increased regulation in immigration policy. I foresee conversations with my patients that will be increasingly political.||Separately, I see a shift towards AI and phone/video interpreting and a shift away from in-person interpreting because the healthcare system is increasingly concerned with cost-saving, and qualified in-person interpreters are expensive. It saddens me that cost is being placed above quality of care, customer service, and health outcomes.
- I fear that AI will soon displace human interpreters in some industries but not so soon in the healthcare profession. In the healthcare environment, this threat might not be so immediate because most people still believe and recognize that human interactions are more valuable and personal than machine translations or interpretations. ||On a personal level, I might look into expanding my interpreting profession in immigration and legal fields to adapt to the rapid changes we see in our communities.
- I fear that healthcare interpreter will continue to receive unreasonably low pay in 2 years despite increasing cost of living in my area. I also believe that ongoing trends such as the passage to remote interpreting will continue, but I think that with time, as is already happening, clients will come to understand the world of a difference than in-person interpreting makes in certain circumstances, and there may be more of a rebound in the preference for in-person interpreting in certain situations. AI and machine translation will also likely continue to replace interpreters in certain situations such as emergency triage when getting an in-person or remote interpreter is not possible or feasible, but I do believe that most providers strongly prefer a human interpreter and their preference for a human will not change.
- I fear that the Trump administration, in its lack of respect for immigrants, will limit language access.
- I feel it's unclear what direction things will take, given the current political climate/upheavals.
- I feel like it will be negatively impacted due to corporations driving wages down and outsourcing jobs, as well as people over-using AI Then it will bounce back when the effects of corporate greed massively backfire.
- I feel like with AI our job is at risk.
- I foresee fewer in-person interpreters and more VRI/OPI instead for cost and time-saving reasons. I also see AI being incorporated more which would result in less usage of interpreters (for example, the front desk using AI for brief encounters with patients), but interpreters will still be needed nonetheless.
- I foresee more demand for healthcare interpreters. Many patients are seeing the value of communication between them and their providers. The providers are also recognizing the value of a productive medical encounter when an interpreter facilitates the communication between them and their patients.
- I have already seen a huge shift to using VRI (Video Remote Interpretation), but I don't feel comfortable working in that modality; I prefer in-person interpretation because there are subtle cues, body language and tones that are often difficult to distinguish from a distance and through a video screen or tablet. I expect that I will continue to see a decrease in offers for in-person work.
- I have already witnessed changes as far as offering interpretating services to the LEP community, in comparison to 10 years ago. Also, because there is more awareness of the available services and laws that promote and support the right for providers and patients to receive interpreting services, the system is improving and more is being learned about the services. More people have used interpreting services, at least once, which means more are aware of their rights to have an interpreter, thus increasing the demand for our services and professional development. Virtual interpretation may also increase due to the flexibility to reach almost anywhere and due to the technological advances we witness over time. In general, this field is becoming more acknowledged and there is more training and resources available for us in this field.
- I have been working freelance now for 14 years. I would like work in a medical office,|A doctor's office, permanently in the same location interpreting for all the many Spanish speaking patients that visit a busy doctor's office. As a qualified freelance Interpreter I have not had the opportunity to stay working in one location. ALSO, MY patients have informed me that they would like to see me more often or would like to stay with the same Interpreter.
- I have grave concerns for our future as interpreters not only with AI but especially with this current administration.
- I have no hope
- I have no idea... humanity has been disappointing me in diversed ways so that I don't expect much.
- I honestly expect the healthcare interpreting profession to collapse in some way or another over the next two years. The ongoing race to the bottom, driven by outsourcing companies prioritizing cost over quality, seems likely to reach a point where they can no longer provide a reasonably good service. I don't see a viable path

to improving quality or retaining the best talent under the current conditions, at least outside the U.S. Even within the U.S., many organizations are firing staff interpreters and shifting to outsourcing models, which only exacerbates the problem. This trend undermines the profession, leaving little room for growth, improvement, or the acknowledgment of the critical role interpreters play in healthcare.

- I honestly hope there would be better options regarding the rate that we are being offered.
- I honestly worry about the use of AI in the interpretation field in the future and how it can substitute the use of human interpreters for a cheaper and less accurate service. Regarding my work role, I would like to start working as an in-person interpreter in addition to being a VRI.
- I hope I can et out of this industry and find a better job
- I hope I can make more money after getting my certificate someday soon
- I hope I get more works
- I hope agencies and employers do not control our market and hopefully an entity should regulate our profession.
- I hope every hospital recognized the importance of having trained and qualified interpreters.|Would like to see every hospital in compliance with language access.
- I hope for a more regulated and better paying industry but i am not holding my breath
- I hope for more job opportunities.
- I hope for the better. I wish we could get better deals for interpreters: paid no shows and last minute cancellations is the big one for me. You can't expect me to give you my time and then not pay me for it! It seems like a basic one. ||I worry about AI and people relying on methods to interpret that aren't quite as refined as they should be, and hope the human component isn't affected soon.
- I hope healthcare professionals realize that we are certified medical interpreters, not just common language interpreters, so we should be recognized with appropriate respect.
- I hope hospitals and doctors offices stop using independent contractors and go back to an in house model with highly paid professionals with benefits
- I hope hospitals and large companies will become aware of this and hire only certified interpreters.
- I hope in two years to keep interpreting is a very nice job, but I hope to climb up within the company. Have a more active role within. Either being a supervisor o quality assurance agent. Help others interpreter reach the potencial by teaching skills for interpretation and customer service.
- I hope it changes for a safe evolution of medical interpreters. More recognition, more training, more advocacy so medical interpreters are not replaced by new technology (AI)
- I hope it continues to evolve from when I first started in the 90s.
- I hope it doesn't, AI is never going to be as accurate as a human being whose able to perceive feelings and meanings in words that are synonyms, and get clarifications to interpret with accuracy. I suppose that AI can make life easier for an interpreter, but not replace it completely. I suppose that only the great interpreters will survive in the field. I want eventually to get certified to be one of the survivors.
- I hope it improves and gives both US and Non US based interpreters the compensation, respect and appreciation they deserve.
- I hope it increases to be able to hire more in-person interpreters.
- I hope it will be better paid. The interpreters will be working in one field, not across all areas of medicine. They will be more respected, and their scope of work and the complexity of their roles will be better understood. They will be provided some of the materials or information on the upcoming assignments in advance. |
- I hope it will give the interpreter more information to improve our work.
- I hope more and more Certification would obligatory in order to be an interpreter.
- I hope more providers and medical staff are trained to understand the interpreter role and treat the interpreter with respect and kindness. This will make the interpretation experience much more pleasant for all the parties.
- I hope my career will grow even more in the near future, after developing exponentially since I started working in this profession not too long ago.
- I hope my role is able to keep up with the trending changes that are expected for ||the years to come. I believe the need for medical interpreters will continue to rise ||with the expansion of telehealth services and its integration into electronic ||health records. However, interpreters will need to adapt to the inevitable rise of ||AI in order to secure our jobs.
- I hope no significant changes
- I hope not to see many changes in the next 2 years. We are however moving into an era where more and more AI is being utilized.
- I hope nothing changes !!! I absolutely love what I do , helping others in moments of true need .. And I absoylobe working remote ...
- I hope our pay rates improve, we have a big load of work each day and we're underpaid.

- I hope so
- I hope that I get more hours. A full week with benefits and health insurance so I can continue providing a great service for the Portuguese community.
- I hope that healthcare interpreting becomes more professional and that the interpreter's role in healthcare settings is recognized as a vital part of patient care.
- I hope that human interpreters will still be valued and things will stay as they are rather transition to an ai based model.
- I hope that if it change, it is a benefit for us as interpreters to get a higher paying great jobs to get the respect we have and the importance. For it to change, but in a good way.
- I hope that in 2 years my role becomes more of a trainer or teacher. Because there is a great need for all kinds of language interpreter especially in the medical field.
- I hope that in person interpretation will be still possible.
- I hope that in the next two years the Healthcare|interpreting profession will overcome the barriers that are|holding us back from becoming more beneficial. A better|business structure, technology, interpreting services|mergers and acquisitions, agencies expectations and a|better regulatory environment.
- I hope that in the next two years the interpreting profession will be more highly valued and better paid.
- I hope that insurance companies reimburse for medical and or legal interpretation. However, in the U.S. with the current president (Trump) I wonder how regulations will change for immigrants.
- I hope that interpreters truly understand the value of their work, recognize their rights, and see just how deeply they are exploited day after day. |Skill and dedication are too often met with undervaluation and overwork. Awareness is the first step toward change, and interpreters deserve to know their worth.
- I hope that it continues to grow and be recognized as a professional member of the healthcare team, and I hope to move into a supervisory or training role
- I hope that it is taken more seriously by users and providers.
- I hope that more training from credibile organizations are made available to healthcare interpreters, as there are many people who would like to enter the field are interested. I feel many have found out that just knowing the language is not enough. That there is specialized knowledge and terminology they need to learn to render a good interpretation. |
- I hope that our role is worth more to these organizations when it comes to pay because if it weren't for interpreters providers wouldn't be able to communicate with most patients at the hospital.
- I hope that some of the redundancy in interpreter certification/proficiency/and licensure will be resolved. It's too expensive for a field that does not pay even close to top dollar for our services.
- I hope that the human aspect of the job is not lost due to the replacement of technology. Human interaction is an essential part of healing, and while accessibility to new technology is important, it should not come at the expense of the human side of the profession.
- I hope that the job gets more respect from the medical professionals and nursing field
- I hope that they can finally support us a professional interpreters.
- I hope that they can realize that we are a valuable part of the team, and I expect our profession to become more regulated in order for us to get better pay.
- I hope that we are taking more seriously and that our job is valued more...
- I hope that we have a dignified and respected profession.
- I hope that we will continue to receive the support we need to continue our profession,
- I hope the calls remain constant and interpreters get better pay and that AI doesnt take over lots of jobs .
- I hope the medical intepreting profession will be more widely recognized and appreciated througout the medical field, and will be compensated adequately, according to the complexity and skills it requires.
- I hope the profession will be able to attract more competent language interpreters|
- I hope the requirements to the interpreter will become more stringent and the rates will get increased.
- I hope the role of culture mediator becomes acknowledged, valued, and assigned a degree of formal education
- I hope there is more education via colleges/universities for this profession because 40hr courses are not enough
- I hope there is no change. If there is any, it will be the incorporation of artificial intelligence, which means there would be less opportunities for professionals like me.
- I hope there will be more training for Indigenous language interpreters
- I hope they offer a retirement plan or health care in the future. But I don't think they will be.
- I hope to be in a more behind the scenes role where I can more greatly influence the requirements necessary to become a healthcare interpreter. Too many unqualified people are given this role and it is detrimental to healthcare facilities and LEPs. Also, with the rise of AI, we have a long battle to educate people on what it takes to be an interpreter. Its more than just words.

- I hope to be working PRN to keep involved with the industry and maintain my certification.|
- I hope to become a trainer.
- I hope to become more involved in a volunteer capacity.
- I hope to continue practicing the code of ethics, Know my boundaries and limits within my capabilities and skills. renew my certification and keep my CCHI certification.
- I hope to find another company that'll be willing to pay more and allow me to wokr fewers hours while I go to med school. I hope AI makes our job easier, instead of doing the job for us. I hope companies start valuing us more.
- I hope to gain more experience and to be able to move on and get a better paid job, or stay the same but to earn more money and get stability.
- I hope to get more busy
- I hope to receive a promotion to move from the Interpreter I position to Interpreter II, I expect to use more AI in my daily routine as a Medical Interpreter.
- I hope to see better rates for interpreters as demand keeps growing, especially in healthcare. Personally, I'd like to transition into a QA or training role, since I already have experience in quality assurance and it feels like a natural next step.||AI might start handling simpler calls, but human interpreters will still be essential for complex medical conversations. Either way, I see myself moving forward, whether by earning better pay as an interpreter or taking on more responsibility in QA.
- I hope to see it growing to match the needs of an increasing LEP population, and to see more professionally trained and better prepared healthcare interpreters
- I hope to see mandatory certification for all medical interpreters across all modalities (in person, OPI, and VRI). |I want to see the prestige of the profession increase as well as the pay. |I want third party subcontracting agencies to stop abusing interpreters and paying hunger wages, but I also want them to stop hiring people that are clearly not interpreters and just passed a 5-minute training. |I want hospital leadership to know the difference between certified and holder of a certificate extended by a third party agency. |I also want them to care enough that those two things are not the same, no matter how much Voyce and Martti try to convince you that they are. |I want the skill, training and continuing education to be conmessurate for all interpreters regardless of location and modality. |I want tiers to be adopted at every healthcare facility. There is a place for beginners, but it's not inside a patients hospital room. They can start at registration or simple sessions such as physical therapy.
- I hope to see my organization hire more staff, I hope to see more providers get educated and empowered to better work with interpreters
- I hope we are able to help many more people understand each other. I think we are going to stay very busy despite all the changes coming our way. Stay strong!
- I hope we are more recognized as professionals and understand how challenging our work can be and get adequate pay for our services....
- I hope we are more respected, for providers to actually give us time to do the pre-session, to incorporate us in their protocols so they can respect our position there, and maybe for provider to be trained in how to work with an interpreter, what so expect with an interpreter, and how to conduct themselfs with an interpreter and a LEP
- I hope we can have more benefits.|Iam worry about my future retirement.
- I hope we get better paid salary .
- I hope we thrive. But with possible cuts on the horizon we may see a decrease in access to these services.
- I hope we will be more appreciated and well pay
- I imagine I will find a more full-time position, hopefully for a healthcare organization. I would prefer to just have one or two jobs where I work full or near full time.
- I just expect to do more VCR than phone calls. I think we do a better job.
- I know that AI will likely play a significant role in the near future, but semantically, I believe we still need interpreters to handle certain aspects of discourse analysis that only we, as natives of the language, can understand better.
- I know that the virtual interpretation is wonderful about cost, time, etc., and it's great for a lot of the assignments, but I would like that the in person continue be able when the situation is delicate and the patient need more that the voice.
- I like to have a routine job, so if I'm not where I'm currently employed I'd seek another P/T and will have obtained my business license to either join an agency or freelance and schedule my hours as needed to fulfill a full-time day.
- I like working flexible hours and do not expect any changes on the next 24 months.
- I may be required to work onsite more often; or I may not have a job.
- I may leave interpreting and focus more on Translation

- I may reduce the number of hours I am working over the next two years due to my age. I am approaching retirement, although I have no real plan to retire at this time. I imagine I will continue healthcare interpreting, even if part time, until the day I retire my license to practice. I feel this is where my skills are most honed and I find this work very rewarding.||Over the next two years, I do not see a huge shift in the profession of healthcare interpreting mainly due to the fact that there is a severe shortage of ASL interpreters across the country. Any shift at all will be toward using more VRI services. VRI has become the norm in many places, particularly rural areas and the Deaf community, while consistently complaining about the lack of internet quality for VRI providers and the VRI interpreters' lack of context or knowledge of localized signs, is having to rely on these services. The Deaf community's preference for in person healthcare interpreters is very evident in Maine. I believe this topic will be a focus in terms of state policy and interpreter agency policy development over the next two years.
- I plan to become a certified interpreter and translator.
- I plan to continue working as a part time freelance interpreter while expanding my role into full time interpreter education in a community college setting.
- I plan to expand into other areas of interpretation as a community interpreter and an immigration interpreter. I plan to stay current with the country's new legislation pertaining to Spanish speaking LEP patients and the healthcare providers who service their community. |I will work to lessen the disparity in healthcare and service the Spanish speaking unrepresented sector of my community.
- I presume that with emergence of Artificial Intelligence there will be a significant change in the healthcare interpreting profession and my personal work role may change over the next 2 years because of the same reason.
- I previously thought our profession would expand with there being an increase in need for interpreters but with the current immigration climate in the US, I'm not sure.
- I really hope for interpreters to be more valued and better paid
- I really wish companies care in teaching clients how to use the services and providers and custumers to care about learning
- I see a tendency toward want to do video interpretation instead of in-person interpretation.
- I see little support or advocacy for in house/person interpreters and feel the industry will move more toward VRI or other technologies for interpreting
- I see more VRI interpreting happening
- I see myself in other job
- I see that AI is being used more often in encounters between provider and patient. It seems to be acceptable. It should not be. Google translations are not precise.
- I see the clinicians working together more & more in a collaborative way with interpreters.
- I strongly believe that there will be a lesser amount of people entering the field of medical and legal interpreting; and that the few that do will lack education and work experience, (e.g., customer service), or full language knowledge (English and target) such as reading and writing.
- I think AI is going to dominate pretty much all it can. I'm hoping however that VRI is going to disappear, and that I can continue doing my job over OPI only so that I could make it to my 50s without a herniated desc.
- I think AI may start replacing some interpreting functions. I can see how AI can replace phone interpreters for example.
- I think AI technology will advance a lot in this area and we will see more heath card providers moving to this technology for interpretation.
- I think AI will be involved, and we will need to think outside the box to implement it.
- I think AI will definitely change something about our profession.
- I think AI will eventually take over live healthcare interpreting. Hopefully, there will be impeccable industry related healthcare training to ensure flawless interpreting between providers and patients.
- I think AI will infiltrate interpretation, but I think people generally feel the need to make connections with each other with a live human instead of a computer.
- I think OPI and VRI use is increasing, which I personally consider slightly less accurate and prone to misunderstandings than In-person interpreting. In both modalities, the assigned interpreter may not have enough context or local background (or special terminology) to deliver the best interpretation.||AI will try to take over the industry, offering cost-effective interpreting, but sacrificing current standards for accuracy. The truth is that lower cost solutions are attractive to executives in charge of budgets, and big tech companies have a way (and a budget) to market their products.
- I think by the end of the next 2 years, we may see AI coming into Healthcare interpreting. I believe it will certainly be present for spoken language interpreters. Whether it will be dominant with sign language interpreters in the healthcare setting remains to be seen.
- I think interpreters are becoming more and more aware of their worth so they are probably not going to continue to take unfair compensation in the future. And, the people working as interpreters taking advantage

of the few requirements requested to become an interpreter at some companies, are realizing it is not worth it if it is done only as a way to get money easily instead on developing their professional skills for the role.

- I think it will be necessary to take more of an active role in learning and making the most of AI tools.
- I think it will grow, and possibly shrink down due to the politics. I hope interpretation is still needed.
- I think it will remain the same.
- I think more and more Healthcare professionals will be using AI tools to communicate with their patients. In Healthcare, we may see a decline in requests for interpreters but in the legal realm, such as immigration, we will probably see an increase.
- I think my personal work role will stay the same, but I will grow more experienced in the subspecialties where I find myself interpreting and also gain more experience interpreting my second non-English language, so I expect to feel much more at ease in my role 2 years from now. I currently find myself studying a lot of terminology and facing new language and terminology challenges rather frequently, but I look forward to this subsiding once I have been in my current position for a few more months.
- I think probably I will do more hours of VRI|than in-person healthcare interpreter over the next two years since gas price in California is getting higher and higher and not every language company pay interpreters for their mileage; though I prefer being an in-person interpreter.
- I think remote interpretation will continue growing, AI will be incorporated in some ways, not to replace interpreters but to enhance their work.
- I think that AI is going to be used by providers to try to reduce the costs. And may companies are merging and creating one. Which would give them more power about the payment for interpreters.
- I think that AI is going to penetrate all aspects of our jobs, and in the most optimistic scenario, we (the human interpreters) will still control how AI is incorporated and leveraged in our jobs. In the most pessimistic scenario, AI takes over and human interpreters become the quality control pieces in a way that demoralizes enough interpreters to leave the profession.
- I think that I will continue to grow professionally, by the end of this year I will be CoreCHI-P certified and will continue gaining real-time experience as a healthcare interpreter.
- I think that healthcare professionals will be requiring all interpreters to be certified. There are a few offices in my area that only accept certified interpreters now.
- I think that it will be an increased use of phone interpretation or VRI to decrease the cost of this services.||In my opinion you can't compare the interpretation services in person at over the phone services, I know that patients prefer in person interpreter all the time.
- I think that it's going in the right path but some of these language service providers company change rates abusively for no reasons speciallly for Non US based interpreters and do not encourage interpreters to get more training or get qualifications to improve their skills
- I think that more and more interpreters will be needed..
- I think that most likely there will be a significant increase of the use of Technology-aided interpreting and AI translation tools.
- I think that over the next two year healthcare interpreting will evolve with hospitals using remote interpreters through video and resorting to AI lead interpretation. AI translation tools will also become more common, helping with simple tasks like appointment scheduling. However, I strongly believe that human interpreters will still be needed for complex medical conversations, ensuring accuracy, cultural understanding, and emotional support. |Demand for certified interpreters has already grown, as healthcare providers recognize the risks of miscommunication and value in having trained interpreters. More training in areas like mental health, telemedicine, and end-of-life care may be needed, as these topics require extra sensitivity. AI may assist with quick translations, but it won't replace trained professionals who understand medical nuances and patient emotions.
- I think that the healthcare interpreting profession is at a crossroads. I think that as AI and other technologies become more prevalent, the healthcare interpreter could be seen as replaceable or redundant. To anyone with experience using these technologies this will clearly be seen as a mistake, but those with the power to make these decisions will not likely care. I think there remains a chance that doctors and nurses and others in the medical field will be able to vouch for us medical interpreters, and we will need to vouch for ourselves too. This is a crucial profession, but as this country continues to try to get rid of those that do not speak English, I am fearful of what that could mean to this profession, and more importantly to those that we serve.
- I think that the interpretations on site will be fewer.
- I think the OPI/VRI will be more widely used
- I think the role of healthcare interpreters will keep evolving, especially with more focus on telehealth. We might see more remote interpreting jobs and the need for quick access to interpreters for patients who speak different languages. Personally, I hope to improve my skills with new technology and maybe even specialize in certain medical fields. Overall, I expect that as our communities become more diverse, the demand for our services will keep growing

- I think the will use the telephonic system and I pad video more than In person which is important for people with disability .|Personally , I will change my field if no need for in- person interpreter.
- I think there will be an increase in demand for interpreter services.
- I think there will be more demand for remote jobs, the more I've been doing remote work, technology has gotten better and you really can do any type of encounter remotely.
- I think there will be more opportunities for the interpreter's in future, but only in specific languages .As i can see for now Spanish interpreters are high in demand. Other interpreters like as urdu interpreters there are and will be very less jobs, as they are not required as much.|
- I think there will be more technological aspects to the work in the next few years.
- I think there's opportunity lurking with the advent and massification of AI in all industries. Interpreters who refuse to adapt these new technologies will have a hard time remaining relevant
- I think we are going to do more in-person sessions. I'm not sure how regulations will change, but I lost hope that something is going to change soon. I've been hearing the word (change) for the last 10 years that I worked but nothing has changed, so I don't think there is going to be any extreme changes soon
- I think we will be doing more remote interpretation and will be implementing AI somehow.
- I think we will see less on-site and more remote.
- I think with growing linguistic diversity in healthcare, interpreters will be even more essential. You can expect increased appreciation for your role, with more hospitals and clinics investing in quality interpreting services.
- I want to be A professional in the area. I want to get an official credential and moreover, I would like to work in person there.
- I want to engage in a full-time healthcare interpreter job preferably in person.
- I want to get my CCHI certification to be able to help more people, make more money and improve my finances
- I want to mostly work in courts
- I will be more experienced and maybe more certified
- I will be retiring in the next 2 years. I think that technology including AI will continue to change thing in the interpreting world. I also know that there are situations that require in-person interpreters no matter what technology is available.
- I will be using a little more AI to do my translations.
- I will become a Certified Trainer of Interpreters and then a TOT for TCI.
- I will conducting more training for interpreters and I will be incorporating more AI into my workflow beyond using it as tool to plan training and generate glossaries.
- I will get certify but prefer in legal or educational interpretation.
- I will have to remain as an OPI or VRI interpreter, possibly!
- I will likely have to move out of working in language if I wish to continue to grow professionally.
- I will reduce my working hours. It is a demanding job.
- I will retire.
- I will take less assignments as my family continues to grow and change and I am needed to support them
- I wish a better recognition of a medical interpreter title and a better salary. Our role in healthcare is very importan. We need a better a better salary.
- I wish every person that wants to interpret is given an ultimatum to get certified within 6 months, otherwise not to be allowed to continue in this profession. I researched how to get certified before even thinking about starting to interpret, once I learned what had to be done, I followed the procedure to do so. I do not see why the medical providers are not mandated to request all individuals claiming to be interpreters, to show a valid identification as such.
- I wish it was standard to pay by the hour, but as it is inconvenient for language companies, they just stick to paying by the minute without taking call flow into account.
- I wish that the medical providers are aware of what involves being a certified interpreter (code of ethics), that they learn how to work with an interpreter, and they recognize when an interpreter is incurring in an ethics violation.|I see a lot of ""interpreters"" not certified that are doing a very poor job and the consequences of their lack of professionalism is not receiving the accurate information among others.|And, that institutions would understand about having bilingual employees doing interpretation.
- I wish there will be an organized union to fight for our rights and compensation
- I wish to be recognized and treated as any other professional.
- I wonder if more AI will be used both by providers and by interpreters. I hope note taking applications improve for my use.
- I worry that I may get fewer interpreting assignments onsite due to an increase in the utilization of VRI services at Outpatient services besides the hospitals.|Translation jobs may also dwindle due to the utilization of AI by clients who are already sending me requests for revision of translations already produced.

- I would expect it to decrease as the Trump administration comes for immigrants in anegatuve way that people will be too scared to receive care.
- I would expect that Certification will be enforced in order to serve as a healthcare interpreter. In my opinion this is a must. I was the fifth person to be certified in my state (AL), the list has grown but I would like to see all of the people to attain certification.
- I would imagine that Artificial Intelligence and government immigration issues will affect my profession a lot in coming years.
- I would like for the healthcare professionals to be more trained about working with interpreters, sometimes they don't pause or try to talk just with the interpreters instead of talking to the patients.|I would like to see doctors taking more time to listen to the patient's concerns and questions.
- I would like interpreters to receive a little bit more empathy.
- I would like the interpreter career to develop exponentially in the coming years and more job opportunities to open up, always hoping that we will not be replaced by machines so that human contact is not lost.
- I would like to be paid more or hace other benefits
- I would like to continue my education in healthcare and became a full-time interpreter.
- I would like to continue working as a healthcare interpreter but in a setting that is more secure for me. In terms of more benefits (in all aspects, continue education, matching 401k, paid leave, etc.) and not just freelancing.
- I would like to delicate more time to be a language specific (Chinese Mandarin) healthcare trainer, helping healthcare interpreter develop interpreting skills to be certified.
- I would like to delicate more time to be a language specific (Chinese Mandarin) healthcare trainer, to help healthcare interpreters developing interpreting skills and to be certified.
- I would like to grown and improve my interpreter skills.
- I would like to see significant pay increse. I believe that we are greatly underpaid for our knowledge and skills required for this position.
- I would like to see that we have better rates based on the qualifications and certifications the interpreter can obtain to be qualified for this job.||Unfortunately, certifications and serious training courses are not cheap, and if the interpreter makes the effort to obtain them and train himself/herself to be qualified and certified, he/she should be compensated and recognized accordingly.||In addition; I would like to see the requirement to the companies that hire interpreters offshore that the working conditions be more formal, that the interpreters be hired under a legal payroll in the country that allows them to have all the legal benefits such as health insurance and things like that, we are paid a rate that is too low compared to a US based interpreter and we do not have any benefits.
- I would like to see the following evolutions in the healthcare Interpretation docket -:||⁾ AI-assisted tools: Exploration of AI-powered tools for real-time translation support, though likely used as an aid rather than a complete replacement for human interpreters.|⁾ Mental health interpreting: Growing demand for interpreters specifically trained in mental health terminology and cultural considerations. |⁾ Oncology interpreting: Increased need for interpreters with expertise in complex medical terminology related to cancer treatment. |⁾ Pediatric interpreting: Specialized training for working with children in healthcare settings. ||
- I would like to work in person modalities better. Than OPI or VRI
- I would love to be able to better provide for my family through this job. I keep learning and developing my knowledge to be able to provide better services, but that doesn't mean a higher pay rate. I invest in my development because I believe in this industry, but I don't think I'm being paid accordingly to my training, experience and knowledge.
- I would love to see more PROFESSIONAL interpreters.||I am concerned about clinics and providers using AI when patients prefer an actual PERSON to interpret.||Health is very important to understand "" a little bit"" when an in person interpreter is not present.|
- I would welcome a salary increase. I am earning the exact same amount that I was earning in 2000. Expecting agencies to understand the importance of certifications and that bilingual doesn't equal interpreter.
- I wouldn't really know since the introduction of AI-assisted tools for translating conversations will improve. I don't believe the whole work field will be wiped but I'd be surprised to see as many interpreters as before.
- I'd expect it to be lesser because I'm anticipating getting more legal interpreting assignments
- I'd like that my employer gave us a higher salary compared to what interpreters make on average in the USA. Our institution is well known for low Interpreter salaries.
- I'd like to get paid more
- I'd really appreciate if Spanish interpreters are getting paid a bit better since we are professionals looking for better working conditions

- I'll probably stop interpreting unless companies start valuing interpreters work and paying accordingly regardless where you reside and where you're from but based upon n your training, experience and certification.
- I'll try my best as much as possible as I can, but, I need to take care of my granddaughter too.
- I'm a little worried about the role of VRI/ AI in hospital settings
- I'm about to lose my full time employment so i don't know how my career will look like. Most likely I'll work for more companies.
- I'm afraid that more VRI will be offered and no in person interpreting which is very scary. There are so many medical situations where the ASL user is not in a conducive position to use VRI and yet it is still used.
- I'm changing careers, and I don't plan to renew my certification. ||It's been my experience that - although it's a great personal satisfaction to be a professional, certified interpreter - no one has ever asked me to be certified in order to provide interpreting services. My clinic contracts with a couple language service vendors, and I know those interpreters aren't certified (nor are they asked to be certified).||In other parts of the world interpreters must go formal training and education, starting with at least a bachelor's degree. In the US, companies seem to be content with interpreters claiming to be able to interpret. A certification is a nice bonus, but in my experience it's not required to prove someone's a competent interpreter.
- I'm concerned about schools and non-profits starring to rely more on machine translation and AI translation than interpreters, as well as LSPs using AI rather than reliable human evaluators to screen interpretation vendors (things that I've noticed personally). AI is great for rote and low-risk tasks, but not for creative or open-ended tasks like interpreting. So, over the next two years, I think we'll have to work hard to emphasize to the public that machines are only an aid for low-risk interpretation, not a substitute for trained healthcare interpreters. I think that eventually some (not all) LSPs or organizations will start to notice the shortcomings of AI and shift back to more human-focused interpretation, though it could take more than two years for that process to complete.
- I'm expecting in person interpreting will eventually be reduced even more and replaced by remote interpreting.
- I'm expecting my healthcare career or work role to change into more technological role in the next 2 years. I believe we will go more remote.
- I'm expecting our profession growing more and more,|
- I'm finding it increasingly difficult to predict this.|My understanding of AI involvement in these processes is VERY limited. The uncertainty brought by this current administration (and what appears to be a continuation of these anti-immigration policies in the future), make this prediction rather futile.
- I'm hoping I can work remotely from home, and not having to commute everyday to a call center.
- I'm hoping it changes for the better and that we are seen as a must have instead of just someone that may be needed
- I'm hoping that we continue to strive to be part of the team and earn the respect that we deserve in doing so.
- I'm looking foward to be certified and work as an in person interpreter.
- I'm not expecting any big changes over the next two years. The Spanish-speaking population in the USA is growing steadily, and I don't believe many companies are currently investing in AI systems that could be reliable enough to replace interpreters within this timeframe. I'd expect to see more noticeable changes in the next 5-7 years instead.
- I'm not sure but I know that AI is now considered the next ""big thing"" as far as all fields are concerned so I expect it will start to be used more and more if it isn't already.
- I'm not sure how AI will affect my job, but I do think technology will continue to evolve in the healthcare interpreting field. While AI translation tools are improving, they still struggle with medical terminology, cultural nuances, and the human connection that's essential in healthcare. Over the next two years, I expect more integration of AI-assisted interpretation, but I believe there will still be a strong need for human interpreters to ensure accuracy, empathy, and patient-provider trust.
- I'm not sure how it will change, but I'm sure artificial intelligence will influence this profession to some extent. It will be very important to ensure that any artificial intelligence used is used responsibly and is monitored by humans.
- I'm not sure possibly the use of more technology in the interpreting sessions.
- I'm not sure.
- I'm scared of the uncertainty at the moment since our president signed the EO for the English language to be the primary language.
- I'm worried about AI in the world of interpreting and translating.
- I've become pessimistic. Lately I've been told that better paying opportunities are no longer hiring globally. I would like to leave the profession as soon as possible if I am unable to find professional growth and better paying opportunities.
- IA is going to take the control of those Language services

- IDK
- Idk
- Idk.
- If as many people are deported as I hear on the news, I live in a rural area where dairy farms, stone quarries and factories employ a large number of undocumented people who are patients. We may see a decline of patients. If this happens it may make our jobs redundant. We can always fall back on interpreting with an agency or large interpreting company, but I hope this doesn't happen.
- If pay doesn't increase with large remote interpreting companies I think that attrition will outpace recruitment and the industry will wither and become dependent on AI which isn't capable of replacing us yet.
- If the current eo's stay in effect, many of us will have less work or no work at all. If they do not remain in effect, Healthcare interpretation will continue to evolve according to patient and provider needs.
- If there would be a national even global system to rate certified interpreters and not let big LSP manipulate the job market that would be great! Interpreters are doing the heavy lifting, why should LSPs take all the power and credit?
- Immigration Law
- Improvement in access.
- Improving myself by committing to ongoing professional development
- In 2 years I don't think that the profession or my role will change a lot. There may be a few more advances - or intrusions- of technology. It's true that hospital management seems to be enamored of technology and they don't often analyze in depth, or ask the people who are actually doing the work, what the impact of artificial intelligence applied to interpreting would look like. It could be scary.
- In Minnesota over the last four years there has been a 60% decline in the number of Russian interpreters. Hospitals and clinics run the risk of not having enough interpreters to properly provide medical services to LEP patients. The continued decline in available interpreters should result in increased compensation rates for those who have made a professional commitment. Compensation should reflect the competence of the interpreter.
- In hospitals and clinics there will be an increasing number of organically bilingual employees fulfilling dual roles.|In Worker's Comp VRI will increasingly play a role.|AI will increasingly replace face to face encounters, not always beneficially.Ytaining in evolving technologies.
- In my opinion, we will see a lot more of technology and AI to take part in the Industry. Though we as professionals are not replaceable, AI is going to take over in many aspects. As a consequence, we will need to continue sharpening our skills, to be able to compete with the technology.|There are certain aspects that technology can't imitate: The human aspect, like the ability to transmit emotions and tones of voice of the people we are interpreting from, also the cultural knowledge needed to be aware of when we have to slightly interfere, or clarify something, etc. So I think the everyday advancing technology, will play in our favor because it will force us to be better Interpreters every day.||
- In order to accommodate interpretation , VRI will be more common
- In spite of use of VRI and telephonic interpreting, I think there always will be a continuing demand for in person interpreters.
- In the next few years, I hope to become more patient and empathetic when working with ER Providers and patients.
- In the next two years I expect that there will still be a significant need for interpreters and language services, but how that may look is not clear, particularly with many changes happening within the governmental/political climate we are currently in. The hope is that services and assistance to LEPS is not cut and can continue as needed so that everyone has equitable treatment when it comes to healthcare.
- In the next two years my personal role is to make sure medical personnel, patients and their families understand the place and importance of medical interpreters that their roles can not be done by any person who knows languages but professionalism matters a lot.
- In the present economy, I foresee healthcare institutions relying more and more on video or OPI, leaving face to face encounters only for cases when remote interpretation is not possible.|I am concerned that in the present administration, to have medical interpreting services won't be mandatory anymore and the use fore medical interpreters will be only for certain patients.
- In the state of Maine, I expect to see continuing demographic changes, due largely to the constant influx of asylum seekers relocating here from other countries/language communities. Barring any new developments in global politics in the near future, I expect the volume of requests for in-person Portuguese and Lingala interpreters to rise, as we serve an ever-growing population of immigrants from Angola and the Congo (DRC), among other places.||The prospect of AI looms ominously over our profession as well. As a full-time healthcare interpreter, I entertain a foolish hope that AI-related apps won't encroach much into our field. It's impossible to know the future, of course, and the relentless advance of AI technology seems inevitable, but in my opinion, interpreting with real people, with its uniquely comforting humanitarian warmth, is irreplaceable.

- In two years, I would like to develop my skills in different types of interpretation such as ASL or Public Service.|Regarding the certification, it's my first plan for this year. Unfortunately the CCHI Core Exam price is not reasonable at all.
- In-person assignments might be reduce due to VRI/OPI, and interpreter's pay will continue to decrease due to companies cutting cost and hire language services overseas instead of in country talents.
- Incorporation of AI, which would be useful for researching industry specific terms on the
- Increase as numbers of LEP people increases in America.
- Increase as we are opening new locations.
- Increase in use of AI and machine translation |
- Increase of cheaper low quality interpreters
- Increase use of AI and superior research tools that will allow interprets to increase their knowledge quicker and at a lower cost.
- Increased Demand for Remote Interpreting - The shift toward telehealth and virtual medical services will likely continue, making video remote interpreting (VRI) and over-the-phone interpreting (OPI) even more common. As a remote freelance interpreter, I expect to handle more virtual consultations rather than in-person sessions.||Advancements in AI & Automation - While AI translation tools are improving, they cannot replace human interpreters in complex medical settings where accuracy, nuance, and cultural awareness are critical. However, I anticipate using AI-assisted tools to enhance efficiency, such as speech-to-text programs or terminology databases.
- Increased per minute rate and comtonued or increase call volume.
- Increasing the number of interpreters... Due to the demand.
- Interpreters are fully trained and certified. And, highly hoping that the proposed bill of only English policy does not pass or negatively affected clients or our profession.
- Interpreters need to embrace technology in the next years. Adaptability should be added as one of the most required skills in the industry.
- Interpreting has become more advanced with remote work. At the clinic where I primarily work, providers prefer having interpreters in person. We only interpret on the phone for nurse calls, telemed appointments with doctors, nutritionists and behavioral health professionals. VRI is becoming more popular and may be used more in the future. The goal for interpreting will remain the same: to improve communication, patient experience, and overall healthcare outcomes for Limited English-speaking/underserved populations.
- Invariably patients want ALL of their concerns to be heard. It is like they want to make sure the interpreter knows. They blurt it all out and want to be able to articulate them to the doctor. So many times they can't describe their pain. They fear the worst as it was the end. Some false alarms, preconceived ideas. The specialists are asking specific questions and going by the referrals and have so much time for each patient. We have been advised to step out of the room and wait outside. The times I have to stay, I get a better grasp and get used to their manner of speaking. I feel better prepared because I noted of what they were saying and how they were saying it. |I have been able to tell the difference. I hope there are more liberties in this respect and be less neutral for the sake of the patient.
- It could be that because of politics, the work goes down or maybe non existent.
- It depends on how things would be transitioning, especially these days we have the influx of AI Tools how will it impact all businesses and industries, including the Health industry, in both local and international global settings this will entail timely surveys, research studies according to the needs of our times.
- It depends on the industry setting standard and working with healthcare organizations to recognize the different levels and roles interpreters play in health care delivery and who this improves outcomes.
- It has changed so much through Covid, and I interpreted on the front lines. I can't forsee this so I don't know.
- It hasn't changed much in the last 17 or so years, and unless the industry changes, I don't see much change.
- It may be affected by AI.
- It may disappear being taken over by ai.
- It might be slowly replaced by AI.
- It might change for the worse with the current political administration I'm afraid.
- It might reduce in service with more automation and less financial support for patients through government programs.
- It remains to be seen how much the current push to control immigration or remove undocumented citizens will affect the Spanish-speaking population of this area. |AI continues to make advances in interpreting and may begin to replace interpreters in some sectors. The problem with AI is that only a trained interpreter/translator will be able to determine if a particular translation is good or bad, it is the patient and provider are genuinely understanding one another.
- It seems that is getting worst regarding payments for interpreters.
- It will be impacted by AI and/or other technology

- It will be impacted by integration of AI tools. It may also be impacted by changes in government legislation
- It will be more AI driven, Interpreters who know AI will be in demand,
- It will be more difficult with AI
- It will be the same.
- It will decrease in quality and maybe be replaced by robots of AI?
- It will diminish as Immigration laws are more stringent and enforced.
- It will get better. We will be more prepared and ready to take any challenges that we may face. This will be a matter of preparation and progress.
- It will improve in the years to come. Too many people migrate to US
- It will incorporate more AI
- It will just get triple with more patients.
- It will lose quality bcz now pay is getting low and many third parties are hiring non professional interpreters in low pay.
- It won't change.
- It would be ideal if more companies and health care institutions had the opportunity to do business with foreign interpreters.
- It'd be nice to have rates/salary improved.
- It's going to be hard with the Trump administration in power and with a rise in economic challenges. I hope that my hospital will not cut jobs as a result
- It's hard to tell with the current political environment
- It's unknown right now due to politics and AI.
- Its getting taken by AI day by day. Unfortunately, with diacritics not added to words, its pronounced wrongly, but its a reality that may happen sooner than later.
- Keep providing more training webinars
- Keep the need/ demand for interpreters high
- Knowledge of interpreter roles in healthcare and effective collaboration between alll parties involved
- Lately, even though we have had remote interpretation available, I've found people MORE eager to have an on-site interpreter-- much like when one calls a help line and wishes to bypass the automated assistant and speak with a human as soon as possible. The more we rely on remote interpretation (an indispensable tool) the more people seem to be realizing its disadvantages in relation to the advantages of on-site interpretation. ||Nevertheless, as AI improves I can see it being integrated for lower stakes, routine interactions such as registration and perhaps scheduling. I'm not sure that will happen in as soon as two years though. ||I do think that requiring CCHI certification will start to become more common. I see the relative lack of education opportunities for interpreters being a barrier though. I had the luck to be in a course in college which offered ample roleplaying practice. I also interned and shadowed for an agency for a while. The later opportunity though is reflected from the opposite perspective that many caregivers complain of agency or remote interpreters who are noticeably inexperienced and inaccurate. More interpretation practice needs to be available to fledgling interpreters if it is to be realistic to require a CCHI certification before hiring.
- Less Onsite Interpretation Assignments Available
- Less in person more technology assisted
- Let's make this profession relevant and get the respect we deserve.
- Like any role, I imagine it will change depending on the ebb and flow of the need. If the Title VI of The Civil Rights Act of 1964 still stands, then interpreters will be needed.
- MORE ACCESS TO GLOBAL INFORMATION
- MORE ACTIVE AND INTEGRATED.BETTER PAY
- MORE CONSIDERATION , REVISITE THE PAY AND HELP WITH THE RECERTIFICATION AND CEU'S
- Make the interpreter part of the care team. The interpreter is NOT an outsider that makes your lifer more stressful or difficult. We all work towards the same goal to make the patient feel better.|
- Managing some sort of AI services and working along with AI.
- Many changes coming with the AI and the humanity expansion of consciousness.
- Many things related with the AI can help but never replaced us as humans
- Maybe better pays for working on holidays. Definitely some type of help with continuing education.
- Maybe easier with technology advances in AI.
- Maybe get to know more tools for interpreting.
- Maybe interpret in person or VRI.
- Maybe less interpretation due to massive deportation
- Maybe more telehealth
- Maybe we can incorporate AI- assisted tools to enhance accuracy while still relying heavily on human expertise for cultural sensitivity and communication. That interpreters can connect with patients and providers

anywhere. That I can get specialized in other medical fields. That I can continue training in other cultures and I can be always ethical in my job.

- Might be possible to start using AI more.
- Might increase because of client increase and more local positions and opportunities
- Might slow down because of all the new laws of this administration
- More AI integration and less in-person needs.
- More AI interpretation will be used.
- More AI use and less use of live interpreters.
- More AI will be involved to help us in our work but not to replace us.
- More AI will be involved with the proceeds.
- More AI will take little pieces of our work. I do not see CCHI, NBCMI/IMIA nor NCIHC working with government to push this industry forward.... until that happens, we will sort of fumble along and that is if we are are lucky. We need all the leading organizations to work with Joint Commission and government to make real changes. That is how things have improved in other countries.
- More AI, more VRI
- More Virtual platforms
- More and more providers are using video interpretation but I don't think my personal work role will change much over the next couple of years.
- More areas of expertise
- More automation will be deployed in the healthcare field. Less need for in-person HC interpreters.
- More certified interpreters
- More fair pay. Better treatment and understanding what the interpreter goes through, the amount of knowledge in many areas not just language-related that we must have to better understand/interpret.
- More inclusion in the healthcare team
- More information on how to became certified and get pay for it.
- More interpreters needed for Spanish.
- More language access and awareness of the importance of the profession.
- More money for southamericans. We are paid WAY LESS than US based interpretaters
- More opportunities
- More opportunities for interpreting will come up as interpreting expands where it is needed elsewhere.
- More opportunities to develop professionally|
- More patients and providers are making use of Remote Video Visits. |Some providers are relying on electronic translators...which are not accurate
- More pay
- More people may start to use AI
- More professional and focus training for all interpreters.
- More proficient!
- More reliance on VRI and AI
- More remote interpreting
- More remote interpreting (video), and may even have AI intrpreters.
- More remote interpreting jobs with video.|More utilization of artificial intelligence to enhance efficiency and accuracy.|Higher requirements in terms of professional knowledge and language proficiency.|Increased demand for a proficient and experienced healthcare interpreter.|As the profession evolves, interpreters must be adaptable, tech-savvy, and committed to ongoing professional development to meet the changing needs of the healthcare industry.
- More remote interpreting with AI being incorporated more and more
- More remote work
- More remote work, less in-person assignments
- More respect and acknowledgement
- More software and AI tools will be incorporated. Providers are already using Google translate to translate their visit summaries, and recommendations.
- More tech oriented
- More technology and AI will be introduced to try to reduce the costs of healthcare interpreting, with fewer opportunities for interpreters to work on-site and in person.
- More technology support increase the rate of training and edu
- More telehealth interpreting.|Increased use of technology.|Greater specialization.|Stronger focus on cultural competence.|Enhanced data security.|Increased demand.
- More training and higher income
- More traumatic encounters with families as a result of political persecution.

- More use of AI
- More use of AI to replace in person interpreting
- More use of technology and less in-person
- Move into more admin level
- Move to legal or in-person as they are better compensated
- Moving to virtual services... UNFORTUNATELY FOR ALL!
- Much faster and efficient tools to connect quickly.
- My expectations as a healthcare interpreter is that our profession is taken more seriously and that the healthcare industry facilitates more the availability of interpreters and interpreter positions
- My goal is to become a full-time, dedicated interpreter at a healthcare organization to offer and develop my skills to the best of my abilities. I wish to gain a sense of belonging as a relevant member of the medical team. ||I would also like to actively help the organization identify ways to maintain high language service standards considering linguistic, logistic, and cultural aspects, as well as the needs and concerns of both providers and language specialists.
- My hope is that every interpreter receives the training they need AND the treatment they deserve. It feels like companies are paying dimes to the interpreters while demanding too much from them.
- My hope is to see the labor force for in house medical interpreters grow in the U.S. I'd like to see more positions opening up at hospitals for interpreters of various language combinations! The US demographic keeps on growing and changing. ||My second hope is to see more university programs (BA/BS, MA/MS, PhD) in translation and interpreting offered in the US. We need more highly competent and educated professionals to become medical interpreters! We also need professionals with a heart and passion for our profession.
- My interpreting services department is understaffed and we do not anticipate that new interpreters will be hired. This will mean an increased workload for current staff.
- My outlook is grim, but realistic. AI will continue to step up and take more jobs, and the jobs left will continue to be low-paying. Companies will continue to cut corners to save money. With rising cost of living and stagnant wages, I do not see this profession being reliable. A lot of my colleagues and I are taking classes so we can go into different fields before it's too late.
- My personal work role will remain the same during the next two years
- My personal workload in the next 2 years will increase as much is tenable with new challenges constantly being presented as we meet the current and future needs, especially for a more and more diverse community. Most things will remain the same with great periods of adjustment.
- My role has already changed significantly. I was an in-person interpreter in hospitals for 15 years until the hospital system I worked for started making drastic cuts to the Language Services department. They let most of the interpreters go and reduced the number of hours interpreters were available in the hospitals, opting instead to rely on the use of VRI/OPI. I have since switched to remote work, and though I am happy to still be interpreting, I feel significantly less able to be an excellent interpreter remotely, versus in-person. Over the next 2 years, I likely will stay remote as I see more and more hospitals choosing to utilize VRI/OPI instead of their own in-person interpreter staff.
- My role may expand to include more training in specialized medical fields and adapting to evolving healthcare environments.
- N/A
- N/a
- NOTHING
- New technology will be implemented, prices will continue to drop due to bidding wars, and rates will go down, as they have been for the past few years.
- New technology.
- No
- No change or changes imposed by AI.
- No change over the next 2 years.
- No change.
- No expectations
- No major changes are going to happen in the next 2 years, but change is absolutely coming with the advance of AI. Medical facilities and doctors will have no problem eliminating the human interpreter and replacing it with AI. It just needs more time to train and learn.|Personally, I expect a decline in appointments as more interpreters will enter the field and LEPs are going to decline in numbers due to many factors such as, not allowing any more refugees to come to the USA.
- No sure
- No.
- None

- None at all, unless suddenly we're allowed to do REMOTE INTERPRETING from home instead of an office, where we have to deal with constant interruptions from the rest of the office, offering little privacy for the content of the healthcare conversations.
- None.
- Not certain, but I am always striving to improve and expand my vocabulary/terminology on the different dialects. I do find it interesting.
- Not much
- Not much change
- Not much, get busier, need to hire more interpreting staff and thus to amplify training and CEU opportunities.
- Not much. But I know I will make my hospital switch to more in-person interpreters. |And to allow their in-person interpreters to work at home at times, over the phone.
- Not sure
- Not sure but it will surely involve AI.
- Not sure, since immigration laws are changing so drastically.
    - think this will change with new technologies like AI although we need to use this to help us as interpreters .
- Optimistically at my current job I hope that our visibility as primarily in-person professionally certified and trained interpreters increases, and language equity increases as well. Cynically I fear that with possible federal funding cuts from our current administration my job might be eliminated or replaced with AI or remote interpreters contracted externally. I hope that AI tools and improvements in healthcare platforms like EPIC (which now has increased multi-language capabilities) can be harnessed to save us time as interpreters while maintaining accuracy and minimizing errors.
- Our interpreting services target population (monolingual immigrants) might be denied access to such an elemental service/right.
- Our nation is facing uncertain times, so I feel that it is difficult to predict at this time
- Over the next 2 years, I expect the healthcare interpreting profession to have opportunities for growth and development, experience a positive work environment, and receive fair compensation. Also, my personal work role to change to be more responsible.
- Over the next two years, I anticipate that the healthcare interpreting profession will continue to evolve with technological advancements and increased awareness of the importance of effective communication in healthcare. With the integration of artificial intelligence and real-time translation tools, interpreters may find their roles shifting towards more specialized and complex interactions, where human nuance and cultural sensitivity are crucial. Additionally, there may be a stronger emphasis on professional development and training to keep up with new technologies and methodologies. I expect to see an increase in demand for healthcare interpreters, as healthcare systems strive to become more inclusive and accessible to diverse populations. This could lead to greater recognition of the profession and the critical role interpreters play in patient care.
- Over the next two years, I don't foresee any significant changes in my role as a healthcare interpreter or in the interpreting profession overall. Unfortunately, I believe I may not be able to continue in this profession because the company I currently work for offers a very low rate of pay, which makes it challenging to sustain this career financially. ||The interpreting industry, especially in healthcare, often undervalues the skills and expertise required for the job, making it difficult to hold this profession as a reliable source of income. Additionally, I don't see opportunities to either change or upgrade my role within this field in the foreseeable future, which adds to the challenges of staying in this line of work.
- Over the next two years, I expect the healthcare interpreting profession to continue evolving with advancements in technology and increased demand for language access. The use of remote interpreting, including video and phone services, will likely expand, making interpretation more accessible in various healthcare settings. Additionally, there may be a greater emphasis on specialized training to keep up with medical advancements and cultural competency. In my personal role, I anticipate adapting to these changes by staying updated on new interpreting technologies and refining my skills to provide even more accurate and compassionate communication. As the field grows, I hope to see more recognition of the vital role interpreters play in patient care and overall healthcare outcomes.
- Over the next two years, I expect the healthcare interpreting profession to experience significant growth and technological integration. The demand for skilled interpreters will grow with the continued expansion of diverse populations and the increasing emphasis on providing equitable healthcare. Additionally, I foresee higher expectations in the interpreter's role, with a stronger focus on cultural competence and sensitivity, as healthcare systems continue to emphasize patient-centered care. Technological advancements, such as the increased use of telemedicine, may also result in greater reliance on remote and video medical interpretation. This may introduce new tools and platforms for delivering services but also call for interpreters to become proficient in these technologies to ensure accurate and precise interpretations. I expect my role to evolve as

I gain more experience and continue to hone my language skills. I see myself developing expertise in specialized areas of healthcare interpretation, such as mental health or oncology, which may require more specific knowledge and vocabulary. I also anticipate more opportunities to collaborate with other professionals, such as healthcare providers and social workers, to meet all patient needs. Overall, I expect these changes to encourage professional growth, increase demand for our services, and require ongoing adaptation to new advancements in technology and healthcare practices. for 4 seconds|Over the next two years, I expect significant changes in the healthcare interpreting profession, primarily driven by technological advances and the expansion of telehealth services. Remote interpretation is likely to become even more common as healthcare providers increasingly rely on digital platforms for patient care (Lawlor et al., 2019). This shift means I will need to further develop my skills in using virtual communication tools to deliver accurate, timely, and culturally sensitive interpretations.||Additionally, I foresee a growing recognition of interpreters as essential healthcare team members. This may lead to more standardized certification processes and more explicit professional guidelines, ultimately enhancing our credibility and ensuring consistent quality in our work (Borresen et al., 2016). As healthcare systems transition toward value-based care, the role of interpreters will likely expand to include more integrated involvement in patient care planning, thus contributing to improved health outcomes.||Moreover, emerging technologies such as artificial intelligence and enhanced machine translation could be valuable support tools. However, while these innovations may streamline specific aspects of the work, they will not replace the need for human interpreters who provide the cultural nuance and empathetic understanding that technology cannot replicate. Consequently, continuous professional development will be essential to remain current with technological advancements and evolving best practices in healthcare interpreting.||In summary, my role is expected to evolve toward greater integration with digital health platforms and more formal recognition within healthcare teams, ultimately enhancing my professional practice and the quality of care delivered to diverse patient populations.||References

- Over the next two years, I see myself interpreting less to earn a living, but more as a volunteer to support worthy non-profit organizations. I also see myself continuing to educate interpreters and empower safety net clinics to amp up the quality of language services they provide their patients.
- Over the next two years, the healthcare interpreting profession is likely to see a significant increase in demand for remote interpreting services, greater utilization of technology like video conferencing platforms, a growing focus on cultural competency training, and potentially more specialized roles within the field, particularly in niche medical areas, as the need for accurate communication with diverse patient populations continues to rise
- Over the next two years, the healthcare interpreting profession will continue to evolve to meet the growing needs for language accessibility in healthcare services. Greater specialization and professionalization of the role is expected, with a focus on ongoing training to ensure accurate and culturally appropriate communication between patients and healthcare professionals.||At the professional level, it is essential that the value and complexity of our work is recognized. Given the direct impact of our work on the quality of healthcare and patient safety, it is reasonable to expect a revaluation of the profession, reflected in improved working conditions and financial compensation in line with our responsibilities and the high level of specialization required by this role.
- PAY MORE
- Passing rules or bills to ensure professional interpreters are hired among he organizations
- People will probably end up relying on AI for interpreting services.
- Perhaps more in-person interpretation assignments.
- Perhaps more intentional effort in recognizing the importance of certification, continuous training to bring this profession to a higher standard.
- Perhaps more video sessions and increased use of AI
- Perhaps with AI and the deep changes in the USA immigration, this industry may go down the hill.
- Personal work role as an interpreter is not likely to change much in the next two years except that service users will become more strategic in their use of modalities (onsite, telephonic, video -- and possibly implement AI in some areas) in order to manage costs, which will impact the types of encounters I am called on to interpret for. Profession will continue to increase in the number of interpreters based outside the US who provide service.
- Personally I hope and expect to continue to improve my interpreting skills, and increase my medical vocabulary in both languages.|I wonder if/how AI may affect the demand for in-person interpreters. I also wonder if economic support for interpreters may be affected by cuts in healthcare by the current administration.
- Personally, I believe that working exclusively in healthcare interpreting isn't enough, so I plan to transition into legal and court interpreting while continuing to do both in the future.

- Personally, I plan to get certified, even though I don't plan a career change I plan to get certified for personal growth. As far as the interpreting profession I don't know if AI will cause a change be it positive by providing professionals with more resources or negative by decreasing the need for interpreters
- Positively.
- Possibly more telephonic/video interpreting
- Prob less due to current politics
- Probably because of AI our role will be less and less necessary
- Probably more
- Probably more use of AI
- Probably we will get AI assistants helping us with some tasks like choosing the right or suitable form of communication.
- Probably will be replaced by AI
- Providers and Interpreters will utilize AI tools to improve prognosis, treatments, and patients outcomes.|Interpreters will need to be more flexible as it pertains to the modalities utilized in the interpretation process.
- Quite a bit, I feel higher ups like the efficiency of video interpreting vs in-person.
- Receive extra training, seminars or webinars or receive new glossaries to improve and maintain good interpretation and interconnection.
- Recently, Trump rescinded Clinton's Executive Order 13166. I am concerned about how this could affect our professions and our lives.
- Recognition and better pay
- Rely more on AI and human interpreters will have less work.
- Requests a certification for all interpreters in all scenarios of interpretation and have prices being regulated.|Payment of mileage tolls and parking for every assignment.
- Revision of the standards of practice
- Sadly due to AI I fear a lot of in-person healthcare professionals might be replaced for AI technology. I would like to see more implementation of rules for agency's who are using bilingual individuals. I along also like to see for agency's not to have preferred vendors and allow the new interpreters coming onboard to have an opportunity for growth with in their agency.
- Sadly, I believe my job will become 99% remote with barely any face-to-face interaction.
- Sadly, healthcare facilities are increasingly moving in the direction of AI and outsourced remote video interpretation.
- Should be changed with more requirements to be interpreter
- Since AI technology becoming very popular in many aspects including interpreting, different forms of devices are introducing to general public nowaday. However, healthcare interpreting is very complex and crucial of the accuracy when conveying messages, AI may still lacking the depth of comprehension of the complexities in the next year or so. But after AI has collected enough data to make accurate analysis, may be healthcare interpreting profession could slowly replacing human over the next 2 years if we allow it to happen.
- Since I have been working as a medical interpreter less than three years, I hope to gain more experience not only from my daily work but also by studying relevant reference materials and resources.
- Skill building
- Somehow
- Somehow AI would change the profession even more in two years
- Somewhat drastically, with the introduction of ambient AI.
- Specialization is a must!
- Specialized interpreters based on the department
- Starting to see AI and that will impact our profession
- TECHNOLOGY (e.g.ARTIFICIAL INTELLIGENCE) Will start crashing this profession and eventually WILL TAKE OVER AND PUT US ALL OUT OF WORK.
- Technology and political decisions may change our role.
- Technology will always have an impact on our roles as medical interpreters.
- Telehealth is changing our practice
- That depends. I deal with a lot of immigrants and the current situation may be somewhat difficult for some of them to access medical care.
- That every patient can get a certificate interpreter.
- That our career gets recognized and appreciated appropriately.
- That we can get a renewal with less difficulty.
- That's a scary question, with government involvement at moment. However, My fear is that AI will start to be used more, but I also imagine it will become more technical/remote; more video and phone for convivence

and speed. My hope is ER, ICUs and Mental health continue to use in-person for a more human empathetic interpretation at least.

- The change will be seen more in areas of virtual consultations and telemedicine. |Also in technology.
- The current administration has me quite uneasy, for the first time in my life. Are they going to declare English-only as the law of the land. What will happen to funding that our hospitals receive, since the CDC and access to research data is being blocked and websites we have relied on, which were in Spanish have been shut down. Edicts are being handed down to censor and change the language of research papers and remove the name of researchers who do not conform to a binary paradigm, so what's next, since Hispanics are already being made scapegoats and being herded away, especially in sanctuary states and cities. I am concerned that, if the battle for better pay and working conditions was hard, now it may turn from harder to nil. ||As to my role, it remains to be seen what the political will and fortitude of my organization will be, towards being committed to let me continue to grow the educator/instructional designer position I envision and make it permanently part of our internal Continuing Education Learning Center.||I wish I could say that what needs to take place in the next two years might be perhaps moving towards requiring all healthcare interpreters to be nationally certified, in order to work in healthcare, or at least all having to pass the e-to-e exam, or perhaps, that we should think about developing different levels of interpreter performance exams, similar to what nurses eventually developed for being registered, or even that maybe we might considering testing the waters for whether the state or national political climate is such that we might find allies towards standardized licensure and credentialling for healthcare interpreters.
- The emergence of AI will change the way we work and the need of interpreter for more mundane assignments.
- The event of new technology(internet, robot, language applications and AI to name a few) will not replace human interpreters. However, they may be used as tools to better the interpreters' work.
- The future of the interpreter will not change until organizations and government prioritize and actually enact all protections for interpreters just the same way other jobs are protected. Since no signs of that are present, I will exit the middle-men industry led operations of language service.||As a double-board certified interpreter who is preparing to soon become independent by seeking my own clients, I intent to deliver true Equity and Inclusion via professional Language Justice to those in need.
- The great change has been adding translating for communicating with patients through EPIC. ||My fear is that AI will be used more and more to substitute interpreters and translators. I think the impact will be larger initially in remote interpreting.
- The healthcare interpreting profession is likely to have significant changes over the next two years, because of technological advancements, evolving healthcare needs, and increased awareness of health equity. We might experience a telehealth growth, althout it was accelerated by the COVID-19 pandemic, this adaptation to remote operating services will increase the need for remote interpreting such as video and phone interpreters. Furthermore, Interpreters may need to learn how to work alongside AI tools and ensure their outputs are accurate and appropriate. Artificial intelligence (AI) and machine translation tools may be used to support interpreters, such as providing real-time glossaries or translating written materials. However, these tools are unlikely to replace human interpreters entirely, as they lack the cultural nuance and contextual understanding required for effective communication.||The profession will likely move toward stricter certification and credentialing requirements to ensure interpreters meet high standards of competency and ethics. In terms of specialization, the growing awareness of mental health issues will increase the need for interpreters skilled in mental health settings. In summary, while tecnology will play a larger role, interpreters will continue to be essential advocates for health equity, ensuring that all patients receive the care they need, regardless of language or cultural barriers.
- The healthcare interpreting profession is likely to see more reliance on technology, such as AI for remote interpreting, which could reduce on-site opportunities but increase demand for virtual work. Companies will likely continue shifting toward contractor-based models, impacting job security and benefits. However, there's a growing push for professionalization, with certifications and specialization in areas like mental health becoming more valuable. Advocacy efforts may also increase as interpreters push for fair treatment. Personally, I plan to adapt by diversifying my client base, pursuing specialization, and staying proactive amid these changes.
- The healthcare interpreting profession is likely to see several key changes over the next two years, driven by advancements in technology, shifts in healthcare policies, and evolving patient needs.
- The healthcare interpreting profession may be affected by new technologies, AI, or any other new discoveries that may help or challenge the profession.|Things are changing at a very fast rate but I expect and hope for the new technologies to complement the role of the interpreters and not to replace them completely.||My role as a volunteer interpreter is very new due to moving to a new estate, city and being quasi-retired. This year, my role changed from having being salaried for 23 years to be a volunteer interpreter at a small non -profit clinic.|Unless on-site interpreters are totally replaced by machines or remote interpreting, I expect my current job as a volunteer interpreter to continue as it is now. ||

- The healthcare interpreting profession will have more recognition as the demographics with the world are changing daily and more professionals want to understand the original message in tis purity. I believe it is because more people in general are traveling around the world and can personally relate to the challenges of misunderstanding and being misunderstood. In addition, interpretation enhances the customer's experience leading to better customer outcomes, satisfaction, and recurrent visits - simply put, better for business.
- The healthcare interpreting profession will have more recognition as the demographics within the world are changing daily and more professionals want to understand the original message in it's purity. I believe it is because more people in general are traveling around the world and can personally relate to the challenge of misunderstanding and misunderstood. In addition, interpretation enhances the customer's experience leading to better customer outcomes and recurrent visits.
- The hope is that we continue to improve the working conditions of interpreters, including the pay, awareness of out role, limitations, the need, and the level of respect we deserve as part of the treating team.
- The interpreters will have access to better training, better equipment. AI will be used for translation more and more replacing a human interpreter.
- The interpreting profession must stay on course to produce professional medical interpreters.
- The main change will include the use of AI as a tool, either in real time or for training enhancement. And healthcare professionals will have to tread carefully around the provisions established by law about the use of AI tools instead of qualified interpreters
- The more experienced the better
- The need of Healthcare interpreting Is going to increase in the next two years.
- The new environment could change with AI in the big healthcare corporations
- The profession is not regulated, I expect hiring less qualified interpreters and offering less rates.
- The role of AI in translation will increase and guidance will be needed on how to take advantage of it without compromising health outcomes.
- The technology advances at a very high speed. I think there will be changes in technology/ AI, but I don't know to what extent they will affect us, the interpreters. |About my personal development within the interpreting profession, for sure it will gain new forces.
- The use of AI
- The use of the AI is definitely one of the most important things that will change the picture, not just the interpreting role but also the translation. I just hope the use of it goes along with the actual human labor that interpreters and translators give. I actually saw in one session, a medical provider using her phone to interpret part of the session, just to make easy questions and had me on the background, but for the most delicate part of the session they use the interperter, but I'm afraid, as the time goes by and the proficiency of the AI improves, will be disposable.
- The use of virtual and AI powered technology will furtherer enhance language translation and interpretation
- The work role will definitely change drastically because of AI, and I am excited about the prospect.
- The workload may be reduced due to the new government immigration policies and AI technology DeepSeek.
- There are plans to make future interpreter positions hybrid so that we would work remotely more of the time. I expect that our work will become more emotionally challenging as new government policies put immigrants in an increasingly difficult position. We will probably find ourselves having to cross-train in legal topics like custody and immigration.
- There has been and will continue to be an increment in VRI
- There is a great chance that it will extinguish under the current administration and AI capabilities
- There is a move toward more AI use. I personally don't think machines can ever replace people.
- There is going to be less of a demand for in-house interpreters. Video interpretation has become a cheaper alternative.
- There is more awareness of interpretation services provided than a few years ago. More languages are being needed to be provided for other people group that need heathcare assistance. So I see more interpreters being needed and required being certified to maintain the integrity of the profession. Not to mention the technology that could take some interpreters job, but if an interpreter is following the code of ethics, knows his/her purpose and is professional on the interpretation assignments no need to worry about losing their job on the contrary they will be in demand!
- There is talk that AI will take over interpreting for patients. I believe human interpreter should be part of this process with AI as human interaction and feelings should be taken into consideration. Human beings can relate to each other and show a lot more compassion than AI ever will.
- There might be greater use of technology like AI and telemedicine, and I expect doing more remote; VRI or OPI, rather than in-person jobs over the next 2 years.
- There will be an increased demand on the profession and at the same time a more obvious gap in understanding the role of interpreters and translators. This potentially increases the friction between

healthcare providers and interpreters who need to abide by our professional ethics, specifically in accuracy and completeness and the ability to fluidly use the different roles to bridge communication and understanding. At the same time, the profession needs to raise the educational and training bar so we can continue to provide quality services and leverage technology to do so.

- There will be an increased use of AI, to the detriment of the patient's comprehension.
- There will be less work because of AI I believe. However, I do not think it will affect thee mental and behavioral health services as in person interpreters will always be needed.
- There will be more technology deployed for assistance with interpreting versus in-person.
- There will be several attempts to introduce AI with the sole purpose of reducing costs, rather than improving service. These attempts will succeed in situations where patients are asked straightforward Yes/No or simple questions like 'Tylenol?' However, they will never succeed in replacing the work of human interpreters. On the contrary, these efforts will likely highlight the risks and drawbacks of not using human interpreters in healthcare settings.
- They are mistreating us so worse
- Things are changing very quickly because of AI so I don't know what will happen.|
- This could go a number of different ways.|Of course I am concerned about the coming of AI and the continued creep of VRI.|I am concerned about large LSP's that don't pay fair wages that leads them to hire people who are not qualified or aren't being paid enough to dedicate the time necessary to study and practice.|I am concerned that at many hospitals they only have remote modalities through LSP's, so to providers there interpreters are nameless faceless people that they never meet and are all interchangeable. If that is how you think of interpreters then it is a short next step to an AI avatar.|I expect there will still be demand for continuing education for interpreters and a need for training for providers.|I am concerned that with the current administration's anti-immigrant policies we may see a decline in a demand for our services as people are afraid to come in to the hospital.
- This is a time of instability for ASL interpreters in Oregon. Licensure laws are being adapted and medical requirements are becoming more strict. I hope that over the next two years, requirements will be set and enough interpreters meet them in order to provide healthcare interpreting services throughout the state.
- This profession is set to change because the more healthcare settings learn about it, the may require more interpreters to acquire certifications before working with them to reduce the number of malpractice lawsuits which may increase pay and attract more educated interpreters to the field.
- This profession should be treated with the same respect as any other (an engineer or teacher, etc.): it has to have decent wages that match the inflation rate and professional experience. It has to have benefits (medical insurance, retirement savings plan, paid vacation time, etc.). Every single interpreter has to be trained and certified. We shouldn't compete for appointments with the people ""from the street"" routinely hired by many agencies to interpret.||The interpreter's work is important and assumes liability of a high degree. For instance, in the pre-op setting, a consent form is signed by three people: the surgeon, the anesthesiologist, and the interpreter.
- Though I don't see myself interpreting in the next 2 years, I hope to see from my fellow interpreters a positive change and a more positive attitude and treatment towards VRI/OPI interpreters.
- To acknowledged certify healthcare interpreters, and be compensated accordingly.
- To be a part of healthcare team.
- To be certified officially language baria Banks to collect mor customer ind bilt good relationship yes
- To be even better
- To be hired as an independent contractor with better pay rate
- To be more undervalued and underpaid, even disregarding the person's education over all.
- To become Certified.
- To become more standardized, to have more advocacy due to groups like CCHI and to have more standards of practice.
- To expand my profession
- To get better in my profession if i can tray to get to be a supervisor it will be my next step.
- To get better pay and maybe help other trainee interpreters.
- To get more job assignments.
- To have AI tools to assist interpreters rather than replace them
- To have a deeper knowledge of medical terms, improve my English (grammar, speech, etc), to start practicing another role other than just interpreting
- To improve more and have more work avilable and pay to rise.
- To increase pay, benefits, training, classes, internships
- To offer part time or full time job with benefits.
- To work as a professional interpreter/ translator, everyone should be certified.

- Under the umbrella of CCHI and organizations as such and surveys like this one, I expect that the role of interpreters, our jobs, rights and compensation will get better.
- Unfortunately AI is threatening the interpreting and translation professions
- Unfortunately I expect I will be providing more service via video or phone. there are looking at replacing some of in-person interpreting with video.
- Unfortunately, I expect employers to find ""cheaper"" but not quality products and services in their mission to become more ""lean"" with cutting costs.
- Unfortunately, I expect healthcare interpreting may become not mandatory due to the DEI services limitation.
- Unknown
- Unless things don't take a drastic change for the better, I'm not very optimistic about our future as health care interpreters.
- Unpredictable
- Unsure
- Use of AI to aid my development as an interpreter and translator|Increase use of Video / phone interpretations
- Using more AI tools and incorporating more patient navigation
- Using more technology, and getting more educated on the field.
- Very much because of AI
- Very uncertain
- We are already seeing the implementation of AI.
- We are working on an AI in house translation service. I expect to be able to hand patients more translated materials. I have enough experience and training that I don't think a video interpreter or machine interpreter can replace me
- We have 3 clinics with 24 full time staff interpreters. Ideally, we will maintain the number of interpreters we have and help them all to obtain their CCHI Certification. Unfortunately some federal programs may be affected with the new government. There is uncertainty in the role we will perform in the next few years. Hope to still be in a position to help LEP's.
- We hope to see stronger institutional support for interpreters as an essential and integral part of the care team, although we are fighting to keep things from going in the opposite direction.
- We may have some AI in certain fields.
- We may see more virtual use of interpreters.
- We might be afraid that AI will take over our profession and we will be out of jobs soon, but I choose to see that as an opportunity to use it as a tool, a resource. More and more we see technology taking over, but I can see that our profession in particular will be alive an well in the next 2 years because it is the human touch that patients and providers need, when it comes to communicating certain messages.
- We need more certified interpreters in California for worker's comp cases.|Over the next 2 years I would like to get a raise and work for more medical interpretation companies.
- We need to be aware of the development of AI (tools).
- We will be doing more VRI appointments. |That said, I hope we continue to offer in-person interpreting as much as possible.|In-person is ALWAYS best for everyone involved.
- We will be implementing more AI, remote interpreting and technology in this profession.
- We're not sure quiet yet. The need will be there, we just don't know how technology will play a role in it.
- We've suffered a sharp decline in the volume of inhouse in-person requests (since VRI implementation). I've been working on a couple of service-recovery strategies to make up for that decline (reach out to clinics/services; on the spot training, prioritizing, etc.) and my hope is that these strategies will pay off in the next 2 years.
- Well, ask AI, I'm pretty sure it will replace interpreters soon.
- Well, with the new president, we are praying to have a job
- What I expect might not be what it will happen. I expect that interpreter certification should be a condition in order to work in this field.
- What I would like to see happen is that the companies that we are representing provide a quick training, higher pay and be more available to the contracted interpreters.
- What I would like to see is greater professionalization, meaning more healthcare interpreters receiving certification and more healthcare facilities requiring it. Accordingly, I would also like to see this accompanied by higher wages, but I don't think that will be the case. When the push for certification began, this is what interpreters were told would happen. Unfortunately, that hasn't been the case. I have seen colleagues quit interpreting because the cost of continuing education and certification was not compensated by higher earnings.
- Who knows ? I have tried to email CCHI and no one answered. We are at the mercy of Agencies and interpreting departments in Hospitals.

- Who knows with Trump leading our country many things are bound to change. He doesn't care a lick about people with disabilities or those marginalized communities so I only see, under his leadership, things getting more complicated!
- Will be less than today because IA starting to kick in
- Will become more remote and less in person
- Will continue providing interpretation services, if possible part-time because of the expansion of my reach as a medical interpreter. Perhaps in a leading role.
- With the AI we can expect so many new positive and maybe negative challenges that we should learn how to navigate to work as a team for the benefit of the patients
- With AI and the technological advances in not sure. But I know technology can never provide the emotional support that as an interpreter you can give to someone that needs someone to understand in an emotional cultural aspect.
- With President Trump and the deportation of the immigrants, I believe it can be kind of unpredictable.
- With all these new changes I am afraid that our jobs may be taken away by AI.
- With artificial intelligence probably the job of an interpreter will diminish considerably.
- With our new presidential governance, I am expecting a reduction of services we can provide along with a reduction of available patient base.
- With the AI we have to prepare and study about the use of AI as an interpreter.
- With the addition of AI the world of interpreting is endless.
- With the advance of AI I don't know how or if my role as an interpreter would dramatically change.
- With the advent of new technologies (AI and VRI/OPI) it may diminish a bit.
- With the current administration I expect important legal requirements regarding services provided to be decreased. |Aside from that I see the profession improving its requirements of its interpreters
- With the current political climat, I expect decrease in workload
- With the invasion of AI anything can happen including losing my job.
- With the new administration I honestly don't know what to expect. It is a scary time where there are a lot of changes happening.
- With the political climate, it's hard to say. Overall, I feel like the requests may decline as individuals opt not to use hospitals and healthcare systems out of fear. OPI and VRI may increase, although the quality standards are generally subpar, and clients often complain about that.
- With the trend for everything AI, I expect interpretation to move in that direction as well. I see numerous ads for native speakers to train AI at low pay. This will only drive down rates. With more interpreters entering the field all the time, I see rates becoming stagnant or decreasing. ||This administration is making dramatic and unpredictable changes that do not benefit people of color and non-English speakers. If federal laws and funding changes to not require interpretation, a lot of patients will not receive the care they need and a lot of interpreters will lose jobs.
- With this new administration pushing an ""English only"" agenda, I expect there will be fewer protections for patients' language access rights and therefore less work for interpreters. Unfortunately, I would not characterize this administration as pro-worker either, and I expect that working conditions will worsen.||On a personal level, I hope to build a larger base of direct clients and work less for language companies. Unfortunately this may mean less work in the health care setting (which is my favorite place to work) as most clinics/hospitals in my area hire interpreters through language companies.
- Within the next two years, there may be many changes in the interpreting profession, especially due to the arrival of new technologies, like Art. Int. but even with these advancements, human perception, conception, and presentation, still seem irreplaceable.
- Work remotely
- Working at more hospitals.
- Worried that AI will take over our profession
- Would like to think it will improve, not seeing that on the horizon unfortunately.
- Yes, 3rd party agencies should pay interpreters resonable pay and use certified interpreters they should also stop using their certification number and other interpretrs cert no. so they can get more contracts.
- Yes, I expect healthcare interpreting professional to change in a positive way in the next 2 years. I believe that AI and other technological advances will be exciting tools that will help us all.
- Yes. AI
- Yes. AI tools are going to become more prevalent and beneficial to interpreter.
- Yes. I think more IA will be use and salaries will decrease
- better
- better technology
- certifying more interpreters

- extinct
- extinct , AI most likely will take over, most companies care only about profit, AI is much cheaper.
- for our Language Access team to continue to grow and always improve like before .
- get paid better
- hopefully incorporating AI
- hopefully the providers will get a better idea on how it all should work
- hopefully we can become needed and more hospitals make their own linguistics departments
- i expect video remote to increase as technology improves
- i think i will be helping the client with language, understading the culture and train new people to be a professional.
- in-person interpreters will never disappear because our ""soft skills"" are greatly needed in all healthcare settings. We need to continue using tone, emotion, body language, adjust register to connect and help the patient and provider establish a trusting relationship.
- increase clients intakes
- increase pay to match the inflation.
- increased uncensored AI use
- increasing
- industry already hires bilinguals who are not interpreters to work for peanuts, they also hire foreign interpreters fro less than peanuts and who have no credentials in the USA. industry will try to use more AI interpretation. all of this will exacerbate.
- less onsite interpreting due to advancement in technology.
- may be replaced by AI devices
- more technology
- more AI
- more Virtual interpreting
- more and more patients would appreciate a in person interpreter more than a machine talking to them more personally experience
- more remote, less on-site.
- more video calls, more specific terminology
- more video interpreting less in person
- multiple device or tools may implement in work role
- my personal work unlikely to change in the next 2 years
- na
- no
- no changes
- none
- not expecting to change
- not much
- not sure
- not sure. Maybe AI will take over.
- obtain more assignments in different setting of interpretation
- probably doing more remote job than in person.
- probably more remote
- replaced by AI
- resource available and if they are inform the caregiver where and how to find them
- simultaneously interpreting will be better serve patient and provider
- stay remote more than onsite
- stay up to date with healthcare and science finding and most importantly continue as many CEU as possible
- taking legal
- that will be more training and they interpreter what has been said
- the profession will start to implement AI to some degree in the coming years
- to a more defined area cof expertise or, more supportive field. |The healthcare interpreting field is set to experience notable changes in the next couple of years, largely due to technological advancements and shifting healthcare demands. s
- to be more involved in the lives of the clients
- to be payd on time |
- translate medical terminology to local language
- unfortunate it will get worse over time

- very little, if my paid time working thus far is any indication
- we wil be replace by AI
- we will be substituted by ipads
- will be discontinued
- will possibly decrease because of AI
- with increasing change to demographics our demand will sky rocket
- with the introduction of AI the facilitation of language in the medical field, as well as many other fields is bound to change, reducing the need of in person interpretation.
- yes
- ""Over the next 2 years, I expect technology and remote interpreting platforms to play a larger role in healthcare interpreting. While these tools may improve efficiency, they also present challenges in maintaining accuracy and human connection. I foresee an increased demand for remote interpreters and telemedicine services. Additionally, cultural competency and specialized training will become more important as patient diversity grows. Personally, I plan to expand my skills and expertise to meet these evolving needs, with the hope that my rate will reflect the growing demand and my enhanced capabilities.""
- N/A

Appendix U(5). Professional Development (Q.65)

Question 65. What additional professional development and/or continuing education would you like to be available for your current work role?

- Pediatric Oncology|-End of Life |-Mental health (dementia)|-Interpreting with pediatric physical therapist and maintaining communication flow that is less intrusive|-Establishing mentoring among interpreters at the community level|- Establishing support groups for interpreters on a more regular basis|(weekly/monthly)
- A Bachelor's Degree in Translation and Interpretation.
- A class for ""Compassion to the Interpreters Mind "", More awareness of who we are and how challenging it is to switch from one appointment to another ....
- A license
- A master's or a certificate course
- A training course provided to interpreters who work in mental health settings regarding autism and autism spectrum. The course aims at increasing interpreters' knowledge and understanding to deal with assignments that involve an Autistic person or his/her cargiver/parents.
- A webinar on the actual business practices and pertinent laws compliance of healthcare interpreting would be very beneficial
- AI
- AI tools
- AI tools and certification.
- AI training
- AI training, so we can also learn to use it to our advantage, not against us. More translation training, since we're often asked to translate also.
- AI-related topics and further guidance regarding patient advocacy role when interpreting guidance for immigration agents in the community and healthcare settings.
- AS I mentioned before. I would love for the Certification could be mandatory for every language, and everyone.
- ASL - at least a basic one
- About localization.
- Access to support networks and access to free continuing education learning opportunities
- Accessing more information, instead of searching the web and classifying it based on my needs, because some of it is just images, and unfortunately, the technology is not advanced enough to OCR them.
- Adaptation to tech changes (dawn of AI)
- Additional continuing education opportunities would be fantastic.
- Additional training
- Additional training, knowledge on health and care, enriching contents
- Advanced medical terminology.|Cultural competency.|Ethics and professional standards.|Technology/telehealth skills.|Mental health/trauma-informed care.
- Affordable certification and updated information on new medical terminology
- Affordable continuing of education.
- Affordable workshops to gain more CEU's
- After many years in healthcare, we learn about all aspects of health and the healthcare system. It would be nice to see our roles expand and supported into healthcare coaching, or assisting patients with technology, more programs to go into nursing or other health related careers without incurring a ton of debt
- All I and anything I can take.
- All available
- All of them is possible
- All of them, if necessary
- Always terminology. As I also work in a County jail that provides medical care so it is a combination of legal and medical terms that come up here a lot more.
- Always try to stay abreast of new treatment options, procedures so it makes it easier to interpret clearly and precisely
- Always updating myself on new medical technology and keeping up with new illnesses or learning about different diseases I'm not familiar with
- Anatomy, maybe updates on medical procedures, diseases, etc
- Any Certifications
- Any development training is good to have.

- Any education related to the new technologies. to come.
- Any education that helps us to become better interpreters
- Any kind of continuing education that can help me to be a better interpreter, and help me grow as a person.
- Any new knowledge is always deeply appreciated.
- Any seminar that's for my personal growth and within the company I'm happy to take
- Any support in training and financial support on getting education/ certifications will be great
- Any that can be available and pertains to interpreting. After many years advocating on behalf of such with my current organization to no avail.
- Any that will help us grow as professional interpreters. Perhaps, on respect and cultural awareness. A while ago, there was a training by a doctor (MD) from El Salvador, who provided a glossary of words and it was very helpful.
- Any training in healthcare interpretation helps.
- Any would be great.
- Anything having to do with communication.
- Anything helps really. Maybe online trainings once in a while.
- Anything related to Autism
- Anything related to healthcare (terminology, how to navigate through challenging encounters, ethical dilemmas, etc)
- Anything that I can use to either get certified if I didn't pass my test. I will know by the end of April. Also, classes that I can take to continue to be certified.
- Anything that helps me grow as an interpreter, anything that provides me with technical, medical, legal and personal tools to always be a better version of myself.
- Anything that is offered free of charge or fee based. |
- Anything which can add colours to the role will be appreciated.
- Anything would help
- Approaches in AI.
- As mentioned above, it will be necessary to learn daily how to integrate AI in our ||roles, thus, it'd be of utmost importance to have this kind of training available.
- As much as possible on various medical topics
- As someone who is developing continuing education and professional development for my staff and the community I am focusing on more performance based activities and specialty specific knowledge. I feel like many of the basic topics have already been covered so I am looking to drill down deeper to the next level.|I would love to see more qualifications and certifications for interpreters such as a pediatrics credential, or an advanced medical interpreter credential, a health literacy credential, etc.|I would love to see more professionalism and standardization in interpreter training and continuing education.
- Assistance with certification
- At the moment, how to work better using AI tools.
- Attend continuing education seminars
- Attendance of conferences and webinars
- Attending Webinars and conferences . Also , taking courses related to healthcare profession
- Attending conferences is a great idea, but our department cannot afford to send more than 1-4 people to the conference. Free webinars are also very helpful to us.
- Avoiding burnout/compassion fatigue
- BA, MS, specialty credentials/accreditations for interpreters
- Be a Supervisor of Interpreters
- Be a trainer or supervisor
- Be paid more by seniority and education.
- Become a CCHI-certified medical interpreter and navigate other areas of the world of interpretation, like becoming a court interpreter.
- Become a Certified interpreter and Interpreter Trainer
- Becoming ATA certified as well
- Being CHI certified I take 8 CEUS every year to remain eligible for the next recertification. I also attend the LEO conference when the topics interest me. The language companies I work with also offer professional development opportunities. So far, I have been able to find interesting and relevant topic webinars and courses to take. Cannot think of any additional professional development and/or continuing education that I would like to see available for my current role.
- Being able to take good notes.
- Being certified as a court interpreter
- Better and continued education

- Better myself in this profession in every way possible.
- Bi-annual required, time off during the work day, Qualified Bilingual Staff training in the target language, that takes us to the next level, and increases our pay upon completion of the QBS training.
- Business development
- Business education for healthcare freelance interpreters.
- Business skills| Teach us how to earn whst we deserve.
- CCHI Certification and a good health care interpreting program
- CCHI Certification coursework would be nice.
- CCHI being more attainable.
- CCHI certificate
- CCHI courses
- CCHI offers continuing Ed, workshops, etc but not the hospital that I'm aware of. |It would be nice if the hospital provided feed back as to our efforts and or opportunities for improving when necessary.
- CCHI should be must for all companies. Companies should provide this with in first 6 months.
- CE and seminar to learn
- CHI Core performance
- CHI certification, NBCMI certification.
- CHI certified
- CHILDREN!!!! I believe we do not pay enough attention to the challenges related to interpreting FOR, WITH and TO children.
- CMI CCHI NBCMI
- Cchi
- Certification
- Certification and CE classes paid for by hospital
- Certification being paid by the company and meaningful raise for being certified.
- Certification funded by company
- Certification in French/English & English/French.
- Certification in Persian Language to be available.
- Certification online
- Certifications
- Certifications by US organizations with the help of the company to get them
- Certifications, learning more about the protocols.
- Certifications.
- Certified Interpretations/Translations.
- Certified myself as a professional interpreter
- Child Services to continue with being a respic provider.
- Code of Ethics. I seek for professional development opportunities and COE, standards of practice and ethical dilemmas are not found as often as I'd like to. It would be great that this info is more accessible and at hand for novices or bilingual people, not just medical terminology.
- Collaborations with providers and interpreters to understand our role and their usage of more visual models in the appointment room. Training to also include the usage of CDIs. The opportunity for more classifier workshops in each body system.
- Communication and training of the healthcare professionals
- Compensation for CEU training hours
- Conferences closer to my area. The only ones available in Oregon are about a five-hour drive away and are often only available during regular work hours requiring me to take time away from work to attend. The cost of the travel, the time off work and the cost of the conference make them cost prohibitive.
- Consecutive and simul training.||Train providers to work with interpreters.
- Constant medical education on different topics is needed in order to maintain our mental sharpness. Not only for the job we handle on a daily basis, but also because when a random medical situation happens, like it or not, we hold the interpreter hat, and despite our mental training it will be crucial to be capable of performing what is needed at the moment.
- Continuation of CE hours free of charge is helpful
- Continue education in a healthcare setting Advanced Medical Terminology & Specialization - More in-depth courses on specialized medical fields such as oncology, cardiology, mental health, and neurology to improve accuracy in complex medical settings.| 2. Ethics and Cultural Competency - Ongoing training on ethical decision-making, cultural sensitivity, and handling challenging situations to ensure high-quality interpretation in diverse healthcare environments.|By having access to these continuing education programs, I can

enhance my expertise, maintain professional standards, and better serve patients with limited English proficiency in healthcare settings.

- Continue with Health care seminars
- Continued skill development workshops and preparation opportunities for national certification exams. Facilitate study partners for interpreters with overlapping language pairs.
- Continued specialty focus (terminology & context)
- Continued training for latest health conditions and for interpretation technologies as required.
- Continued webinars, and conferences and maybe online dictionaries and forums
- Continuing education in healthcare sub-specialties and rare syndromes and their treatments.
- Continuing education on performance, vocabulary, and procedures. I would like to be an expert in certain specialty, and to be assigned exclusively to that specialty. Also, I would like to provide training to new employees and (nurses, physicians, interns, and fellows) on how to work with an interpreter in person.
- Continuing educations is always welcomed,.
- Continuing field relevant classes
- Continuous education on new medicines, techniques, procedures, and anything that might help interpreters do a better job.
- Continuous webinar access to different classes.
- Counseling
- Courses about AI
- Courses on medical terminology, courses on navigating cultural issues
- Court certification, asl education and certification
- Court interpreter
- Court legal training & medical terminology
- Coverage of certification expenses and higher pay for those certified.
- Critical thinking skills when responding to decision making process of applying code of ethics.
- Cultural language by region difference recognition and mentorship programs within the industry really helps to build support for contractors who are new to this profession.
- Currently I am happy with the continued education reimbursement program my company offers.
- Customer service training, and language-specific glossaries.
- Customer services
- DIFFERENT WORKSHOPS, FINANCIAL ASSISTANCE TO APPLY FOR CERTIFICATIONS|MENTAL HEALTH RESOURCES AND FREE COUNSELING
- Dealing with emotional issues connected to interpretarion.
- Definitely training on AI and how we can utilize for our adeventage
- Departments should make it easier to keep up with the individual's certifications.
- Develop my mandarin to be on par with interpreting levels
- Dialect/accent training
- Difficult clients, difficult health personnel, negotiating better pay.
- Discussion about tackling the challenges of contractor role and unfair treatments by language agencies (their profitability interest vs non caring of quality)
- Disease state management
- Doctor expert's speech
- Don't know
- Dos and Don'ts interpreting over the phone & video|Ethical dilemmas|Managing in-person difficult situations
- ECU
- Easier access to certifications and/or paid training.
- Education about how AI and technology can help us in our roles to become better interpreters.
- Education on paid time rather than unpaid
- Education on work health adjustments for interpreters working from home.
- Education or training base on actual ethical dilemmas.
- Education regarding new laws, that interpreters should be aware of.
- Educational in services and low cost webinars by Language Associations
- Emergency Room situations|Trauma Center|Firefighters vocabulary |Worker Com |
- English
- Equal Pay for everyone.|Reimbursement for certifications.|Help with CCHI certificate learning.
- Even more training to address basic interpreting skills such as note taking, how to approach ethical dilemmas, and a much better understanding of highly specialized medical terminology and concepts
- Everything available.

- Exploring AI assisted interpreting tools
- Field specialties.
- Flexibility in schedule to be able to enroll in a master's program
- For an in-person interpreter, I would like additional professional development in advanced medical terminology, cultural competency workshops, mental health interpreting, and training on handling sensitive situations. Continuing education on the latest healthcare regulations and technologies would also be beneficial.
- For me, I would like to have webinars so I may become a certified Medical Interpreter.
- For those who train or supervise other interpreters - conversations or training re: how we might be able to do on-going on-the-job evaluation of in-person interpreters.
- Free 40 hour medical interpretation courses and CEU's.
- Free CE opportunities. I appreciate that this survey qualifies for 1CE. Thank you.|I have already invested loads of time and money into my profession. I have to pay a certification fee. Interpreting pay rates don't necessarily increase with a certification. Free CE opportunities would help to balance the cycle of investment in time and money for certification maintenance.
- Free CEUs
- Free access to interpreting quality practices
- Free certification
- Free continued education and education in specialties like genetics and such.
- Free continuing education about terminologies and glossaries
- Free education and training
- Free of charge training modules for consecutive and simaltanious interpreting in languages other than Spanish
- Free online professional development and/or Webinar on the weekend
- Free or reduced cost CE opportunities.
- Free practice based (PB) continuing education webinars for CCHI-certified healthcare interpreters
- Free webinars and workshops.
- Free workshops
- Further education on medical terminology, refresher courses on emergency medicine , weekly or monthly discussion on cases of patients we have seen.
- GLOBAL INFORMATION
- Get a certification
- Get certified.
- Given that I work for a school district, I feel that having access to different conferences/webinars has helped me better myself and will continue to attend as many conferences/webinars as possible
- Handling difficult people, leading a diverse team with even more diverse schedules. New Medical technologies and terminology. More and more terminology, we can never learn enough.
- Happy as it is
- Healthcare/Medical Interpreter Certificate Program through my local college or university.
- High-level vocabulary and concepts
- Honestly not that interested, unless it's on the clock. In which case I guess practical interpreting skills, but again just not really that interested.
- Hopefully I can get to work with a better company and still have flexibility
- How AI could be used to our advantage
- How can we earn our worth?
- How to adapt to the arrival of new technologies
- How to advocate for lep rights and work with welcoming centers to know about their rights.
- How to approach challenging and unique situations.
- How to be an effective interpreter and cultural broker. Helping both clients and profesional understand each other's cultural differences.
- How to be more human and less mechanical.
- How to become an interpreter trainer.
- How to best interpret for families that speak dialects and closest interpreter is a Spanish one.|How to manage stress level in care conferences|More training on medical terminology
- How to better educate others about what it is to be an Interpreter.
- How to deal with AI and or how to harness it and embrace it.
- How to deal with difficult doctors and patients.
- How to enhance skills and knowledge on other areas besides medical interpreting: legal advocacy, community organizing, immigration advocacy, basic human rights.

- How to handle emotional aspect of our job and how to deal with difficult/rude providers.
- How to incorporate AI tools in to your routine
- How to interpret jokes and humor
- How to keep each other accountable to uphold the standards and ethics of the profession.
- How to manage encounters as time change in the profession
- How to manage expectations and fears for LEP patients when it comes to staying informed with changes in the political climate that may affect the LEP whether it's in healthcare or another aspect that can impact the LEP's health and stability.
- How to use AI
- How to use AI more
- How to use AI to enhance in-person interpreting skills||Successful simultaneous interpretering||Strengthen memory power|
- How to work with AI safely
- I already attend as many webinars as possible, though I typically select free ones, such as those provided by Cross Cultural Communications/Blue Horizon, simply because I don't earn enough money to afford spending part of it on training.||Unfortunately, there is no professional development in sight with the language company I work for.|I wish some support and free continuing education were provided.
- I already have access to many continuing education classes that are helpful in my everyday role.
- I always find a good number of webinars on line from different language companies to keep up with my professional development and continuing education.
- I am already receiving plenty of professional development education in my leadership role as a patient care and nursing supervisor.
- I am considering the possibility of a bachelor degree or to pursue more continuing education that can help me to learn more about medical topics, from body systems to procedures and treatments for a variety of diseases, including cancer.
- I am currently finishing a masters degree and about to start an specialty degree
- I am currently taking webinar, buying terminology book and study to get certification.
- I am eager to access incentives and continuous education that could facilitate the development of additional skills and, subsequently, improved income opportunities.
- I am not sure. But working is the best way to improve.
- I am open to any new continuing education courses.
- I am retiring. So I don't need any training or expectations.
- I am satisfied with what is available.
- I am the Chair of the Professional Development of my Department and I will like to develop more interaction and communication between nationally accreditate programs and training resources. To improve the level of the profession offering unlimited opportunities of growth and a much better pay.
- I am usually available and enroll in most of available opportunities for professional development and continuing development. Fortunately, many are often available.
- I am working in getting a simultaneous degree, and cerification of NBCMI or CCHI
- I am working on getting my Core CHI certificate.
- I appreciate the options I have now and cannot think of any other professional development I would like to have access to.
- I believe I have access to enough continued education.
- I believe it is offered already
- I can not thing of anything because there already are many continuing education opportunities
- I can't think of anything at the moment.
- I constantly look for the news related to medical advances and would like to see more trainings which are not for the routine procedures but for the new methods of treatment of serious diseases.
- I currently rather continue my own path for professional development and look for the progress I need in companies that already offer them. I notice it would be impractical for some companies to change the course of the way they do their services to provide better conditions for interpreters.
- I feel like a little more of education for human services would be great.
- I feel like there are many of options available.
- I feel that trauma informed care for self and patient is very important. We are exposed to stressful situations where sometimes the providers don't even know how to de escalate the situation. By us having this knowledge we can ensure self safety but also safety of the client and provider. Another very key piece of training should be focused around indigenous twin spirited clients. They are not included in the queer community which is unfortunate.

- I feel that we have a lot of available content online to keep us up to date professionally. Everyday I find content to study in the medical field, such as the latest cancer treatment developments.
- I feel that we have access to plenty of continuing education opportunities.
- I have always maintained and expressed my belief that as a department in a hospital system we need to do more in-house brush ups like role playing and review of roles, modes and ethics.
- I have everything I need available to me
- I have given up. I am just holding on to this position until technology and the changes in the economy and current politics destroy my career.
- I have great CEU opportunities at my current agency
- I have pay out of pocket to be able to keep up with my continued education. I am required to renew my certificate every 4 years, and take a few classes every year which can be expensive. I have asked my employer to reimburse some of the cost, or at least pay for my NOTIS anual membership which is the agency that offers courses to take to meet our CE credits requirements every year. Unfortunately my employer has refused to reimburse my classes.
- I have taken and continue taking classes every year on several areas, however when observing other interpreters I would like for courses to be provided in note taking and recall. That way newer interpreters can improve their retention abilities and note taking skills faster. Sometimes their note taking gets in the way of them actually listening and being able to recall utterances.
- I have to do CEs for my certification, but I think we should continually be learning
- I haven't looked into what's currently available, so I'm not sure.
- I honestly don't want to study anymore..
- I imagine that a workshop on tax preparation for new interpreters may be very useful (e.g. how to record earnings and expenses during our job for tax purposes).
- I like all the training offerings we get already. Thank you.
- I like to continue to learn about different health topics
- I like to keep up with current signs and changing language.||I would like to have more knowledge of the LGBTQI Deaf community. I would like more reproductive related signs and language.
- I like to learn more. So usually I take many Continue Ed courses when I can.
- I like to see more topic specific webinars on medical conditions.
- I like to send more webinars based on credits and performance
- I like webinars that go over specific or specialized vocabulary.
- I m always eager to learn more about health care.. diseases, new procedures etc so I can better my self and help people
- I participate in many webinars/workshops to develop my knowledge and be updated in my profession.
- I plan to arrange all paperworks and skills I need in order to get certified for healthcare interpretation in both US and Vietnam, my native country.
- I seek out continuing education on my own
- I think Anatomy and physiology should be more considered to be part of the continuing education content to improve healthcare interpretation quality.
- I think I have enough.
- I think more firsthand experiences and code of ethics discussions would be awesome. I thoroughly enjoy listening to seminars and CE events, but sometimes I would like these to be a bit more interactive. ||I also think that CCHI would benefit greatly from creating local groups or chapters to meet and discuss the happenings of interpreters. If not creating them, then at least working with or promoting already existing groups. The life of the interpreter can be a lonely one, and I think we could be stronger in community building, and it would reinvigorate us all.
- I think more forward thinking practical education.
- I think my company provides plenty of educational opportunities.
- I think that anything that equips us to work with any new technology that comes along, as well as to be able to defend against it when that is needed, is useful.
- I think that more education when it comes to fair treatment, ethics and accountability should be included and be a requirement to continue providing the service as an Interpreter.
- I think that the NCIHC, CCHI and IMIA are doing a great job in offering webinars, seminars and conferences to support our continuing education requirements and broaden our knowledge of new advances in the medical field. |I really enjoy and appreciate all the opportunities available to us to participate in those events.|I believe that the organizations cited above are trying very hard to keep us active in learning new topics, refreshing existing or previous ones and connecting with other professionals.||For my job as a healthcare interpreter trainer at the University of Memphis, I am grateful for the webinars that the NCIHC offers to us.|I find very useful to connect with other trainers remotely and share knowledge and experiences.

- I think there are many valuable opportunities that exist. Keeping on top of industry trends would be helpful.
- I think there are plenty of opportunities for professional development and continuing education - a lot actually - more than one can keep up with and can actually put to use!
- I think there is plenty professional development out there.|One thing, some of the big language services it is required to take some workshops, like HIPAA, customer service, abuse, waste & fraud. And we have to take them every year. It will be a good idea if we can get some credit for those at the time of re-certification.
- I think what is currently being offered is plenty and covers all areas.|What I think our profession needs is to educate the interpreting agencies not to accept any bilingual individuals to interpret in medical settings. I've witnessed disastrous incompetent interpreters at appointments doing a poor job and I blame the agencies that hire them.
- I wan to take the national certification.
- I want additional professional development focusing on advanced medical terminology and specialized language courses to enhance accuracy when interpreting complex clinical information. Training on emerging telehealth technologies and remote interpreting platforms is also crucial, as these tools are becoming more integral to healthcare delivery (Lawlor et al., 2019). Moreover, continuous education in cultural competency would help me better understand and respect the nuances of diverse patient populations, ensuring that my interpretations remain sensitive and contextually appropriate.||I'm also interested in workshops and seminars that cover ethical decision-making and effective communication strategies within high-pressure environments. These programs could address challenges such as managing time constraints and balancing the need for accuracy with the dynamic pace of healthcare settings. Additionally, mentorship programs and peer collaboration opportunities would be valuable in sharing best practices and learning from experienced interpreters.||Finally, ongoing training on integrating new technologies, such as AI-supported translation tools, would be beneficial. While technology can enhance efficiency, it is essential to understand its limitations and ensure that it complements rather than replaces the human element of interpretation (Borresen et al., 2016). These professional development initiatives would enhance my current skills and help prepare me for the evolving demands of the healthcare interpreting field.
- I want education about relatively new medical technologies and treatments.
- I want to be get my certification to be a translator.
- I want to learn how to translate.
- I want to obtain MMS degree in biomedical science, Pass CCHI test
- I want to see no interpreter seeing a patient unless they are certified. |Continuing education is improving over time, now I'm seeing more specialties giving training to get better interpreting service
- I will continue taking clases and webinars from NCIHC and HCIN.They are great!!!
- I will get certified thus year
- I wish I could have in person training classes. Not just zoom and online.
- I wish all investments in improving the interpretation like all webinars, classes and studies on specific subjects, would be taken in account when an interpreter is chosen by an agency. It looks like the agencies only hire the cheapest rates.
- I wish getting certified were easier.
- I wish it could be done more remotely, at our own pace, and on other days besides Saturday.
- I wish our department could routinely schedule decompression sessions or set aside time to discuss cases.
- I wish that there were more trainings on how to incorporate AI and CAT tools in the my current work role. I feel that many interpreters are very behind on techniques and tools that are at our disposal or could be if our employers would only supply them and train us to use them.
- I wish that this type of certifications are mostly affordable for us based interpreters are accessible to all of us located in Latin America
- I wish there was more education to agencies about the dangers of sending unqualified interpreters. Being bilingual does not make you an interpreter.
- I wish we had more in-house ASL training available specifically for healthcare VRI interpreting.
- I would also get an ATA certification so I am able to work as a Spanish translator as well.
- I would appreciate low-cost, preapproved CE that is offered regularly. I find it difficult to find affordable options for the quantity of CEs that are required for each cycle.
- I would appreciate more opportunities to receive support or more communication with other interpreters. |I appreciate the affordable online training opportunities offered by IMIA and CHIA and some of the agencies like Language Line. It would be good if more of these workshops were offered.
- I would appreciate the hospital that I work for to pay the cost of National workshop, continuing education course and seminars.
- I would like CE opportunities that focus on more relevant, practical training.
- I would like a free course to prepare interpreter to be certified.

- I would like additional continuing education regarding the most updated procedures and care provided in every area of medicine. For example, every field has new advancements (eye care, heart surgeries, skin grafts, etc.) As language evolves, medical care also evolves. We need to know more about the medical changes occurring in our field.
- I would like agencies and healthcare organizations be able to provide more training for interpreters and medical staff on how to use interpreting services
- I would like certification to be a goal for all my colleagues. Currently someone who schedules an interpreter from my agency does not know whether they will get a trained or certified interpreter or not. The cost of certification is a barrier for individual interpreters and our not-for-profit employer.
- I would like companies to offer the get the official certifications based in our performance and evaluations, maybe for a special price or disccounts.
- I would like continuing education in pediatrics. Specifically in transplant cases.
- I would like continuing education in technology to be available. In addition, current medical terminology, ethics and standards should be up to date.
- I would like continuing education in the following:||Worker's compensation (how it works, the things a patient may or may not have access to etc.)|Physical Therapy and the additional testing's/evaluations that a patient may or may not need (related to worker's comp).||
- I would like continuing education to be paid for by my work place. I would also like to have some in-person training so that a real person can give input as to how to improve my skills.
- I would like for Language companies to offer free continuing education to their contractors
- I would like for all CEU available to nurses and doctors to also be available for interpreters. ||
- I would like more CE courses dealing with Mental Health settings. Strategies, best practices and evolving terminology.
- I would like more CE credits to be available that are Spanish specific.
- I would like more advanced training. I usually attend the ATA conferences, because I find that continuing education to be more interesting and relevant for me.
- I would like more continuing education available on a local level.
- I would like more education on human-centered skills like how to improve cultural competency, how empathy with our roles and neutral interpreters, and how to self-advocate for ourselves as freelancers.
- I would like more focus on how to manage one's own mental health while interpreting for difficult or highly emotional situations.
- I would like more medical specialist trainings on specific procedures.
- I would like more medical terminology education offered.
- I would like on line Orthopedics terminology continuing education courses available for my current work role .
- I would like paid work time for the continuing education that is currently available. I have no more time.
- I would like providers and clinicians to be better trained in how to deal with deaf/hard of hearing patients for a better experience
- I would like seminars on interpreting for various disciplines in the medical field, preferably in Spanish or Portuguese.
- I would like specialized training for interpreting in initial patient education sessions for Transplant Nephrology as I find that medical specialty to be extremely complex & out of my scope currently. I would also like additional training in simultaneous interpreting.
- I would like the organization I work for to provide more CE classes for interpreters to allow for networking as well
- I would like to advance in skills related with AI aided tools.
- I would like to be a lawyer especialized in Interpretation and Translation.
- I would like to be able to afford an international certificate while I'm working on my job.
- I would like to be able to get an MA in International Relations and a separate MA in Political Science. I would like to specialise myself in Conference Interpreting, either as MA or as a specialisation course or Diploma. I would also seek to get a credential in linguistics.
- I would like to be able to get certified as an Interpreter in Education. At the moment there's only one agency that is developing such certification, and they say they plan to have that exam available this year. It would be great to have that added and be part of a registry.||I would also like more training in how to be successful as a self employed interpreter, obtain clients, how to do marketing etc, so we don't have to depend on the agencies so much.
- I would like to be able to have access to getting certified and my employer pay for that, and that they support on-going professional development training. i would like more training for interpreting in mental health settings

and have a more realistic code of ethics that allow for the actual work we do with advocacy. It would be good to get more support services to deal with post secondary trauma.

- I would like to be able to translate documents and know another language. Classes to understand better terminology also
- I would like to be available for my current work role with more abilities of communication and collaboration, and the technical skill of note-taking and memorizing.
- I would like to be certified, or become a professional in the field
- I would like to become certified by the CCHI.
- I would like to develop my skills as a professional translator.
- I would like to do more course on medical terminology for both Spanish and French to create more automatisms and feel less stressed when an appointment is about certain conditions or diseases I am not so familiarized with.
- I would like to focus on and be part of the development of the use of the ""Low Language Diffusion"" for Southeast Asian/Austronesian languages back home. By teaching future Filipino Language Interpreters using various tribal native dialects (we have 175 dialects back home) into TAGALOG/Filipino language, our national mother tongue to English. A TRIAD approach I discussed this with the late + Dr. Eva Padilla Stitt - PhD+ when she invited me as a Guest Speaker at the Oral virtual International conference in April 2023 and to take the FREE BHI-ES & BHIT-TOT-ES Train the Trainers courses in June-July 2023 which I took and passed we were discussing to collaborate back then, but it was halted when she passed away late November 2023. Dr. Eva P. Stitt +(Phd) proudly developed these courses for her baby project, which came to fruition a few years ago and was offered before, during, and after the pandemic era. You may refer to www.dbhds.virginia.gov
- I would like to have access to free trainings
- I would like to have availability to get certifications, and get more education about other roles interpreters can grow to within the company.
- I would like to have continuing development in navigating the interpreters role & responsibilities in community settings beyond medical appointments.
- I would like to have continuing education in hospice and geriatric interpretation.
- I would like to have medial interpretations in different senttings.
- I would like to have more access to small group professional development opportunities and more opportunities to build relationships with other interpreters with whom to share experiences, advice, techniques etc.
- I would like to have more continuing education courses readily available for my certificate renewal. I wish there were a larger range or more easily accessible.
- I would like to have more practice scenarios in simultaneous interpretation, sight translation and translation of documents - mental health terminology too!
- I would like to have more training in different specialties| |
- I would like to have my certification; that's my next step.
- I would like to have recordings of additional education so that we can see them on our own time instead of having a fixed time that would screw up our normal schedule
- I would like to have resources available to learn specialty areas such as: cardiology, hematology, oncology, etc. I also find useful courses that provide strategies to better manage the flow of communication with clients/patients. I also believe basic education for clinician is important in order to work more effectively with interpreters.
- I would like to have seminars or webinar about new procedures or technics in different specialties.|A refresher on medical terminology on sub-specialties.
- I would like to have some courses on the extensive and intricated California Worker's Compensation guides or law. I believe it is important to know in depth, how it works for the patients that we interpret for.
- I would like to keep having opportunities to attend webinars and conferences that are near my home town
- I would like to know more about new developments in healthcare and more about what the specialists do.
- I would like to learn more about in-person conferences, as well as more organizations that might offer occasional healthcare interpreting opportunities specific to freelancers.
- I would like to learn more about project management related to Language Access.
- I would like to learn more medical and legal terminology
- I would like to learn the administrative part, for example how to do tax reports and how to advance in the profession.
- I would like to present at a conference day about the benefits of being a full-time staff interpreter for a healthcare organizations, noting differences and benefits in the free-lance and ISP worlds.

- I would like to see a career path for interpreters where they can experience career advancement in accordance with their skills and ongoing education.
- I would like to see a training on AI and how to use it as interpreters and translators to facilitate our job.If
- I would like to see a training on ASL sight translation of medical documents. Also, I want to express appreciation for VRI companies who employ Certified Deaf Interpreters (CDI) on their ASL interpreter staff. Having CDIs available online has been very helpful to me as a hearing interpreter working on site in a hospital room. Maine's shortage of CDIs is somewhat mitigated by this online access (however nothing fully replaces the value of an in person CDI!). I would like to see more VRI companies hire qualified CDIs AND I would like to see training developed to help on site interpreters work efficiently with VRI teams, particularly DI/HI teams.|I would like to see interpreter referral agencies receive protocol trainings for hiring and managing healthcare interpreters. There needs to be more accountability when regularly sending on site interpreters into medical situations. I do work with a local agency, frequently discussing ideas and ways the system can be more efficient. However, there is a need for advisory boards with a mixture of Deaf and hearing consumers of healthcare interpreter services AND healthcare interpreters to work with agencies to oversee protocols and create standards of skill and ability for healthcare interpreters.
- I would like to see additional educational tools for English speaking providers of the importance of using medical interpreters and how not to depend on computer tools such as google translate to provide translation and/or interpreting services.
- I would like to see colleges accredit continuing education. So many hours with just a certificate and not advanced certification, endorsements, etc. Eg - nursing career ladder or more specialties
- I would like to see more in-person professional development opportunities in rural Oregon! I would also like to see higher pay so interpreters can afford to take time away from their work to attend professional development / continuing ed opportunities more regularly, instead of working every minute they possibly can, scrambling to cobble together a living.
- I would like to see more local colleges and universities across the country offering Medical Interpreting Programs, in order to bring the Interpreting profession to a level similar to the one in European countries.||There's a need to educate the medical staff on how to work with interpreters in the medical settings. It is difficult for the individual interpreter to try to train every new provider about the best practices when working with interpreters. A possible solution may be to create and make easily available short videos that became viral in the medical community. ||
- I would like to see more opportunities to obtain free CEU's online.
- I would like to see more paid training opportunities from my workplace.
- I would like to see more seminars organized at work.
- I would like to see more specialized training and certifications available in telehealth, mental health, and legal aspects of healthcare interpreting. Additionally, courses on cultural competence and handling complex medical terminology in specific fields (e.g., oncology, pediatrics) would be beneficial. Access to more interactive workshops, peer collaborations, and case studies would also help enhance practical skills and provide deeper insights into emerging challenges in the field.
- I would like to see more training in Medicare/Medicaid. The option to make changes to your plan generally occurs at the beginning of each year. Therefore, training in October/November would allow us to prepare for increased interpreting volume at the start of the new year.
- I would like to see more training on obtaining the CCHI certification.
- I would like to see my company offer more opportunities for continuing education to the staff interpreters.
- I would like to see opportunities to more advanced training, in interpreting.
- I would like to see specific training offered on handling common situations in healthcare interpreting, including guidelines on how to respond professionally in particular scenarios. For example, it would be helpful to have recommended phrases and protocols for cases where the patient is fluent in English, as well as for situations where we are asked to do something outside of our duties, such as scheduling an interpreter for other days.||It would be ideal if this information were compiled in a reference manual and that there were an agile method to consult it in real time, thus facilitating a uniform, professional response aligned with the service's policies.||In addition, I consider it important that the courses and seminars in which we participate are recognized in a tangible way, either through financial compensation or through the issuance of official certificates. This would not only encourage participation in continuing education, but would also contribute to the professional development of interpreters, providing opportunities for growth within the sector and strengthening our career path.
- I would like to see that companies that work with interpreters in the staff or freelancers; provide us with the official training and certifications that are required to be a qualified medical or legal interpreter, it does not matter if we are charged any amount for that; it would be great if you could provide us with some discounts or payment facilities for these courses and/or certificates.

- I would like to see the minimum requirement for healthcare interpreter training increase. Agencies should be held to a training and performance standard to ensure quality.
- I would like to take a few certifications to better myself
- I would like to take interpretation classes at college.
- I would like to take interpreting courses that specialize in areas such as mental health, gynecology, and oncology, for example. I would also be interested in obtaining more education related to cultural mediation.
- I would like to take more courses in Physical Therapy and Labor and Delivery.
- I would like to take more professional development created by native signers (Deaf professionals) that go in depth into healthcare interpreting topics. I would like to see more performance-based programs for ASL interpreters. I would like to see more programs about interpreting Advanced Directives, Living Wills, and other topics that require far more expansion in an interpretation.
- I would like to teach this career and /or train new Spanish speaking interpreters. There|Ought to be a class that trains me to teach and train new interpreters to be successful in this career. I would be happy to learn how to have a Successful interpreting business working with new interpreters and training them.
- I would like to travel to other Hospitals, to learn different traits. Maybe to only Spanish speaking countries, and encounter only English speaking patients I would love to see the different dynamics.
- I would like to understand better how AI might affect our profession. And how I can prepare for those changes. ||
- I would love for interpreters to be able to shadow different specialists from time to time. In addition, I will be pursuing continuing education in anatomy and physiology. ||I would like interpreters to receive CEUs for EDUCATING hospital staff members in our role, what we're there for and what we're not. How our patients are similar, yet different than majority language patients. I don't think it could happen in my current role, but maybe CCHI or another accrediting organization having a Hospital Staff Trainer. Smaller cities and rural hospitals have no such education available.
- I would love for them to pay for my MBA program that I am enrolled in right now.
- I would love if my recertification was paid for by the hospital.
- I would love to be a diplomatic
- I would love to connect with local interpreters and brainstorm best practices, sharing strategies and ideas.
- I would love to get a health care worker's certificate if possible.
- I would love to learn from language access leaders. I have so much to learn still.
- I would love to see more free, bilingual and or Spanish language CEU classes available.
- I would love to see more professional development opportunities focused on advanced medical terminology, specialized fields like mental health and emergency care, and cultural competency training. As healthcare continues to evolve, staying updated on medical advancements and best practices is crucial for providing accurate and effective interpretation. Additionally, workshops on handling high-stress or emotionally charged situations would be beneficial, as interpreting in healthcare often involves sensitive conversations. More real-world training scenarios would also enhance my skills and confidence in delivering high-quality interpretation services.
- I would love to train up and coming interpreters to love the profession as I fell in love with it over 20 years ago.
- I would prefer to expand my language repertoire. I'm currently studing german.
- I would really appreciate having interpreter trainers come in to our office to do group professional development sessions with the interpreters. This way, any interpreters who have gotten set in their ways with old habits that may not be ideal would have the chance to receive feedback (say, through small-group interpreting practice in a training session). ||I would also like the whole team of interpreters to receive professional development on ways to give an effective pre-session to the patient and provider, even over the phone. For instance, I do always remind the parties to speak directly to each other and say ""you"" and that I will interpret everything. But when I overhear other interpreters working, I don't often hear them say this. So, it would be helpful for us all to hear additional ideas and possible phrasing for the pre-session and to practice giving these pre-sessions to each other in a professional development session. (This is something I have often practiced at home on my own, and it would be very useful to practice together and hear the wording my teammates use and to let them hear my wording.) Because the truth is that the pre-sessions suggested in different standards of practice that I have seen are very long, and often too long for the hospital setting. It's quite challenging to capture the key points in a couple of sentences in under 5 seconds, in both languages.||Also: I would really like to have some continuing ed sessions at conferences, etc., be reimbursed by the hospital since certification is required for my employment there. And it would make sense to be able to go to a conference or continuing ed session during work hours without having to use our Earned Time Off. The doctors get time to go to conferences; we should, too!
- I'd ADORE to become certified, get a H1-B VISA and BECOME a staff IN PERSON interpreter at US hospital. That's my ultimate dream.

- I'd appreciate more specialized training in medical terminology and cultural competency, along with courses on the latest technological tools for healthcare interpreting. Additionally, I'd like resources that address regional variations in terminology from different countries.
- I'd like certificates to be more valued and taken into account when you apply for an interpreting role.
- I'd like continuing education so that everyone on our team could be CHI certified. I'd like my supervisors to understand that a CHI certification is an accomplishment worthy of the $ investment.
- I'd like more free continuing education opportunities, especially performance-based training to improve real-world interpreting skills. I'd also like specialty area bilingual glossaries to be provided or shared.
- I'd like more info on interpreting for ADD or ADHD patients.
- I'd like more performance based workshops for languages other than Spanish
- I'd like my contracting company to conduct workshops with their independent contractors on regular basis, say once every month or two.
- I'd like the opportunity to get more mentoring from experienced interpreters. The fact is, I am almost always working alone, so a lot of what I've learned has been on the job. I'm sure there is inelegant vocabulary in my interpreting lexicon, things that I am especially lacking as a non-native speaker of my target language. Things that I'm unlikely to identify on my own. ||I also wish there was greater incentive to getting licensed.
- I'd like to be a CMI or CCHI. I speak Spanish and Portuguese.
- I'd like to be available to more webinars or workshops for specific interpreting settings or to enhance my core skills as an interpreter.
- I'd like to be trained for management positions, not in an LSP but in an interpreter force.
- I'd like to get certified, and receive more free training that can help LEPs and providers.
- I'd like to get my CCHI certification. Financial constraints won't allow it right now. I'd love a mentor!
- I'd like to know more about how healthcare institutions are integrating AI in their interpreting workflows. How can this newest technology support healthcare interpreters?
- I'd like to learn more clinical knowledge about diseases, procedures, etc. It'd be great to be able to shadow doctors and providers of different disciplines.
- I'd like to work with AI
- I'd like training on Section 1557 of the law, I'd like more ASL vocabulary in medical field, I'd love to see more debriefing/session consulting.
- I'd love more advanced medical terminology courses, specialized training in mental health interpreting, and workshops on handling high-stress medical encounters.
- I'd love to see more specialized training options, like courses focused on specific medical fields, such as mental health or pediatrics. Also, workshops on cultural competency would be super helpful to better understand the diverse backgrounds of patients. Plus, some training on new technology and remote interpreting tools would be great as we move more into telehealth. It'd really help us provide even better support for patients
- I'd love to take on CCHI certification yet I do not see it will bring me anything at this moment. I love to improve myself but as things stand now, it just does not pay off. I already paid to get 60 hours of Medical interpreting training which was fun to me but it was pricey concerning how much you can earn in the field.
- I'd really like to get certified, also I think we should have like a handbook about ethical issues and how to manage certain situations which sometimes is not clear.
- I'll like to be certified for the CCHI
- I'm always open for more education of all topics.
- I'm aware of the amount of continuing education courses available online but it would be nice to have a local (in person) performance base courses.
- I'm currently enrolled in a medical program (full semester) for translators and I want to continue investing time in education. I believe that if the profession (or my career) has any chances to survive in the near future, it will be due to the fact that people are extremely specialized and qualified to do the work.
- I'm no longer interested in paying CCHI certification or credits since investing time and money in my training does not guarantee that my work will be valued and my pay check higher
- I'm not sure at this time.
- I'm not sure what I would want to add to what we already have.
- I'm ok for nowl
- I'm open to anything. I live all aspects of my work.
- I'm satisfied with continuing education opportunities.
- I'm satisfied with the multiple continuing education options for working professionals in the T&I currently available both online and in person. I also like the variety, having the option to either attend in person conferences or connect remotely.
- I'm taking a break from interpreting at the moment.

- I've had to glean ideas and concepts from other academic and medical research areas to grow myself professionally over the years. I have a lot more ideas to explore for what to implement here. My degree, once I complete it, will hopefully give me the foundational knowledge and confidence I will need for that. I guess, it would be really nice to have a more structured way for interpreters to match with a mentor. I need someone who ""gets"" me and who has been a mover and a shaker like I'd like to be. I am trying to cultivate a connection with one currently. I hear about mentors in academia and in organizations, but truthfully, I don't really know the scope of what that all could be.
- I've pretty much had all the training I need to accomplish my job. I let my certification lapse years ago. It wasn't worth paying $400 at the time for a mere .14 cents per hour raise. I would love to do training for interpreters though! With years of experience in interpreting g as well as full time university Spanish language teaching, i have a lot to offer! Thanks for asking these questions.
- IN MANY SPECIALITIES
- Ideas on how to work as a healthcare interpreter during a telehealth visit. Dos and Don'ts.
- If we can do a jury duty type of encounter where we are allowed to attend a learning session and still get paid time off from work.
- Im satisfied with what is available now
- Immigration and legal training, accent reduction
- In general, I have enjoyed most of the CE opportunities offered by CCHI. It is always a great opportunity for interpreters to gather with other interpreters.
- In line with my current assignment requests, I would like to have more general training in palliative care, and also webinar or in-person training in interpreting for palliative care and end-of-life situations. ||All interpreters and translators (and trainers) need to make a serious to learn about and continually stay abreast of technological advances and the ways that they might be incorporated into communications in healthcare settings, particularly in spoken language and signed language communications.
- In my role as a manager, I struggle to make sense of the financial aspects of my department.|More education support is needed for managers/supervisors on how best to articulate the value of our staff interpreters financially in this era of AI and remote interpretation. Data, statistics, cost per encounter, etc.|I can figure all this out independently, but I feel that learning more from the experts would be beneficial.
- In navigating mental health calls
- In person terminology, ethics and role training.
- In person trainings.
- In-person conferences. I miss the ""people"" aspect and bonding between colleagues
- Include more specialties in the continuing education provided.
- Increase in pay by taking more classes/course and completing certificates.
- Innovative approaches to and research on interpreter vicarious trauma, benefits of being a full-time staff interpreter for 1 organization
- Insight as to how the new government in Washington's plans and policies are impacting the immigrant community both physically and emotionally.
- Instead of assuming AI won't take away interpreter jobs, let's focus on how we can use AI to our advantage as interpreters to make us better than an impersonal AI generated interpretation.
- Interpreter workshops. We don't have continue education for interpreters .
- Interpreting for forensics
- Interpreting for toddlers and patients with speech difficulties (outside of ASL, a patient with TBI- how do you interpret for them?)
- Interpreting techniques and glossaries
- It will be nice to have an optional seminar once a year that's 3 days long or so. I feel that those will motivate us to keep doing what we do. Also it will help those who learn better when there face to face in a classroom, and at the same time we will get to know more interpreters in our field.
- It would be good to have more courses on specific topics for particular languages: hernia repair, hysterectomy, psychiatric evaluation, etc. Information on how to act in unpredictable situations is always helpful.
- It would be great to have QA training programs for interpreters looking to transition into quality assurance roles.||More certification opportunities, like specialized medical interpreting credentials, would add credibility and open up better-paying roles. Lastly, workshops on handling difficult calls (trauma cases, mental health, end-of-life discussions) would be really valuable, since those can be the most challenging to interpret.
- It would be helpful and nice if company would make continuing education available on a regular basis.
- Its always helpful seminaries and webinars of the medical interpretation and health care topics, because it's always changing.
- Just be able to pay for it

- Just everyday interpreting issues that might come up.
- Just to see that employers all around big healthcare systems valued and invested in their interpreters certification and continued education.
- Keep providing training webinars
- Language specific orthopedic courses
- Leadership & Management Training - For those looking to move into leadership roles or enhance their ability to manage teams effectively.|Legal & Compliance Updates - Staying informed about industry regulations and ethical considerations.
- Learn more about interpreting for Psychiatry and Psychology
- Legal field.
- Legal interpretation
- Legal interpretation / how to be available to be contacted by LEP individuals.
- Legal terminology education
- Legal, oncology, construction.
- Legal: Courses geared toward laypeople that provide an overview of the U.S. legal system both at the state and federal level.||Medical: Webinars specific to different types of medical appointments: audiology, cardiology, physical therapy, etc., with accompanying glossaries.
- Like more opportunities to specialize on a specific medical field.
- Like to be provided more continue education with performance based credits included
- Linguistics or communication courses.
- Longer certificate period time
- Look in to different course to further my knowledge about the field.
- Looking forward to completing a degree. Interpretation degree.
- Love webinars
- Lunch and learn but allow the time to participate in those sessions whether live or recorded.
- MONTHLY TRAININGS OR SEMINARS.
- Making more webinars, continued education training more accessible (consider time and fee).
- Management
- Management, team lead
- Managing conflicts in workplace, how to manage burnout and how to find employee wellbeing resources!
- Managing emotions and stress
- Managing skills
- Marketing one's skills|Mental health-related topics|
- Master degree
- Master level certification
- Masters degree in translation or interpreting
- May be offer more courses accompanied by increase in payment and offer of some sort of retirement plan and health coverage
- Maybe Administrative|
- Maybe for simultaneous
- Maybe more hands on experience and more workshops or conferences
- Medical Interpreter Certification.
- Medical Terminology classes in all specialities.
- Medical and pharmaceutical trainning
- Medical interpreters may need some more training in medical areas such as anatomy, and in-depth training in the different systems of the body. Also, i believe medical interpreters may need training about physician processes and ethics so we can better understand why our providers do this or don't do that. These trainings might be a good idea that were provided by physicians or nursing professionals.
- Medical terminology
- Medical terminology updates
- Medical terminology |New medical technology |Information about new diseases
- Medical terminology. Code of ethics. Culture.
- Medical terms in all areas of the work environment.
- Medication - have more talking about medication, what is for, what is the equivalent in others countries.
- Mental Health Issues
- Mental Health training|
- Mental health and behavioral health
- Mental health training for us

- Mentoring my fellow peers, to cultivate a positive learning environment.
- Monitoring or training new interpreters. Asses interpreting performance and seek feedback from clients to identify areas of improvement
- More information on the needs of the non speaking English customers
- More CCHI free CEU's
- More CE available at a lower cost or not cost networking between certified interpreters
- More CEU's at a lower price to help us with those re-certificaction high costs
- More PB ceu options
- More Specialty webinars so that we can learn more in depth terminology. ||Neurological |Urology |Ophthalmology |Kidneys|Heart|Diabetes |Dialysis|Therapy(vocational, speech,occupation)
- More about what to expect in near future regarding our profession and what we need to be educated about to deal with the change
- More accessible and cheaper certifications
- More advance trainings on the latest developments in the field of medicines might be useful too all healthcare Interpreters.
- More awareness regarding the services we provide.
- More certifications.
- More classes on the differences in the everyday words we use in our Spanish speaking countries. ||More classes in how to treat with respect the clients that we work with.
- More classes or seminars to accumulate CEC.
- More classes, webinars...
- More conferences that can be done at my open pace and still get credit for
- More continuing education in healthcare settings free of charge.
- More continuing education on other fields of healthcare. How to conduct ourselves as interpreters in different fields of healthcare
- More courses covering the basics of the many specialties we have to cover.|Basic nurse aid course should be also available for those interpreters interested. It gives you a much better idea of what is happening and why.
- More courses on different subjects and at reasonable rates! |
- More dental continuing education.
- More education on new technologies.
- More encounter classes. More classes on what to do and not do in certain situations.
- More free classes to take and webinars.
- More free or reimbursed courses on understanding healthcare itself (how to read lab results, for example, and what they mean).
- More free specifc workshops to prepare for certifications.
- More free trainings and workshops.
- More frequent Interpreter Summits and lower costs. Make it more affordable.
- More frequent webinars
- More growth with different levels of skills. (different interpreting levels, different interpreting plus levels, with or without translation included etc... different levels of leadership).... lots of room for improvement in this area...
- More guidance and information for the certification process and more testing dates. I would really like to obtain my CCHI certification but I'm somewhat intimidated at taking the first step.
- More hours to take professional development courses
- More in depth and specifications in medical topics.
- More in person workshops so we can learn from each other.
- More in-person conferences, more opportunities to look at case studies and understand how other professional interpreters might handle the same situation, more webinars in Spanish on healthcare/medical topics.
- More language specific workshops offered at an affordable price!
- More language training. For instance, I understand a few other languages than my native lang(which is Bengali), such as Sylheti, Rohingya, Chittagonian, Hindi, Urdu). With a little brushing up, I can interpret in those languages as fluently as my native language. I also believe it would be immensely beneficial for all interpreters if basic networking/IT education were available to help with minimal troubleshooting.
- More legal/court immigration training
- More like the CCHI conference given today 2/22/24. I think it covered a lot in a specific part (simultaneous) but yet it gave a broad teaching and/or review of interpretation skills that apply to healthcare. I think it gave

enough information to beginner interpreters to think about their skills with tools to improve as well as highter strategies for the more advanced interpreters.

- More medical related information in regular procedures
- More meeting discussions of cases|More CE available at LOW or not cost|
- More mental health and how to address the more difficult scenarios in interpretation.
- More of the free webinars :)
- More on cancer terminology.
- More on memorization skills and potential uses of AI for live transcription.
- More opportunities to do online training filled with medical terminology. More opportunities for simultaneous training as well.
- More opportunities to interact and learn from other interpreters.
- More paid professional development. We usually have to pay for it and not to take cases to attend a training; therefore double the expense: you pay and earn less because of the time in training.
- More peer support groups.
- More performance base CEUs, we need for our certification.
- More practical exercises
- More practical tips for improving working memory/ reducing mental fatigue, as well as ASL specific courses focusing on how to interpret specific conditions such as heart murmur and other things that don't always have specific standardized signs.
- More professional conferences and webinars, an opportunity to connect with more experiences interpreters and learn from them.
- More programs only in Spanish-
- More refreshment courses.
- More remote certification options
- More research provided for users of different language modalities and working with deaf professionals in healthcare.
- More role playing exercises where interpreters can actually practice their interpreting skills when they have downtime.
- More routine debriefings and support post very difficult sessions
- More self care conferences.
- More seminars on translating documents.
- More specialized terminology courses, such as those for occupational therapy, physical therapy, speech therapy, and other highly specialized fields.
- More specialty topics in webinars.
- More specialty training is needed.
- More specific training for different specialties in Spanish. There tends to be a lot of training provided in English but there is not a lot in Spanish
- More story sharing from experienced interpreters on their journey and ways to avoid burnouts
- More technology
- More technology and terminology training to have a well balanced interpretation.
- More terminology learning
- More training
- More training about ASL size and shape classifiers and how they can be better utilized in describing body systems and medical procedures
- More training for difficult medical interpreting assignments such as mental health and end of life.
- More training in mental health, vicarious trauma and advocacy.
- More training in welcoming technology to be a partner, not an enemy!
- More training on adapting AI to our daily work
- More training on the role of advocates for our patients.
- More training, interesting webinars at reduced cost.
- More trainings done by medical professionals who understand the importance of an external microphone when giving Zoom presentations.
- More trainings focused on medical specialties, rare diseases and diagnosis.
- More trainings from various specialties and more meetings with our interpreters from other campuses to share experiences and find best practices.
- More trainings on new technology (AI).
- More trainings on specific areas and functions of the body since much of our work requires us to explain and show and use classifiers in our language.
- More webinars / training in person

- More webinars and paid training in a different areas.
- More webinars on simultaneous interpreting in OR/surgical setting
- More webinars, CE trainings, and miniconferences offered on WEEKENDS. There have been many that I wanted to attend but couldn't because they were done during the week and I was busy working all day!
- More workshops and the opportunity to meet other colleagues to discuss our roles, but contact with other interpreters is forbidden by the contract.
- Most common medical terms list with easy access
- Most organizations like yours are doing their best to train interpreters, continue doing that, but bring ALL PARTIES to the table, not just interpreters and language service providers, bring the organizations, too.
- My certification for translation.
- My company offers continuing education on a regular basis
- My current company provides us with free daily training modules,related to all aspects of medicine, which are useful and informative. It is good to keep working on and honing our skills required to do this complex job well.
- My current role is the main and only role.
- My interpreting experience has not included any benefits. Only full time jobs could provide those. I personally have chosen part time work to be able to work on my Art/Writing.
- My professional organization, offer monthly training.
- NBCMI and CCHI organizations should keep in-touch with members often
- Nephrology, kidney disease, transplant
- New: Medical Equipments, treatment therapies, medicines, etc.
- None we have access to the annual training
- None, all the training that I've taken has been excellent and there's a lot of variety in terms of the topics that are available out there for the interpreters.
- Nothing comes to mind but ongoing specific webinars as offered are always helpful.
- Nothing specific on my mind at this moment. |Usually, the CE trainings are covering different and various topics related to healthcare.|
- Nutrition.
- ONLINE WORKSHOPS.
- Ocassional workshops on interpreter techniques.
- Occasional workshops to keep us update with current issues in the industry
- One that reflects the change in the reality that surrounds us. Migrant waves, political change, economic and social variability.
- Ongoing information on the technical. Evolution of the profession, i.e AI, and applications/gadgets that help in the precision and speed of translation and interpretation as well as the most current information on the evolving world of scams.
- Online courses, conferences.
- Opportunities to attend professional trainings in interpretation in different medicine areas.
- Other areas
- Our Company provides 5 mins training ea day on different medical topics and the roles of interpreters
- Our profession will be well served by continuing-educational programs that teach us how we can integrate AI into our work so that we can direct and influence how this transformation takes place in our profession and industry.
- Palliative care education.
- Palliative treatment
- Peer discussion groups, perhaps on line, of critical matters affecting healthcare interpreting. It seems at times that key in the process of medical interpretation are the demands and expectations of biomedical institutions as opposed to the processes of communication and interaction that are always part and parcel of interlanguage medical encounters . I wish to learn from my peers how they go about in attempting to fulfill the challenges of medical communication and interaction which, I believe, medical interpreters are in a unique position to foster. Medical interpreters can and should become valued as communication experts in interlanguage encounters - and seen as more than just translators (which is what interpretation often devolves into).
- Performance based education on practical uses of technology
- Performance skills related to interpersonal and interaction management.
- Perhaps ability to train
- Permanent and constant training.
- Possibly more focus training, let's say in individual specialties to prepare better for these assignments.
- Practical medical interpreting role playing training to increase staff familiarity with medical terminology.

- Practice and readiness for tests and exams
- Practice others Lange's update for Spanish j|Italian and Germany
- Practice workshops from larger organizations.
- Problem solving and handling.
- Professional development courses and certification
- Professional development for healthcare interpreters could include advanced medical terminology training in specialized fields like cardiology or mental health, and courses on cultural competence to improve communication with diverse populations. Training in technology tools, such as interpreting platforms and electronic health records (EHR), would enhance efficiency. Stress management workshops could help interpreters handle the emotional challenges of the role. Ethics seminars focused on real-life dilemmas and opportunities to refine language skills, including regional variations, would further improve performance. Networking and mentorship programs with experienced interpreters and healthcare professionals could provide valuable guidance and support for career growth.
- Pursue continuing education credits that are free of charge for certified interpreters or lesser in price and that allows one to become aligned with national standards of care for patients.
- RN Certification
- Recognition of the talent and to be fairly compensated . Tuition reimbursement for Webinars or classes. Or to recertified or take the test fee.
- Refresher on medical terminology or hippa rules |How to became certified.
- Refreshing my knowledge by attending additional corses for interpreters
- Regarding language proficiency: Interpreters require superior skills in at least two languages, encompassing a comprehensive understanding of idiomatic expressions, etc. | Facilitating seamless cross-lingual communication and overcoming language barriers is a key advantage of this profession.
- Reimbursed for certification and its renewal
- Reimbursement for certifications and training taken.
- Reimbursement of fees for the certification and availability for taking the time for training.
- Remote full online certification.
- Scholarships. I would like to complete a graduate degree in translation but the cost of education is ridiculous.
- Seguro médico
- Self Care
- Self care
- Self taught on reading articles
- Self-care, ethics, terminology
- Seminars and courses about preparation and information about certifications.
- Sharing experiences from other interpreters on different settings||Learning Vocabulary||Legal information about do and don't in the interpretation practices, and for hospitals, etc||
- Simultaneous interpretation; intend to get my ETOE exam.
- Simultaneous interpreting
- Simultaneous, Conference, Legal, Community, Social Services, Financial.
- Since I don't live in or close to a major urban area, I do most of my continuing education via online webinars and recorded on-demand classes. I think the options available for continuing education are pretty good. Occasionally one has been of poor quality, and I just try not to study with that organization or person anymore. Live, in person classes would be nice, but there's undoubtedly not enough demand for that in my area.
- Social services training and vocab
- Specialization in cardiology and genetic certification?!
- Specializations on the following areas: Mental Health, oncology, neurology (including Speech and cognitive therapies), emergency/trauma
- Specialized fields.
- Specialized subject matter trainings, language software courses, trauma-Informed training
- Specialized terminology-medicolegal. Where lines are crossed for autopsies and court testimonies. ||Genetics. Transplants. Dialysis. End-of-life/Palliative Care. Orthopedic-malformations, congentital abnormalities. Cardiovascular interventions, treatments, |complications. High risk OB, maternal-fetal situations. Things like these.
- Specialties' material given by the contracting companies.
- Specialties, educational and simultaneous
- Specific training for workers comp interpreters
- Stress management
- Subspecialty medical workshops/webinars.

- Support to receive these types of educational courses, by allowing us to attend during our shifts if there is an opportunity.
- TAKE THE 60 HOUR COURSE AGAIN
- TOT at a modest cost.
- TRAINING IS TERMINOLOGY (GLOSSARIES)
- Take varieties of work related classes to enrich medical knowledge.|
- Technical skills, more credential earning type of training
- Technological advances and how to use them for our advantage and advancement
- Technological education/implementation, financial solutions.
- Technology for interpreters
- Terminologies
- Thankfully my workplace provides plenty of continuing education.
- That i will to be taking notes in every encounters as i was doing it in 2005
- The Medical or Healthcare Interpreter should have more knowledge about the U.S healthcare system, in order to overcome difficulties, because unlike many other countries, the United States does not have a Universal Health care system.|Also Health care Laws and Regulations.
- The business of healthcare interpreting. While I could personally benefit from this, I think a big issue in our profession is that most of us are contractors but don't have a clue as to what running our own businesses mean. At a minimum: trainings about contracts.
- The incentive for professional development would be enough to make a significant difference, but unfortunately that is nonexistent in my current work role. Without meaningful encouragement or support from the industry, whether through funding, recognition, or career growth opportunities, it is hard to see how additional professional development or continuing education could be effectively pursued or valued. The lack of investment in interpreters' growth diminishes the potential for improving skills, expanding knowledge, or advancing the profession as a whole.
- The interpreters are charged with constantly honing their skills through professional development and practice at our own expense. We provide excellent service and it feels like even our certifying agencies undermine our efforts (core CHI). Insurance companies encourage and support the use of ""qualified"" interpreters. It would be so nice if the education would be focused at the entities we depend upon for employment. I feel that certified interpreters are truly doing a fine job.
- The interpreters who do a good job, do so with their dedication and personally developed skills. One of those skills needed to support interpreters is Emotional Intelligence training and effective communication skills to ensure that an interpreter can navigate the challenges of the role and to ensure that they not just do Language/medical interpretation but also understand the two people for which interpretation is provided.
- The latest developments on using tablets/applications for note taking. The use of captioning (or text to speech) for interpreters to use instead of notes.
- The on going classes that are offered to continue education.
- The permission and authority to translate documents.
- The sessions I most enjoy are the ones focused on how providers and interpreters can best work together in the various areas of specialization.
- There are enough continuing education programs for interpreters, but lack of education for providers and community members.
- There are many options to choose already.
- There are many webinars on the CCHI websites that I find them very useful. Also I receive many free trainings on line from them that provide many learning opportunities.
- There are plenty to choose from with RID and local chapters
- There are several continuing education courses already available right now, so Im not sure if I would like to have more available
- There is always room for improvement I love my job it's my passion while learning new things everyday , helping others feels rewording to me
- There should be a more constant training for us.
- There should be more CE possibilities.
- There's countless resources available already.
- Thinking on specialising in particular clinic and getting the certification.
- Time to work with other interpreters.
- To accumulate adequate working experience to become a chartered linguist of the Chartered Institute of Linguists |I want to renew my certification of CCHI and NBCMI through regular attendance at CME activities.|
- To be able to get a CCI certificate at a affordable price.

- To be able to work on my interpreting skills, receive feedback from more professional interpreters, have training sessions with medical staff.
- To become a certified medical interpreter.
- To have more courses that include medical specialties, such as, orthopedics, cardiology, oncology, etc.|To have 101 courses that can help me evaluate my own performance and receive the necessary feed back for development and improvement of my interpreter role.
- To have workshops where we can have different scenarios of conversation to learn more vocabulary and be able to talk to other interpreters about theirs experiences. How they handle a tough call or situation. Is always good to have other perspectives.
- To keep learning different interpreting setting such as court, etc.
- To provide continue education and training to the interpreters.
- Train interpreters
- Training for Sign Language.
- Training for additional roles related to interpreting, including supervising, IT, external relations, and training other interpreters.
- Training in evolving technologies.
- Training in health care settings, live practice .
- Training in multiple subjects
- Training in other topics that have to do with health, but that are more current with what is experienced in society at the moment.
- Training in the heath care setting , US health System.
- Training on advocacy
- Training on how could AI improve my role as an interpreter .
- Training on how to use AI as tools to advance my skills, to better my work life.
- Training on how we can be better advocates for our own profession and feel bolder and braver to education our healthcare colleagues about our important work and how it benefits them.
- Training on more uncommon contexts for the healthcare setting. Wide-range regionalisms, profanity, limited to no education, rare diseases.
- Training on terminology.
- Training on updated technology for health and updates on government and legal issues regarding health.
- Training specifically for healthcare VRI
- Translating documents
- Translation tools
- Translation training
- Translation training.
- Translation trainings
- University or clinically based training . For example, Mayo clinic,r OHSU, or Cleveland clinic offers medical interpreting classes and gives certificates of completion, I will attend.
- Updated Vocabulary, languages are in constant evolution, and Spanish is a fast-changing example.|Additionally, the new technologies also need to be continuously updated.||Updates in the new technologies.
- Updates of medical terminology, advocacy.
- Updates on new terms emerging from the development of medical sciences
- Use better what is available already.
- Use of modern technologies that incorporate ai.
- Using AI to hone ours skills. |Specific Body System trainings with targeted languages|Anxiety/stress coping techniques for remote interpreters.
- Utilization of AI tools. Training in state of the art computer technology to keep us on the cutting edge of new software and hardware to maintain / expand our necessity and marketability.
- Various health certification courses to help on interpretation
- Very important for me to review my professional career and set up different perspectives to minimize moral decay.
- Vicarious Trauma, Trauma informed care
- Vicarious trauma in a hospital setting.|Mental health patients, chronically ill and dying patients and their families.|Working with pastoral care.|Working with medical records for birth certificates and laws affecting hospital births and documentation.
- Videos we can share with the hospital staff so that they may learn on how we do our job and why we're needed.

- Vignettes of patient /health practitioner interactions for practice with scripts we can access after we have done our interpretation. Or access to small work groups where we can practice ie 4-6 ppl and have weekly practice sessions.
- Vocabulary seems to be something that may continue to be updated and taught. It may include images that would be most useful.
- We are not able to educate staff and doctors of our roles. I would think it would be wonderful to have short videos to pass around that portray the role we play, the situation of the patient of certain culture, errors from both sides.|What is the mindset of the physician and the patient.|Workshops and/or writings on scenarios.|Does independent contractors need to have liability insurance? Can an independent contractor ask from the clinic they served to be covered by their policy?|Do agencies provide liability for their freelance interpreters?
- We have a certified trainer that provides us with up to two workshops a year so I am content with what we are offered.
- We have a very good development program. For me is the pay. We need to have better pay.
- We have an annual interpreter summit where different speakers are invited. The speakers talk about different subjects like the role of an interpreter, cultural awareness, medical terminology, etc. The summit is sponsored by my place of employment. I believe we should have more seminars like this one during the year.
- We have plenty of that, thankfully.
- We have several options online. Idaho developed a 70 hour PEHI (promoting equity in healthcare interpreting) course. I would love for this to be a requirement for ASL interpreters.
- We have the resources. But we need the time, and not feel like we will get in trouble if we take the time to study , take webinars etc
- We know that continuing education is crucial for interpreters to maintain as well as expand their skills and knowledge. It is important to have available on a consistent basis, courses relevant to healthcare interpreters for medical terminology, topics and modalities. It would also be great if healthcare interpreters had some kind of training options to help them improve their skills on how to best leverage new technologies to help them deliver a customized and accurate language experience for patients and providers alike. By combining the human expertise/background with advanced technology and other tools, maybe we can best ensure that languages' nuances and cultural context are faithfully conveyed.
- We need more CE with no cost to complete the requirements for certification.
- We need more trainings on practice simultaneous interpretation (non-conference interpreted) as this is needed and expected a lot in the field but not actively taught as a basic interpreting skill
- Webinars with certificates of completion available
- Webinars, conferences in different cities.
- Webinars, training, BTG
- Webinars.
- What additional professional development and/or continuing education would you like to be available for your current work role? Short answer|I would like to see more professional development opportunities focused on advanced medical terminology, cultural competence, and the latest interpreting technologies to enhance my skills and stay updated in the healthcare interpreting field.
- What are your plans to make more holes in the interpreted pocket? You need to advocate for free CEUs so that the interpreters can stay certified and help the LEP community.
- What ever is updated and available
- What to expect in he use of AI for interpreting.
- Where I work, I feel we have access to many different opportunities on a regular basis.
- While recognizing that it is hard to offer, I would like to see more performance-based training. If more were available, I think it would also make sense for CCHI to raise the percentage of required performance-based CE hours within the total number of hours. I would also like to see more advanced webinars offered. As an experienced interpreter, I find many of them too basic.
- With the nanotechnology and research about Life after Life, new terms and new concepts of what really Life -Health means.
- Workers compensation.
- Working as a designated interpreter
- Workshops on different healthcare areas.
- Workshops on the intricacies of Healthcare Interpreting in Work Comp and Early Childhood settings .
- Workshops sponsored by the agency free of charge.
- Would like to learn more about using CAT tools...
- Would like to learn more aspects of cardiology. An interpreter who understands what he is saying specifically can provide a more clear explanation.

- a real training
- a variety of relevant free or reasonably-priced webinarrs would be appreciated.
- accessible CE on Non-working hours
- any continuing education will be helpful
- any opportunity is very appreciated
- at home paced courses
- autism spectrum and other behavioral health
- be less hard on the interpreter that are professional, and do their diligence in gettin certify
- business courses
- continuing education courses paid for at least 6 times a year|CMI and CCHI certs covered by employer
- court cases |
- current scenarios faced in the field
- cut your renewal fee and stop adding extra layers to certification
- dealing with providers who think they know a second language and the interpreter is always correcting them.
- education has no boundaries and learning is a seemless process. I would love to learn everything what i can.
- for the ability to attend trainings and or educational retreats that help or allow you to talk to others that deal with the same issues as yourself like medical settings or translation of diverse population.
- free courses on a variety of topics
- get a lead training
- health careers incentives and opportunities
- how to work with AI
- human anatomy, biology, the field of ENT otolaryngology, and genetics.
- i don't know
- i used to teach a 40-hrs course, and would like to do more of that
- improve and study of more languages.
- interpret Medial terminology into my language Anuak
- it is always great to get training in ways to relax in 5 minutes or less to alleviate tension from difficult encounters. I am sure we have had them before, yet we need reminders.
- language training- workshops
- may be some psychological training for better understanding of our complex job
- more available training for rare languages
- more courses on how to deal with emotional appointments and how to not carry that into non-working hours
- more courses, more training.
- more knowledge on how to adapt new technologies.
- more learning resources and decompression sessions
- more medically specific trainings. I think I'm in one coming up which is actually endoscopy etc IN JAPANESE! thats really helpful
- more professional
- more resources in relation to Mental Health and Well-being
- more self-pace CEU
- more support
- more training
- more training in current medications (ex: all the different weigh loss injectables and which help what specific health need)
- more training on how to improve in our interpreter roles
- more training on simultaneously interpreting
- more trainings to help the hospital more
- more webinars on different situations that occur in the HC settings.
- note taking
- nothing at this time
- ongoing mentoring
- prep course for the cchi
- refresher courses are always a good idea.
- refreshers
- reimbursement for CEUs
- so far so good
- stop requiring payment for CCHI every 5 years. It is extorsion of sorts.
- time for training for certification while at work.

- to be more exposed to more setting in different health specialities
- to broaden the scope including legal services.
- to know new stuff about different branches of USA life, history, self development, etc.Amazing library and courses
- trainings and classes
- twice yearly education
- workshops/ same language group practice
- would like specific workshops or webinars such as interpreting in the pharmacy, dialysis unit, etc.
- social and legal interpreting certifications to further specialize in complex areas.| • Cultural competency and diversity training to better address the needs of a diverse patient population. | • Better pay and benefits. |• Participation in the development of new technologies
- Continuing education: More readily available continuing education opportunities to stay updated on medical advancements and cultural nuances.|⁾ Acquiring technological skills: Familiarizing themselves with video conferencing platforms and any new AI-assisted tools.|⁾ Specializing in a medical field: Focusing on gaining expertise in a particular healthcare area based on personal interest or local demand.

Appendix U(6). Final Comments

Final Question. Provide any additional comments about your current employment or working conditions or healthcare interpreting profession.

- ""profession"" that is the key word... we aren't quite there yet and unless we have all leading organizations united to push for that we all just have jobs where respect for or appreciation is optional.
- (Began in February) Recent decrease in pay regarding mileage from out of county. Used to pay whenever accepted jobs were out of county now out of county is only paying for one way vs. round trip ||Company is better than others , requiring proof of training and annual vaccinations and tb screen|Also show at least some appreciation for our professionalism
- 30 seconds between calls, while telling employees to get up and stretch between calls... make it make sense. Conflicting messages between job responsibilities and basic self care
- A Call Center is a very demanding job that causes a burned out brain easily. Your health is affected mentally, emotionally and physically. I work at a call center. And we have a great boss. But Call Centers are notorious for being stressful and demanding causing a lot of health issues. We have a good working condition and I'm very proud to be a Medical Interpreter.
- A large burden for me is that one of the large healthcare providers requires various blood tests and vaccinations, but the agency that contracts with the provider does not cover the fees related to it. Since my language is less common and I do not get many assignments for this provider, I am finding it hard to justify the fees the yearly tests cost.
- Accountability for LSP's as well as more accessible certification schemes would greatly benefit the overall industry of interpretation, as I think communication(IT) wise we are very capable. Local testings and trainings,in person, for us people outside the USA.
- all good
- Annual pay increases - cost of living
- As a contract interpreter, I appreciate that mileage reimbursement is included in my compensation. I'd also like more guidance on tax deductions and financial management for independent interpreters.
- As a field we need to stay informed about the ways technology and AI will impact not only our professions, but also our jobs.
- As a healthcare freelance interpreter, you are not able to live. It has to be a combination of community, school and healthcare interpretation jobs to be able to make a decent leaving.
- As a healthcare interpreter, my role is essential in ensuring effective communication between patients with limited English proficiency and healthcare providers. My work allows patients to fully understand their diagnoses, treatment plans, and medical options, ultimately improving patient outcomes and health equity. I'm happy working with Access language solution.
- As a retiree from a long career in academia, my working conditions are now optimal as I have the personal, professional and economic benefits of this job, along with the flexibility I need.
- as a translator & interpreter in the education setting, I feel we still have a lot of challenges, as people do not see the importance and the magnitude of what it entitles to be able to interpret and translate. I still interpret for consecutive hours and people still think I should perform at my best each time. I always try to make it known I have been interpreting for several hours and that my brain may be a bit slower because of that and it seems that they do not fully understand.
- As an interpreter, my voice plays a central role in my life's journey, constantly evolving and growing, while never taking the privileges I've had for granted. It's not just about interpreting word for word-it's about bringing clarity, empathy, and understanding to conversations that can shape lives. My interpreting voice continues to enlighten, inspire, inform, advocate, show empathy, and encourage others.|I am truly privileged to be in a mental and emotional space that allows me to expand my experience and wisdom through this work. Every interaction enriches me!
- As for the healthcare interpreting profession I would like to see healthcare providers rely more on qualified, competent interpreters than on bilingual family members or friends of patients. For this to happen interpreters as a whole must offer a professional service, which from my perspective, requires mastery of both English and non-English language(s) used in interpretation; and competent understanding of U.S. service industries like healthcare, insurance, finance, community services, education, legal, business, etc. Would like to see a college degree that at minimum is an associate's degree in healthcare required to become a healthcare interpreter in addition to taking required competency tests. In addition, I would like to see English proficiency required at the advanced or expert level. The English that I hear many interpreters use is weak in syntax, vocabulary, comprehension and/or obscured by a heavy accent and/or poor pronunciation that interferes with clarity and understanding of intended meaning. It is unrealistic to expect

English speaking professionals to respect or have confidence in interpreters that do not master English and do not understand how services and the industries that offer those services work in the U.S.

- As I am an old person, I consider illegal to be asked to work standing up for 7 hours, or sitting for 8 hours. |I am a professional, not a kitchen worker.
- As I mentioned before, finding good and serious agencies can be challenging. I have had so many bad experiences with some. Fighting to get the payments, change on conditions.
- As I mentioned earlier, I developed a chronic on/off pain/ TMJ in my left jaw, working as a Certified Linguist /subcontractor I find my work rewarding and fulfilling. However, there are drawbacks to experience along the way that will affect us and we have to take care of our overall health, and well-being to watch our upcoming projects (the combination of Language work roles in all areas and fields) focus on what's needed or prioritize deadlines submission, etc., that it won't overlap, that is doable for us especially observing time management. We will suffer healthwise if we are overextended. We learn to prioritize our duties and responsibilities to live a balanced life in moderation. On top of being a Linguist, in my situation, I am a wife, a homemaker, a homeowner, and a pet owner too so I have learned to
- As I said before it's all about the money, they don't seem to care about the service. Will hired anyone that speaks another language , without any training in Healthcare interpretation.
- As is the case of many in-person staff interpreters, my work conditions changed significantly with the onset of the COVID-19 pandemic (when staff interpreters began to work from home by video and phone), and again at different points in the two years following our return to on-site interpreting again. Our interpreter staff was reduced by 50% two times, once as some interpreters were called back to work on-site, and again at the end of the next fiscal year. The effect of the staff reduction from 15 to 4 interpreters was to increase the volume of requests handled by our VRI and OPI LSPs and reduce the number of in-person encounters. Turnover and additional hiring of nursing and support staff in particular created a situation where many new employees did not know we had in-person interpreters or how to request their services. This has changed to some extent because of more robust efforts at interpreter rounding on staff caring for LEP patients. We have had ongoing problems (mostly technical and connectivity-related) with VRI and OPI services and increasing calls from medical staff and nursing leadership for hiring more in-person interpreters and making them available after hours and on weekends. Our Interpreter Services department headed by a manager (a working ASL interpreter) who handled contacts with LSPs, developed an interpreter training center, supervised hiring and onboarding, and educated staff on interpreter-related issues) was dismantled, and remaining interpreters reported to leaders at other levels in the organization who were not able to assume the functions of our previous manager. As a result, I think language access issues are frequently misunderstood or ignored, and we are generally not making the kind of progress that we were pre-pandemic.
- As mentioned before, considering the costs of healthcare, I would like access to Health Insurance specifically tailored to our profession.
- As stated above, not having more interpreters and coordinator because our hospital has significantly cut our budget, and sometimes I don't feel heard (by the organization, not my boss). I wish they could be reminded of our role as healthcare interpreters and the importance of having enough resources for patients.
- As with most people in any profession, we all wish we could get more pay for our work. I don't know that it's fair per se to compare the value of my career to those in the service industry-- like everyone will often use fast food workers as a benchmark-- but there are times I feel that our compensation as medical interpreters should be more robust. ||There is also the frustration that within my hospitals we sometimes feel like our department is an afterthought. We often struggle to acquire office space in the hospitals so that we can carry out remote interpretation in a way that fulfils our needs-- for example in central locations that make us easier to dispatch to specific clinics, ample space for video backdrops, isolated spaces that are quiet and HIPAA compliant... and more a luxury than a need but windows that offer natural light to keep us sane during long hours of back-to-back remote interpretation. ||I would also be nice to feel better coordinated with caregivers-- in some clinics this comes with time but it is good when caregivers know who we are, where we can be found once we are onsite, how to properly work with an interpreter to ensure smooth communication outside of info from a pre-session. ||As for a few positives-- I do feel like we are appreciated at the hospital. It is validating when a caregiver is so pleased to see you and grateful after a job well done. I feel passionately about our role in healthcare, and the difference is can make for LEP patients.
- Assist users with Intermountain Health portal accessing their results and if issue arise, to troubleshoot and resolve issues accessing their information.
- At BCH we are always advocating for in person on site interpreting for the beneficence of the patients and the wellbeing of the organization.
- At this moment work is safe, but the salary is increasing to slow

- At this point, I believe I have expressed the most relevant aspects in relation to my profession. I feel satisfied overall, as I am finally in a job that I enjoy and that reflects my true vocation.
- At this time, I haven't received an opportunity to work as a full time interpreter that would justify for a career change. Although I work part-time and I'm able to choose when to offer my services (which allows me to focus on my full time job), I would like to be able to work full-time (remotely) and a interpreter and translator.
- Basic English language educator and student navigator.
- Because of low pay, I am switching to a legal specialty, as it's x4 times higher rates.
- Being a healthcare interpreter is a job that require very specific skills and knowledge, as well as emotional control and empathy. I honestly with we had more time between each session (at the company I work we have 30 seconds), and also feel we should be better payed.
- Being exploited by agencies who promise to pay more than agreed fees for assignments and not doing so after assignments are completed.
- Best job in the world. I'm only sorry I didn't start earlier in my life, but everything happens for a reason and at the right time.
- Better pay.
- Better salary. USD 4/logged hour is really low!
- Better understanding of the staff of the use of a trained medical interpreter. |
- By now, everyone must know about the company who is terminating all of their interpreters for no reason and without any prior notice. It is the same company I work for. All these years I worked diligently, religiously, and professionally for the said company who is now going to terminate me, their most-loved Gujarati interpreter. The management never stands up for their interpreters. They never even respond to emails or even come online on their so-called helpdesk to answer queries or address our concerns. I once faced sexual harassment from a client on call, i even sent numerous emails to the management but no action was taken, let alone even address my complaint. I received no response from anyone neither my supervisor nor anyone else from the team.
- Call centers for healthcare interpreters need to be addressed. This is not conducive to quality work OR healthy work conditions for interpreters.
- Commercial insurance plans fo reimburse interpreting services.
- Companies are hiring Iligal people, they just requires TIN # and they are lowering the rate by hour very much, the legal people have to compete harder to get a decent rate.
- Companies offer rates as low as 0.019 cents/per minute or pay per minute but expect you to be connected and available for a certain amount of time without paying stand-by time.|They say that they offer continued education and opportunities to grow in the company but the offer is actually a pdf with links to YouTube videos of trainer or creators who are NOT related to the company itself and that are no longer available.|There are scripts that pop-up when you take a call that instruct you to say ""hi this is xxx I'm an interpreter based in the US..."" when it is not true, but on internal communications they urge you to report clients that ask about your location and answer that you cannot disclose that information but contact POC if they have any questions about the location of the interpreters. This shows that they are misrepresenting reality to fit clients' expectations due to payment, contract clauses, regulatory/taxes reasons, etc.
- Companies should only hire certified interpreters
- companies should really appreciate the work that interpreters do for them and compensate them appropriately. taking the experience that we have into account and what we bring to the table. not just senselessly offering us 4 or 5 dollars an hour just because we work remotely. all the training the we go through, certifications, and having to be up to date with vast amount of terminologies for them to simply just insult us with those rates and conditions.
- Companies that do not have standards for interpreters are lowering wages and creating a pool of uneducated and unqualified interpreters. Stricter regulations should be enforced.
- Connectivity and audio issues for VRI interpreting are a nightmare and lead to burn out. Hospitals and VRI companies are enamored with the idea of remote interpreting sessions. But almost no one really invests in the infrastructure to have a strong network or quality audio equipment.
- consistently working with multiple healthcare groups was a good plan. It given me opportunity to learn more in less time. Passion for service over money it was also nice choice | The bad thing, I didn't learn how to bargain. I was believing I will get what I deserve without asking but that was not true. That really given me hard time, I suffered and my struggle was llonger
- Constantly working in front of a computer every day often contributes to eye strain and muscle pain.
- Courses in highly specialized fields like oncology, cardiology, mental health, or emergency medicine to improve accuracy in complex cases.|More practical case studies with real-world medical scenarios.

- Current employment working condition would benefit by having a Language access department that will help the entire organization to create and enforce protocols, guidelines to work with interpreters and by doing that be able to
- Currently I am a cytotechnician,|I would like to work as an interpreter soon.
- Currently my department has shrunk tremendously due to low pay and lack of growth in my organization. I also have a leader who knows nothing about the communities we serve. She has called those patients ""your people"". ||My pay is low for the amount of work I do.
- Currently, I am unemployed, but I am seeking employment as a medical assistant, as I also am continuing to studying and practicing for the interpreter certification through CCHI
- Currently, I feel thankful and well supported because I have the opportunity of performing in my interpreting role in a variety of modalities, in person, virtual and telephonic; while I have a set schedule, based benefits and a great working environment in a diverse and varied set of health care settings.
- Despite a vast number of companies diminishing interpreters with insulting rates and abhorrent treatment, there are still a few companies in that sea of opportunities that genuinely care for their interpreters, their clients, and their patients because they know that qualified interpreters can only provide excellent interpretation, which everyone deserves, this ensures positive feedback from clients to language service providers, ultimately encouraging skilled interpreters to continue their valuable work.
- Despite its importance, this profession is undervalued.
- Due to my location, I have not been able to land ANY interpreting jobs in healthcare since I became certified 2 years ago.
- each company is making their own code of ethics, they adjust it to fit their needs, no protection for terps, we are the weakest link, and this profession should be more regulated, companies are hiring ANYONE who can speak 2 languages, and calls them interpreters.
- Employers are profit-motivated, not caring quality; and thus qualified interpreter is made hard to sustain.
- Every second counts. Would appreciate rounding up interpreted minutes because ending calls requires customer service, not a simple goodbye and hang up. It's helpful to display time taken for breaks clearly on screen to avoid missing full payments.
- Everything is great except for dealing with family members that want to sign a waiver and dismiss the interpreter; and the patients' fears about ICE coming to the hospital and their schools and neighborhood.
- Finally and fortunately I found a contractor organization that is professional and respectful with their interpreter contractors and they are among those who pay the most per minute, if not the best payers' for freelancers. They also help us by providing CE courses with no cost for us, which is a great help. They also offer free of charge terminology supports, as well as advise to deal with challenging encounters. I'm really thankful to me current contractor organization and I hope they can feel satisfied with me
- Florida is very frustrating state
- For individual be more sympathetic and grateful with my free services
- for me personally is that the employer gives more value to the skills it takes to be an interpreter professional, that it is something that takes practice and the information that you are relay takes training as you need to know medical words and the human body and the function of how they work. To look at you like someone that has education to be able to interpret from one language to the next. I think that some employers just look at one as ""just an interpreter"" when it takes just knowing two languages it takes the proper use of the words and how to say one body part, medicine in one language then interpret into the other it truly is a skill.
- For this season of my life, it is an ideal situation :)
- Freelance interpreters need health and dental insurance opportunities, workers comp and some benefits.
- From 2010 until about 2018 I worked for several agencies, including: Hanna Interpretation Services, Language People, and Operation Access: ||I worked many in person appointments for Kaiser Permanente and Hanna Interpretation Services mainly in medical, IEP (School system programs) and general business sectors.
- Giving back to LIMITED ENGLISH PEOPLE
- God Bless our Interpreters and Translators
- Good professional environment but very competitive
- Good working conditions
- Grateful for this job and to serve the Deaf community's medical needs to the absolute best of my ability every day.
- Great
- Great life experience and opportunity to serve and to help others.
- Great organization! Many opportunities for growth.
- Great work environment

- Have more real interpreters in your board, restrict the numbers of company Representatives and interpreter trainers.| Advocate for Interpreters livable wage. |Value is measured in price, what value is a CCHI certification if it does not have a minimum hourly price?| Try to reduce the cost of certification and adding more layers.
- Having compasión and integrity goes a long way
- Health care interpreters need more recognition inside the Healthcare industry.
- Healthcare appointments, if prescheduled, often ends up no show over the phone. Some companies won't pay for that cancellation. That's not fair for us.
- Healthcare interpreters need better remuneration, better salaries. |
- Healthcare interpreting is a very complicated process. There are so many areas in the medical specialty of terminology, concepts and techniques in the medical field. Also there're language skills and cultural awareness needed to be developed. A short term healthcare training program would not be enough, no matter 40 hours or 100 hours course time required will be fully prepared, unless all aspects of the qualifications of a healthcare interpreter are covered. A college program with college credit courses should be required.
- Healthcare interpreting is an essential but often undervalued profession. The work can be mentally and emotionally demanding, yet many companies still offer low pay and limited growth opportunities. More recognition, fair compensation, and structured career paths would make a huge difference.||Despite the challenges, I enjoy the job because it directly impacts people's lives. However, better support for interpreters, like stress management resources and professional development, would improve both job satisfaction and the quality of service we provide.
- Healthcare interpreting might see a drop in demand if current administration decides to revoke or change the laws and regulations that mandate healthcare organizations to provide qualified interpreters.
- Healthcare interpreting, both VRI and OPI, has become overly commercialized, resembling a call center environment rather than a professional interpreting field.||Issues:||Respect and Professionalism: Interpreters feel more like call center workers, subject to fluctuating company policies.|Inadequate Work Conditions: Workforce management software imposes unrealistic expectations, such as 15-minute breaks without time for hydration or restroom use. Tired interpreters are prone to errors, which jeopardizes the quality of service.|Micromanagement: Experienced, certified interpreters face constant oversight, driven by company policies rather than professional standards. This results in pay docking and denied raises.|Pay Disparity: There is an unfair wage gap between ASL and language interpreters that needs to be addressed.|Suggestions: The interpreting industry requires regulation, a minimum wage, and support for unionization to ensure fair treatment and standards for all interpreters.
- hoping this to get better
- Hospitals and their managers do not recognize interpreters as valuable members of treating teams. Although they may write messages and say it, it is obvious interpreters are seen as an unwanted expense and second class employees.: low hourly rate, understaffed, not included by name in surveys
- How soon can we lobby Congress to enact regulations to raise the bar? Can CCHI help organize such an effort?
- human anatomy, biology, the field of ENT otolaryngology, and genetics.
- I absolutely love working remote ... I enjoy and love my job so much and very happy with my amazing management team and my dpt overall .. ai feel so blessed to be part of this hospital organization!!!
- I almost always get calls every 30 seconds. Due to the large volume of calls, the wait should be 1 minute between calls.
- I always liked working in a fast paced environment. That is why my favorite areas are Surgery and ED Trauma.3
- I am a freelancer with an LLC by choice for taxes reasons, work with 8 agencies, and the way I do it is I take job by priority for me (economical) the one that pays the most is the one that has priority, and so and so, I work in all types of conditions, but I guess because I want to, since I get to decline or accept jobs by will, witch it can be hard because sometimes I don't have time to eat, or to process what just happened in the appointment and I have to run to the next setting. The difficult part about this is that if I don't work like this sometimes, I do not make enough in the year.
- I am a homeless USMC Veteran who is interpreting remotely from the transitional housing facility where I reside. Despite asking around, I can't get funding so I can lease co-working space that will allow me to work outside of this facility, which is subject to any number of irregularities (i.e. unexpected fire drills due to veterans smoking inside their rooms; hostile neighbors on the floor where I live).
- I am a tester and I like to test other candidates for their language proficiency.
- I am blessed to have worked as a staff interpreter for 21 years at the same system. Many years ago in our town of 48000 people, staff interpreters were hired before it was a JC requirement, before we had video interpreting and there was no certification. We have come a long way baby!

- I am currently employed as a freelancer, and the two organizations I work for are reasonable. I have never failed to pay or assist if there was help needed. But, in the past, I worked for many agencies where conditions, expectations, and even pay were an issue and unacceptable. I have encountered situations where I felt insurance services fraud was being committed. When I decided to call my agency and decline the assignment, they also failed to help me and pay for my hours. I have a few other instances in which agencies failed to pay me, and I did not know where to refer my claim or concern. ||Therefore, I hope this questionnaire helps us, as a healthcare community and community interpreters, understand the current working conditions. I am unaware of whether there is a unanimous understanding of the expected working conditions or if there is an organization where claims can be placed when conditions are inappropriate. I hope that by coming together and sharing our experiences, we can work towards a collective understanding and better conditions for all.
- I am currently working freelance job , but I would like to work full time remotely job.
- I am delighted to see how language services are receiving more attention in the medical environment and that many medical professionals recognize that we interpreters are a key component of the treatment team.
- I am employed with Universal Translators out of Ann Arbor, MI. I just started 3 months ago. It is for a court system.
- I am entirely grateful for the opportunity of being a healthcare interpreter as it is a great passion for me! I only wish I was able to work more hours and receive insurance as my husband just lost his job and we need a more solid/consistent income.
- I am fortunate to have worked for a great company for over 13 years now. However one of the main reasons I would consider another job would be having benefits like health insurance and paid holidays. We do have paid vacation time now, but it just started and it allows for 5 days only giving you an average pay of what you worked the previous weeks. After working for almost 15 years in this field, it is sad to have so little time off. Many times the few vacation days need to be used for actual sick days.
- I am fortunate to work with a great team of interpreters that are passionate about the services we provide and the families and team members for whom we interpret. I would just like to have more continuing education available that address the interpreting profession.
- I am glad to be part of my organization as we have a team who supports each other and are always proving feedback to better serve our LEP community.
- I am grateful for the interpreting profession.
- I am happy with my working conditions.
- I am happy working just a few shifts a week because I feel I am somewhat retired. I do it for my local community and to help people, and I like a little income, but not too much. I am 73 and have been professionally interpreting since 1990, starting in Washington State Courts.| Lived in Japan, then got certified in the US when I returned to Boston in 2013.
- I am highly qualified and professional and embraced interpretation as a carrier change in the past 5 years. I am goof at what I do and bring lots of other specialties with me. I intent to support organizations who in turn support the profession and wish that CCHI gets more involved in the field with presence in the different sectors to ensure that agencies not just profit but rather help to improve the development and profession.
- I am in person medical interpreter , I also train/coach medical and educational interpreters via online.
- I am in the ideal position for this profession. I am a staff interpreter at a large healthcare network with complete support from my colleagues and leadership. We developed our own in-house VRI team and have the freedom to test new ideas.
- I am in the middle of a big change in my life, personal and professional. I was hoping to keep working with the language company where I have been working for the last 3 years. One of the reasons while I got certified with CCHI while I was working as contractor with this company, was to offer something more as interpreter and I hoped to be appreciated and ""rewarded"" for doing so in my own free time and with my own money. But the commercial system has been affected by recent government changes and other factors in the last 6 months or so and I do not want to blame anyone. Unfortunately, I was let go, along with other thousand of interpreters. Again , I am not the only one to deal with this and I am knocking at different doors to see where I can keep working in a field that I absolute love and I do not want to let go. ||I hope that the working conditions for healthcare interpreters (both in person and remotely) will improve, especially the wage and the benefits. We are a category that needs more attention. Even if we work from home, we still need to make a living and we still need healthcare insurance like any other worker.
- I am just really concerned about the rates. They are offering 4usd for interpreted hour. Can you believe it?
- I am more than happy with my current company. I feel they help us in every way possible and never felt left behind although we are remote. Communication is great and there is nice and kind coworker's atmosphere also,
- I am not happy, but I do not see other options locally nor nationally.

- I am now very happy working with local government :) This place follows trauma informed tools and practices.
- I am overall satisfied with the institution I work for and the working conditions however, there is always room for improvement within our department as we don't have enough interpreters and the interpreter vendors that are contracted through an interpreting agency are very seldom sufficiently trained to interpret in a complex environment such as the healthcare system I work for. |I believe that a 40 hour training course is never enough to enter the interpreting field.
- I am pretty amazed by the detailed questions asked in this survey. The survey made me think about the present state of affairs in our profession, but it also challenged me to see what we could possibly achieve if we calibrate our goals and start working towards them. ||One small segment of work that the survey did not include is interpreting that happens during psychological evaluations for competency hearings in settings like the quasilegal setting of appearances such as the 5150 hearings that take place before a Board in a hospital setting or competency hearings that take place before an immigration court judge.
- I am pretty satisfied with the current agencies I work for and never had any issues with them. I am very grateful for who I am today.|
- I am proud of my profession, proud of my interpreting skills and grateful for the opportunities professionally and personally provided for the performance od this wonderful role as a Medical Interpreter.
- I am proud of my role as a Certified Healthcare Interpreter
- I am proud to be a part of a fabulous team of onsite healthcare interpreters at the hospital I work for. Thanks!
- I am satisfied and somewhat concerned about the future of our profession
- I am shocked by the verticality in my current employment and work conditions as an interpreter. To me it is the ultimate expression of racism to not see that interpreters think, observe, have ideas, and other to discuss and offer with regard to aims of medical interpretation, communication, and interaction in interlanguage medical encounters.
- I am the first and only staff interpreter for the organization I work for and although it was very exciting to start after 1 year in the position (full time) I am feeling burnt out, isolated, micromanaged & underpaid. I have grown weary from constantly having to advocate for myself & being met with resistance. I am not able to apply most of the information I've learned in my initial interpreter training and CEU webinar trainings about interpreter mental fatigue, vicarious trauma and self-care because of my leadership not being receptive or having knowledge of these practices themselves. I am required to interpret for long hours without many breaks with difficult conversations. This does not feel sustainable, and meanwhile I am making much less money (about half) that in my prior profession as a teacher, and feel much less work/life balance, so I will likely leave the profession.
- I am the only in-person interpreter in a hospital in New York City. I only interpret in in-patient units. All of our out-patient clinics use phone or video interpreters. I am constantly hearing from staff members that my hospital should hire more in-person interpreters, but management has made it clear that there is no room in the budget for more interpreters.
- I am the owner of a small business and working interpreter, so I don't know how my responses may skew or fit or not fit this surveys results. But thanks for doing this! I look forward to seeing the results.
- I am very dissatisfied with my job. I am suppossed to be a freelancer but I have to adhere to very strict goals every day and since I don't have a contract the rules I'm expected to abide by often change.
- I am very fortunate work for UW Health and the manager
- I am very frustrated about the low salary that some of my colleagues receive.|In Memphis, TN, where I used to live, the starting salary in some of the non-profit clinics and hospitals is very low or low. Some of my students are not very motivated when their proposed salaries are low and they cannot support themselves with that low-paid salary.|I am also concerned about some interpreters being asked to perform roles at which they are not proficiency (translation of documents, for example).|Another concern is the general misunderstanding of what a professionally qualified (certified) interpreter is and their status in the healthcare industry. |My mission is to train interpreters the best I can; to help them start their journey; to mentor them and to prepare them become certified; to connect them with other colleagues for job opportunities and to motivate them to enter the profession.|
- I am very grateful for the professional opportunities my organization, Mosaic Community Health, has afforded me as our profession was developing and continues to develop.
- I am very grateful that I found this profession and a job at my current place of employement
- I am very happy as a Public Health Language Coordinator and a healthcare interpreter. This has been an amazing road and I am proud of having been a part of it. Now to the next generation since I am planning to retire in 2 years!!!
- I am very happy at my current job but would like to see higher compensation across the board.
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- I am very happy at my job!
- I am very happy to work at a hospital that values interpreters.
- I am very happy to work for the companies that I provide professional services for. I enjoy and take pride in it.
- I am very happy with my current hospital, the staff, how it runs, and the department specifically that I work in. I feel very supported and respected.
- I am very lucky as I work at a large pediatric institution that has historically been very supportive of our profession. I think we have the largest interpreter staff in our metro. Even so, we have to advocate for the importance of our role and why staff need to work with us, not 'use' us, and not 'get by' with Spanglish, signs, google translate or using the kids.|I worry that national attitudes towards immigrants and budget concerns may jeopardize the role of the interpreter. |We need to continue advocating for us to be seen as a legitimate profession and as more than 'interpreting machines' but healthcare professionals.
- I am very lucky as my hospital supports language access.
- I amhappy with my working conditions for the most part, as a Healthcare Interpreter, and Healthcare Interpreter Instructor. I would like to make more money per hour on both.
- I believe in my organization's mission and and the work that I do.
- I believe medical staff would benefit from knowing how to work with an interpreter. Some of the medical staff watch a very short video on how to use an interpreter when they are first hired at my place of employment. However, sometimes I don't think that's enough and they should be given more information on how medical interpreting works.
- I believe my current employment sees a value on medical interpreters but do not believe in paying them a decent salary.
- I believe my employer has made a priority to provide quality Interpreting services to the community it serves and offers a competitive compensation and support to its employees.||At my place of work there is an increasing expectation from providers to use the Simultaneous or Semi-Simultaneous mode while they engage in normal speed speech with other English speakers in the room. It is very difficult to provide the best rendition in these situations.
- I believe that the healthcare interpreting profession deserves greater recognition for the critical role it plays in ensuring effective communication and quality care for diverse patient populations. Increased awareness and appreciation of our work can lead to better working conditions, more support, and enhanced professional development opportunities for interpreters. This recognition would also highlight the importance of cultural competence and accurate communication in healthcare, ultimately benefiting both patients and healthcare providers.
- I Believe the salary can represent more the physical and emotional stress that sometimes we experience
- I believe we, certified interpreters should be paid as a true, respected, and complex profession in the medical field.
- I can say I am very confortable with the company I work for.
- I can't complain.
- I chose to be a Health Care interpreter because I grew up interpreting for my parents from a young age and I did not want other young children having to do the same, unfortunately I don't believe that the training/education that is offered i.e. 40-hour courses is enough to truly educate a qualified interpreter.
- I consider myself a very lucky interpreter for I work in an organization, CAMBRIDGE HEALTH ALLIANCE that recognizes the interpreter's job as an important component of the health care team, and also provides any needed assistance to all of its staff.
- I do know that the role of an interpreter is important but I'm am felling valued or well remunerated for the services provided.
- I don't have any additional comments.
- I don't have enough experience to comment on this
- I don't know
- I don't really have additional comments.
- I enjoy being a freelance interpreter and travelling to different parts of the cities. Hate to do invoices and tax.
- I enjoy being of service and making a difference in the well being of patients.
- I enjoy greatly my career, freedom, flexibility, and working with my main company.
- I enjoy my work but I feel that as certified interpreters we should be compensated more.
- I enjoy what I do a lot. I feel the companies I contract with treat me well.
- I enjoy working at my current employment and helping the different departments as Victim advocacy-Mental health and medical department
- I enjoy working for my employer very much, I just wish they gave raises.

- I enjoy working in the healthcare interpreting profession, it is such a pleasant enjoyable employment, and I am given the opportunity to grow.
- I feel completely defeated knowing that my company allows part-timers to work up to 29 hours and 45 minutes per week-just enough to avoid offering insurance benefits or paid holidays. Whenever we ask to transition to full-time, we're met with the same response: ""We're not offering full-time right now, but we'll add you to the waitlist."" I've been on that waitlist for over a year, yet they keep hiring more part-timers instead of giving existing workers the opportunity. It's frustrating and makes me feel used.
- I feel privileged working for this institution, we are treated as part of the care team
- I feel really grateful for this survey and truly hope it will make possible some changes within our industry. Two things that frustrates me is seeing interpreters dressing so unprofessional and also seeing ""Qualified Interpreters"" practicing and acting as Certified Interpreters. There must be a way to make us reflect that we have studied much more and have much more experience and that that is relevant.
- I feel that a Latin America or countries outside the U.S will soon be taking most of the jobs because they charge less.
- I feel that the burden of/for pushing the legitimacy and need of this career rests on the shoulders of the interpreters ... and we depend on the ethical behavior of Linguistic Agencies and Insurance Companies that seemingly only care about the bottom line.
- I feel that the hospital I work at was ignorant of the interpreting certification process. I have had to educate them as to interpreters protocols and the importance of having a certification. I even created my own test / questionnaire to test new interpreter hires. I have done the testing in all the modes of interpreting, I have been essential in the hiring process.
- I feel that the need we have at this time for qualified healthcare interpreters continues to rise due to increasing linguistic diversity in patient populations. However, there is often a shortage of trained professionals.therefore this puts a strain in us. Professional trained interpreters are not interested in going through the whole process of getting certified or renewing their certification due to the pay rate, at least here in Colorado.
- I feel the minimum pay should be 2 hours. Sometimes driving within the city for an assignment of 1 hour is not worth the pay.
- I genuinely love my job; it's incredibly rewarding.
- I get paid $30.00 an hour, and I think that is too low for the current cost of living.
- I have a good working situation in part because we have an interpreter union at our hospital. It has its defects, but it has defended things such as wages and the status quo.
- I have been a full-time healthcare interpreter for more than 10 years and would love to continue working as such for many more years.
- I have been very fortunate to become a full time healthcare interpreter, particularly at a hospital that provides all medical specialties. This has enriched my medical terminology vocabulary and my continuous effort to learn more regarding this field. In addition provides with a Language Services Department and office space including all necessary equipment for each interpreter to work comfortably.
- I have been working at the same place for over 20 years, and I have seen how the department grew and it is a bit nostalgic to see that new generations don't take the profession seriously or don't develop the same passion or care.|
- I have being working at same company with same pay rate and they do not offer benefits at all.
- I have mostly been an in-person interpreter employed by a healthcare organization, with the exception of three years during and after COVID when I was a completely over-the-phone interpreter. No matter the circumstances or modality, interpreters should be qualified and respected for the work we do.
- I have never done any contract/freelance interpreting but I have seen it on the field and I would say that our staff and our providers prefer having a constant interpreter that becomes familiar with their vocabulary and technique. Our patient's prefer an in person interpreter.
- I have no additional comments
- I have nothing to add that I have not already shared.
- I have seen a huge difference in pay, professionalism and overall value of interpreters depending on the State we live.|WA State has a State recognized test which I find wonderful.|Colorado has none, so anyone can proclaim to be a health are interpreter
- I have very much enjoyed working as a professional medical interpreter. I have felt supported in my profession although I would love to see a decent pay increase for the work and professionalism that Nationally Certified Interpreters bring to the table.
- I have worked as an interpreter since 2008 and have learned so much from the experience, the professionals and clients I work with...not to mention the knowledge I have gained from continuing education that I attend.

- I have worked in interpretation and translation for thirty years. At present I am phasing out my workload to no more that four days a week (no Friday or weekend assignments), no travel beyond 50 miles. In general, I only take assignments that are reachable by public transportation. I work with a variety of LSPs, but 50% of my work originates with four companies. The bulk of my assignments at present are Workers Comp related (medico/legal), but I also work with several School districts in the Bay Area.
- I haven't been able to find a job description that includes all that I do in my current employment besides interpreting (coordinating assignments, data entry, data analysis, translation and managing larger translation projects, in-service training for the hospital and the medical school, etc.). For this reason, I get paid as a healthcare interpreter while in reality I do so much more.
- I haven't had a rate adjustment in the past two years. I have no benefits for being contracted as an international freelancer
- I hope healthcare facilities require certified medical interpreters thoroughly.
- I hope the requirements for interpreting in medical settings keep evolving to a whole licensing profession.
- I I work in a medical surgical center as a medical assistant, but as my role there is to help Spanish-speaking patients and I am a certified interpreter. Looking forward to take my exam for CCHI.
- I just wished more employers stopped requesting employment requirements (Full time availability, schedule flexibility, overtime, etc) suitable for an employee while hiring peopke as freelance interpreters without any benefits (Per-minute rates, no PTO, no sick leave, etc)|It also doesn't make sense to me that there ir such a compensation gap for interpreters based on their location even within the same company and it is very disappointing to see that interpreters with further experience or qualifications are offered the same rate offered to unexperienced interpreters.
- I know a lot; I have learned a lot, but I know there's so much more to learn as a healthcare interpreter. Sometimes it feels overwhelming and unattainable frankly. We are interpreting for healthcare providers who have gone to nursing school, medical school, and who throw around terms I have never heard of. And THEN I have to research what those words are in Spanish. I recognize I have a long way to go; I keep learning. But sometimes it just feels like I'll never get there! I get frustrated that I don't know everything, but I want to be more confident.
- I know that the companies (interpreting services) charge the clients with a very good rate , but pay us them minimum (5 USD/hr) and because we work remotely the laws supporting the employees' rights do not apply to us , and they can escape their duties and responsibilities easily. ||IT IS AN ABSOLUTE ABUSE OF THE WORKFORCES
- I like being a freelancer, because I work with different people every day. It makes it more interesting and challenging
- I like being able to select and accept or not
- I like my job and i'm grateful for my employer but, i am needing a raise, the pay is too low.
- I like what i'm doing .
- I like working as a interpreter, makes me feel like I make a different for someone .
- I love being a volunteer but would love to find part time in person paid work at a clinic.
- I love being an in-person interpreter! I don't have to worry about not hearing well with a microphone or technical glitches - if I can't hear someone well I can move myself physically closer to them myself without having to draw attention to it and ask someone to move a tablet, etc. It really is fulfilling helping others.
- I love being an interpreter. It's been a very positive part of my life. I play a useful role in the care of others. |I've been treated well & appreciated for my part in health care. |I feel strongly that in person interpreting is superior.
- I love CLI, it is a good company
- I love interpretation but I feel that in the last 5 years that certified interpreters are not taken seriously or respected as a profession due to the lack of professionalism, of many on-certified interpreters who do not follow or know of our code of ethics. ||Many non-certified interpreters lack knowledge to perform their job efficiently as they are not bound by any code of ethics. Even patients have complained to me that their last interpreter didn't convey their message properly to the doctor.|||I hope insurance companies increase their pay rate for language services across all languages to adjust to the cost of living. In California the highest rates for Certified --Spanish are between $40-$50 per hour, which isn't much for the amount of patients that are being packed within the limited time. This is the average pay for clerical worker.
- I love interpreting! However, my challenge is that as a contract/freelance interpreter, I don't have a defined plan for retirement savings. Webinars or other continuing education events addressing the options for retirement savings for interpreters would be most welcome.||Medical interpreting: There is still a lot of work to be done to increase the prestige of the medical interpreting profession, raise public awareness of what medical interpreting involves, and improve the rate of pay for medical interpreters.
- I love it
- I love it, however, I'm nervous about our future because of AI and just new technologies in general

- I love it.
- I love my current and work conditions, I would love to be paid more definitely
- I love my current contract.
- I love my current job. The impact we have on the community.
- I love my current position in my current location. If my boss leaves, however, it might be a completely different story. I've never had so much support before.
- I love my job and helping people but sometimes I feel like we are too much on the rush for an environment that has lack of empathy.
- I love my job and I'm so proud to be part of this community. I do believe that now more than ever organizations like CCHI are doing an incredible job working together to create a better future for our profession.
- I love my job and my work environment.
- I love my job and the organization that I work for.
- I love my job, and I feel like it is a good fit for me and my skills!
- I love my job. I love the people I help out and I am glad I found this career where, I not only get well paid, but I enjoy the clients, facilities, and agencies I work with. I take pride in the fact that I am often requested as the interpreter by the patients and facilities.
- I love my job. I wish there were more opportunities out there.
- I love my organization.
- I love my profession and I would like to get certified but wish it was not so expensive to do so.
- I love Saint Luke's Hospital of KC I have worked here for 20 years and I want to retire here
- I love the health system that I work for however we are always short staffed due to the low salary. We get some great candidates and when they find out salary they decline offers. I see that it seems to be a nationwide problem and I can't understand why this job is not really taken seriously.
- I love the hospital and clinic i work for. There is a large Hispanic community in this town.
- I love the job and would like to keep evolving and working on a regular basis
- I love the work, the team and management.
- I love this job
- I love this profession and I hate to see myself not working as an interpreter for as long as I can.||
- I love this work. In healthcare it is imperative to have different modalities of services in order to provide quality care for LEP patients. We all need to embrace technology as an additional tool to continue serving our multicultural population!
- I love to be an Interpreter
- I love what I do- I hope I could strategize such that I would increase my work load and income.
- I love what I do and the agencies I work with
- I love what I do! Very blessed.
- I love what I do, after 17 years in the Coordinator Language Access Services position, I have made and continue to make a difference in LEP and clinical world.
- I love what I do, I would love to get certified, but the cost is too high. We also don't get paid fairly here in Wenatchee. Our interpreters get paid low wages, and it causes a lot of them to not want to get certified due to the cost of it. We have to complete 40-hour trainings that are $600.00+ on top of that we have to pay the fees for the exams which are 300.00+ as well. The cost to get certified is high, if it were to get reduced I am sure more people would be interested in becoming certified. There is a huge shortage of interpreters in our area.
- I love what I do. It's my way of using my gifts to help others.||
- I love where I work!
- I love working from home, especially because I don't drive. Freelance linguistics has been a healthy environment for me as I have been able to be flexible with my schedule, take breaks whenever I feel like it, and choose which scheduled appointments I accept.
- I love working in the Language Services Department.
- I m glad to be a part of this great company and team working hard and being able to help each other , and hope that this will continue to grow better.
- I m the only one interpreter for my language and I take care of the entire community but don't have full time with benefits... and very low pay
- I manage interpreters and, despite having a background as an interpreter, do not make time to practice.
- I prefer to work independently because I am guaranteed two hours at a higher hourly rate. If I were to work for an agency, I would only get 1 hour and $15 less. It would be wonderful to be busier but I can't overextend myself by offering my services to multiple clinics. I would like to offer and be offered by other interpreters assignments that I am not be able to take and viceversa. Unfortunately, interpreters that I

know and trust are not always available. I used to work to a clinic and they opted for training in-house and in a years time I lost that client. I could understand their rationale. It would be wonderful to select assignments from a database and be able to fill in more of our time rather than depending on an agency. To become an interpreters cooperative where our skills, demeanor, and other aspects have been proven so instead of competing for assignments we are sharing.

- I provide a precise and faithful interpretation or sight translation, ensuring that all elements of the source text are accurately represented without modification or omission.
- I provide a precise and faithful interpretation or sight translation, ensuring that all elements of the source text are accurately represented without modification or omission.
- I really appreciate my current position and grateful for everything.
- I really love the ""hybrid"" nature of my employment roles as a translator, PM, and interpreter. They let me use my languages to help others in a variety of different ways, keeping myself interested and my mind sharp!
- I RECEIVE MANY JOB OFFERS. THE AGENCIES I WORK WITH/FOR ARE PROFESSIONAL AND WE BOTH HAVE A GREAT RELATIONSHIP.||
- I recently found out that, due to my country of residence, I cannot expect to earn more than 0,18 USD per minute interpreted. While I already have a disdain for the payment policy of minute interpreted, being aware of a limit shows there is no room for improvement. Therefore, if I reached that limit, I would start to look for other jobs. And I say ""if"" just because I haven't found anything else so far.
- I recently left my healthcare system due to a mismanaged department.
- I recently started working as a 30 hr employee at a hospital I do enjoy this position, I enjoy having co-workers to bounce experiences, questions, etc... I do believe between interpreters (Agency interpreters) we tend to be very lonely
- I see the disparity in healthcare due to the lack of knowledge, inability to speak a language, and bias. I hope a certification is required to provide equal healthcare to all cultures. Kudos to you for doing this survey!
- I see use of live Interpreter diminished
- I start the new full time position on March 17, 2025
- I started to in 2005 as Spanish Medical Interpreter and everything is handwriting and the encounters it was in person not by video.
- I strongly believe that interpreters' job is undervalued. A lot of times companies hire interpreters from the ""street', leaving professional and certified interpreters underpaid or without jobs. |I strongly believe that this profession must be elevated to a Professional Level just like Doctors and Lawyers. To practice Law you need to pass a BAR exam and get your License. Same should apply to the the Interpreters as well. They should be mandatory CERTIFIED by one of two professional organizations, CCHI or NBCMI.
- I switched to educational translation and interpreting since I devote more time to mentoring for vocational training.
- I think encouraging interpreters to attend workshops, conferences, etc. is important for the interpreter. I have used the knowledge from my healthcare experience to impact my translations which are for public information for the state of NC. I think providers need to be made aware of the role of the interpreter and some hospitals have sessions with them but not in all hospitals and this should be made as part of the hopital orientations.
- I think I am unusually lucky that I am very satisfied with my job conditions. I need a lot of flexibility, which means I must sacrifice the stability and benefits of full-time, but I am where I need to be.
- I think I vented a lot already. Lol.
- I think it would be a great support to agencies and healthcare interpreters if CCHI could provide a video directed to institutions, and doctors on the importance of the interpreter roll and how to work efficiently with interpreters, so that doctors can do their work and interpreters can too.||Frequently, doctors act as if interpreters are their employees, available at any moment and for any length of time. We, as professional interpreters, try to always be on time but they don't understand that when they are significantly delayed, they need to work with us, so we can be on time for the next patient/doctor.
- I think it would be great if they increase pay rates, for us to provide better service and be more motivated on what we do.
- I think my agency is the best. We are well supported. Our team is self motivated and highly skilled.
- I think our profession needs to adapt more to the current needs of patients and providers. More empathy, more patience and sometimes adapting depending on the situation. Today people need more emotional support and reassurances. We need to go the extra mile since people are emotionally drained and tired of the treatment from some hospitals and doctors. Times have changed a lot since Covid.
- I think that all interpreters should make a good wage. No more paying interpreters anything less than $30/ hour. There are living wage adjustments that must be made. The amount of work that an interpreter must

know is beyond vast. And the amount of training that we must continue to receive is limitless. My organization just began covering our recertification costs as of this year. Oftentimes, Interpreters do not make enough money to pay for the cost of recertification. And when they pay, the cost of the exam is a financial burden. I have had to pay for the exam out of pocket and it was always difficult. Also, most interpreters do not have an opportunity to receive any benefits. They are putting wear and tear on their cars (along with many miles) and they are not always compensated. And if the interpreters work from home and the company does Not provide the equipment, this is an additional expense that is not considered when paying an interpreter for their time, talent and service. There should be a push to change the interpreter salary across the U.S. (I know that the order has been placed to make English the official language, but Language Access is a basic human right. We will prevail and continue to provide excellent care to patients and families)

- I think that at the moment there has to be more regulation with the agencies. Unfortunately, many agencies take advantage of the interpreters with low pay, dissatisfactory cancelation policies that prevent you from booking more work, because you are booked through them for a certain appointment, and when they allow a client to cancel within 2 hours with no penalties, you don't get paid, and you don't work at all that day.|Other agencies, in the Workers Compensation field, know beforehand that certain appointments, like a Workers Comp Psychiatric evaluation, can last between 5 to 8 hrs. The Insurance approves that length, but the Agency only pays 3 hrs. guaranteed, so if the appointment is canceled, you only get paid for the 3 hrs, and in the meantime, you were not able to book any more jobs, because you were supposed to be unavailable for a full day, but only got paid for 3 of the 7 or 8 hrs.|Agencies need to be audited and regulated.
- I think that interpreters are being underpaid for the service they provide
- I think the biggest challenge that I personally face is healthcare workers in my organization that undervalue the need for on-site interpreters and often opt for video/phone interpreters even though I am on the clock and available to help. |I hear consistently from patients that they dislike video/phone interpretation because often there is difficulty hearing one another, the interpreter speaks a different dialect is Spanish that is difficult for the patient to understand and it feels very impersonal (though sometimes it can't be avoided). I have had patients tell me that if no in-person interpreter is available, they'd rather have no interpreter versus a video/phone interpreter.
- I think the rate is pretty low for non-US residents considering that we are require to do the same work.
- I think they payment should be much more than what we are currently getting|Instead of getting more, outsourcings are offering way less and with too much work and calls, they don't let you rest not even 5 minutes, and expect you to be back to back for 8-10 hours mon/fri paying the minimum and not letting you make any mistake, otherwise we'll lose our job|(Talking specifically of LANGUAGE LINE SOLUTIONS)|Honestly they don't treat you as a person, for them you are a machine.|
- I think we have a very good organization, but we should have better pay, bonus or some type of incentives.
- I translate and interpret to friends and anyone who needs interpretation in my community.
- I travel often. The requirement by clients that I have a specific background, their computer, etc. makes it challenging to carry more weight with me when I'm moving around.
- I truly wish that our monetary compensation was in accordance with the high demands and responsibilities that our job imposes.
- I very much appreciate all the work that has been put into advancing our profession. Thanks!
- I volunteer
- I want better pay, better appointment coordination, health insurance, more respect
- I want my employer to continue to provide in-person interpretation
- I was lucky enough to get into one of the few ""nice"" interpreting companies there are available for south-american interpreters, so my answers DO NOT represent the situation of most of my colleagues. Most companies treat you only like a number, demanding that you not only interpret but also do dial-outs, IT support and operator calls. They can fire you with no anticipation and will pay you less than 0.20 per minute while they charge clients more than a dollar per minute of service they receive.
- I was pretty dissappointed about the decrease in rate of my biggest call flow platform, but I won't let that disencourage my fast pace growth in the field.
- I wish healthcare interpreters would more united in our profession. I wish we were like the ASL interpreters and all agreed on what our standards are and adhere them. I wish we could become unionized and advocate for better pay and benefits. I think for the longest time being independent contractors has been a huge disservice to us, but has benefited everyone else. We are forced to compete with one another and sometimes this has led to us being paid less because many interpreters do not know their worth. This is especially true for new interpreters that do not know what they should or could be charging. We need our professional organizations to help us advocate and fight for proper pay.
- I wish I could earn more, but sometimes you cannot have everything at the same time.

- I wish I could get paid more with a certification but being certified does not guarantee a better salary.
- I wish I could have more hours.
- I wish I had mor regular and diverse work. I live in SC Low Country, which requires a lot of driving. Most of the assignments are at PT facilities. I would welcome more specialties, particularly oncology and Ophthalmology, for example.
- I wish I may company maybe once a month my supervisor would gather with all the group to talk about experiences or just talk about the day. To give you feed back onto say how are you doing in your job.|Sometimes I feel like we're there like robots just making sure we answer our calls. But they don't stop and think that a little bit of human connection might do good for all of the interpreters. This is a very demanding job.|And a race on the payment would be much appreciated. For example in my case. I asked for a race. Because I've had good feedback from clients and quality assurance agents make sure to comply with the requirements. And they just they just said they will see and it's been months and no answer whatsoever. I think is important to take into consideration, and not fix rates based on location. I understand is different, but the rate they pay is way to low. |Thank you for the survey.
- I wish the agencies can pay a fair hourly rate with pay breaks and millages.
- I wish the breaks between calls were at least 5 min, I wish the companies wouldnt impose double standards: while saying that it is ok to take breaks for selfcare, it is ok to stand up and move, drink water and be human but at the same time follow endless metrics and receive monthly reports with statistic data on the time you take for every action, it adds a lot of stress knowing that you need to respond to the call within 10 sec or under, the breaks between the calls cannot be more than 30 sec. Otherwise it can affect your rate and possibility of a merit increase.
- I wish there was a physical person we as interpreters could reach out to in order to help us with our issues. The company used by L&I for interpretation in the state of Washington is abysmal. There is not such thing as customer service for us interpreters when it comes to problems, and the help is basically nonexistent. It doesn't matter if it's a technical issue with the portal itself, or the horrible way they deal with payments, nobody actually gives us a straight answer or provides meaningful information. On top of that, they have and will continue to change companies every couple of years, and we start from the ground up, with even bigger problems. They changed companies in June of 2024, and we still haven't gotten paid for the last appointments we did with the PRIOR company. That, to me, is unacceptable.
- I wish there was a state/ federal law indicating that a healthcare freelance interpreter has to be paid a minimum amount of $2,000 every two weeks. This is to meet the higher cost of living and make ends meet. ||There should be a social group for health care interpreters to be able to get to know each other outside of work. Also, to help ease the that an interpreter can go through during an assignment different from the professional network organizations that currently exist).
- I wish we could be paid the same as US Interpreters and many of our rates are too low.
- I wish we were more involved in our leadership patient-centered model. Usually, they call us and then discard us. Attitudes about the field make one feel like we don't have anything to contribute because we are non-clinical and not licensed like they are. ||We should be part of the Allied Healthcare designation. I think once this is achieved, we will be on better negotiating footing than now. ||Healthcare providers feel that dumbing down is not a good thing. We Interpreters need to be on their level of knowledge not necessarily education. (Hope this makes sense.) Help us get there.
- I work a lot with Workers Comp. I wish it would be possible for a patient to choose the interpreters that they prefer.|I wish the adjusters did not have all power. I wish that the patient is the most important part of a consultation with a provider. I wish more communication can be done with the patient that most of the times doesn't understand how the medical system works and how the insurances and lawyers wouldn't be the ones that decide everything.
- I work as a freelance interpreter, and also work as an onboarding specialist training beginners.
- I work as a full time medical interpreter, In person , over the phone and virtual in the same day(we switch to OPI in between the in person and get scheduled for the virtual occasionally). I cover all specialties and all setting and all age groups.
- I work as a in person interpreter on contract basis. It been a year since i got certified, but i can say till now i am not even able to cover the cost of training or certifications that i have done to do this job, less paid . Majority of the assignments are contract basis, so no specific income . You cannot consider it as a profession. It's a side job . For side job the certification and training price is too much .
- I work as a remote interpreter from Costa Rica. It has become difficult nowadays because some companies are not longer hiring outside the US. The payment for is not good , meaning very low and bad and no benefits ...
- I work as an independent interpreter for several companies in the medical and legal field, from home or in person when it is required.

- I work at a community health center as the only in person interpreter. They have never had one before, so there is no structure or assistance. They do not really listen to me when I tell them that seeing 18-24 patients a day is a high mental load.
- I work at a great place. I wish to make this hospital a beacon for non-English speakers. It is a children's hospital, but we offer so many different services and community resources. It maybe bragging, but I want to help keep growing the profession and making job opportunities for other interpreters. The bottom line being giving more languages access.
- I work at a hospital that is part of a multi-state network, as well as a training instructor for future medical interpreters and freelance interpreter.
- I work for a good company. I am grateful for that. But interpreters will always look for better salaries in other fields.
- I work for a healthcare system that could pay better wages. Still, with the increase in technology and companies that offer telephonic and video interpreting, they are hiring fewer staff interpreters and relying more on technology and remote options at the cost of quality of interpretation and opportunities for better wages for interpreters. I see more and more healthcare professionals forming unions to guarantee better wages and working conditions to protect themselves. We need more support and advocacy from different interpreters and translators organizations that can fight for our rights to better wages and working conditions.
- I work for a medium size clinic that sees an average of 35 LEP patients a day.|We have in-house interpreters that work as a team to offer assistance to patients.
- I work for a very good organization, been here over 21 years.
- I work for Los Angeles County Department of Health Services, a public entity.
- I work from home and learn Ukrainian and Spanish aiming at using these as new languages to increase my work hours in future
- I work generally over 8 hours everyday but the employer doesn't pay well and the rates is very manipulative
- I work in a legal setting where medical terms often come into play
- I work in an amazing facility that cares for their patients and staff. They recognize the importance of serving our patients to the most excellent way possible including helping bridge the language barriers
- I work on a language interpreting company. I work dedicated schedule from 7 to 3 pm EST, they pay me 6$ hour/ 15c minute. I work OPI/VRI
- I work on a language interpreting company. I work dedicated schedule from 7 to 3 pm EST, they pay me 6$ hour/ 15c minute. I work OPI/VRI
- I work remotely first a US based LSP as a quality manager
- I work with 8 healthcare providers, an MA team, two RNs, and Front Desk. The new FD staff as well as the MA team are very unprofessional, spend time socialicing within working hours, and it's very desruptive, I have complained several times and have been told to remove myself from my desk when the room gets loud. The lack of support I have, as the only in-house interpreter is the most difficult part of my job. I'm required to get along with everyone and I'm all alone in my department. This lack of support stems from the lack of leadership. Our business director, Antonio Diaz-Carrera in the last 8 years has denied my complaints and has favored certain individuals. This favoritism has impaired my ability to grow professionally. I still work here because I love what I do, and I love the patients, and the community that I work for.
- I work with about 20 language companies. Some of them are more generous than others.
- I work with this agency for long time, after was sold there's not too much contact with the office. I am paid a month or more after the job. Very informal.
- I worked as a Medical Interpreter for more than 20 years and the hourly pay rate is going down instead of going up. Agencies and employers are not accountable for their actions. Work is given to the lowest bidder (with any certification) rather than to a Certified Medical Interpreter. Economic :(
- I worked for over four years as a staff interpreter for a language service company. I kept receiving back to back calls the whole shift, it was overwhelming and I wasn't allowed to take my break when I felt I most needed it. Additionally, I earned the same wage for almost four years which was extremely frustrating. I've recently launched myself as an Independent Contractor, and fortunately I found companies where the wages meet my expertise and my skills, but I am still astonished with the amount of interpreting companies offering rates as low as $4,80 per logged-in hour. We need guidelines and minimum requirements for working conditions and pay in our profession!
- I would appreciate if interpreters were well treated and paid for the great work we are doing in helping other communicate
- I would appreciate transparent pay and terms used by other interpreters
- I would like a salary increase

- I would like companies like Voyce that decided to fire all their interpreters to go for outsourcings that pay less to be sanctioned for such bad and ruthless practices against interpreters, it is very sad that we are offered so much less now for such an important and demanding job. |
- I would like it if both companies that I work for would have a better payment system.|Getting paid every 30+ days and/or every 15 days is not good.|
- I would like more ways for interpreters to be connect and be protected. ASL have unions, but most spoken languages does not.
- I would like to abstain.
- I would like to add that right now we have seen a change where certified interpreters are not being used as much as we thought. Instead the non qualified and qualified interpreters are being more requested then the certified interpreters. It will be nice if insurances of worker's comp will reinforce the importance of using certified interpreters.
- I would like to be better in healthcare knowledge in general to do my job better
- I would like to be employee not contractor
- I would like to get better payment and some kind of retirement program
- I would like to get better payment for an hour of interpreting
- I would like to get more assignments but since I raised my rates; my employer has not given me any jobs. It is cheaper for the company to hire younger and untrained interpreters for a lower rate. Thank you for this opportunity to share about working conditions and more.
- I would like to get paid mileage for all trips not just those that are over 40 miles at the current IRS mileage rate.
- I would like to give more input but right now I work only some hours a week.
- I would like to have feed back and some incentives (e.g. sponsoring courses) from the agencies that I work with.
- I would like to see a system or method of regular on-the-job observation and evaluation of interpreters. My hospital currently says assignments cannot be recorded for training purposes, which makes this kind of evaluation difficult. Currently, we interpreters do occasionally informal shadowing of each other. But this is often awkward and not objective or consistent.
- I would like to see an increase to the pay. It remains the same for years.
- I would like to see Certified Interpreters get a better pay rate .
- I would like to see interpreters on a 1099 start being remunerated for being logged in while waiting for calls. Receive higher pay at night time, holidays, and weekends.
- I would like to see more hospital interpreters on staff. There's a dire need out there, and it can help reduce liability risk with outside agencies.
- I would like to see the medical Spanish skills of some of the other members of our Patient Services Center Spanish team get better, as well as my own. I would like this to be proven through testing, which completion, is rewarded with better pay.
- I would like to work more, but have found it difficult to connect with employers where I live, in a smaller city away from large urban areas.
- I would love to be certified to be able to get paid better as an interpreter.
- I would love to have formal studies in interpretation, but studying another degree is not possible due to time and money. The little money we're being paid is not enough for continuous training and professional development.
- I would love to see facilities offer trainings for healthcare providers to learn how to work with interpreters!
- I would love to see more non-native interpreters in the field. I hope AI and low pay don't cause future interpreters to veer away from this career path.
- I would love to see some increment in the interpreter rate. Some interpretation agencies require the certification, but the increment on the fee is very low comparable with the ones who do not have it.
- I would really appreciate having interpreter trainers come in to our office to do group professional development sessions with the interpreters. This way, any interpreters who have gotten set in their ways with old habits that may not be ideal would have the chance to receive feedback (say, through small-group interpreting practice in a training session). ||I would also like the whole team of interpreters to receive professional development on ways to give an effective pre-session to the patient and provider, even over the phone. For instance, I do always remind the parties to speak directly to each other and say ""you"" and that I will interpret everything. But when I overhear other interpreters working, I don't often hear them say this. So, it would be helpful for us all to hear additional ideas and possible phrasing for the pre-session and to practice giving these pre-sessions to each other in a professional development session. (This is something I have often practiced at home on my own, and it would be very useful to practice together and hear the wording my teammates use and to let them hear my wording.) Because the truth is that the pre-sessions suggested in different standards of practice that I have seen are very long, and often too long for

the hospital setting. It's quite challenging to capture the key points in a couple of sentences in under 5 seconds, in both languages.||Also: I would really like to have some continuing ed sessions at conferences, etc., be reimbursed by the hospital since certification is required for my employment there. And it would make sense to be able to go to a conference or continuing ed session during work hours without having to use our Earned Time Off. The doctors get time to go to conferences; we should, too!

- I'd just like to add that I'd love to get certified, but companies that hire in my country don't want to pay better if you get certified, so it wouldn't make sense for me if I don't see a return in the investment :(specially when is quite a big investment if it's half of what I make in a month and I'd also have to invest for the travel and hotel, visa etc. As I'd have to travel to the us.
- I'd like to comment on how important I consider the latest introduction of the ||EtoE certification by CCHI. Completing a recognized assessment such as this, ||certainly provides objective language skills and also references to validate the| |interpreter's capabilities to employers or clients.
- I'd like to see orgs like CCHI do more advocacy to raise awareness in what we do and the importance of paying for trained professionals and not just bilinguals.
- I'd like to see orgs like CCHI do more advocacy to raise awareness in what we do and the importance of paying for trained professionals and not just bilinguals.
- I'd love there to be some sort of regulation to ensure fair pay and treatment from LSPs to their interpreters.
- I'm a freelance interpreter and sometimes I miss that we don't know each other in persons, they don't worry about built friendships or helping us to growing professional.
- I'm a team work for Panera bread and sometimes I have to interpret for other coworker, I'm a native French speaker and a quick learner and I know if y'all give me an opportunity to work with y'all I will not deceive you
- I'm an interpreter but also a translator. We must always educate ourselves and increase or knowledge in order to see an increase in pay. We all need to memorize our code of ethics and follow it. We need to respect of profession and demand that others do the same.
- I'm been translating my self and some friend.
- I'm constantly learning medical terminology as an Spanish interpreter. Language include an important cultural factor that must be known and assimilated as an interpreter in order to do a good job. This involves having to be aware that idiomatic expressions,cultural references and double meanings all form part of how we communicate. I have a huge responsibility as an interpreter in the healthcare profession. It is therefore important for me to be prepared to provide the best service.
- I'm enjoying my profession currently working in a hospital setting. It provides me with opportunities to work on so many settings and patients. |My upper management is very supportive and efficient while offering the guidance of my appointments |
- I'm enjoying what I do.
- I'm glad I took this profession and can help my community on a daily basis by being vocal in my native language.
- Im in a supervisor role with 7 interpreters at one of our 3 clinics. I am very happy with my job and feel satisfaction every day because I know I helped our patients and made a difference.
- I'm pretty satisfied, except, there is room to receive more support for professional growth. At this time our department (employees) has to provide the financial means to make educational conferences a reality.
- I'm satisfied with my work schedule and conditions
- I'm somewhat comfortable in my profession, though I would like to have things like health insurance in my country, and the rights that come with being employed in my country. I understand I work for a foreign country, which is why i never complain, but it would be nice to have, or to be paid more to compensate for this lack of rights.
- I'm tired, boss
- I'm very appreciative of the place I work at, I have amazing manager, director who have also worked very hard make this department grow like it has.
- In a nutshell, overworked and underpaid. When I started in 2014 I was getting $20/hour. Here we are ten years later in 2024 and that continues to be the average rate, some even LOWER. Search Indeed job boards if you don't believe me. I love this job but it makes me so bitter that we do not get paid enough. I have to work 3 jobs to make ends meet even though I'm a highly qualified multilingual professional.
- In general, I enjoy my job and appreciate where I work and my supervisors but I would like to have better pay and to be paid more now that I am CoreCCHI certified.
- In my organization we are 9 interpreters in total, but even if our job title is Foreign Language Interpreters, we all have other responsibilities that consume 50 % of our time or more. If feels like they try to comply with Hippa rules in paper, but at the same time they use their employees for other tasks.

- In the health system that I work at there is a general attitude of respect for the work of the medical interpreters. Some people however have that old attitude that if people are in this country they should learn the language. For me we have great working conditions and a very supportive supervisor and director.
- Included
- Increase the rate for Argentine interpreters, because we are the best of the best
- Increased recognition.|Varied working conditions.|Burnout risk.|Ongoing advocacy.|Technological changes.|Professionalization.|Essential role.
- In-person healthcare interpreting encounters are not there as much as they used to. The've been mostly replaced by remote, online, or over-the-phone interventions that are generally controlled by intermediaries, agencies, third parties. As to for written translations, I think that interpreters and translators face now a new and powerful competitor or substitute called AI.
- Interpreter Companies to provide more In-House Training (workshops, seminars, webinars, in-person classes, online courses, video training)
- Interpreting for School setting in the last 17 years
- Interpreting is a great job, but sadly many Agencys are only looking for whomever is willing to do the job for the lowest rate possible. I feel that there should be a standard minimum rate for certified medical interpreters. Any interpreters lowering their rates below that standard rate should be sanctioned. All agency's should also be expected to pay the IRS standard rate for miles and that should be non-negotiable. It should be standard practice for interpreters to have higher rates for holidays, weekends, and before or after standard work hours (8am-5pm).
- interpreting is a great profession but courses don't demonstrate the tension that can come up on a phone or video call. Medical providers should also be taught how to work with an interpreter either during their original studies or as CEUs.
- It could be much better, the company is not transparent
- It gives me a lot of freedom and independence
- It going great.
- It has been difficult to find qualified interpreters in the area. We need more interpreters!
- It has been difficult to find skilled healthcare interpreters to hire. Many applicants lack knowledge and training.
- It is a place where there are days or weeks where you mighr feel like if you make a mistake you are walking on egg shells for about a week or 2 unless you are really needed then you get appointments given to you be ause you are the only ""option"". Enviroment is great with other coworkers
- It is a stressful employment
- It is a very tough industry. With a freelance salary, I have to pay for my own insurance and vacation, but that is what it is working from another country. Balancing work & life is a skill acquired over the years of mistakes and lessons. If LSPs continue to manipulate and lowballing compensation, there won't be any good interpreters left. We have better things to do than staying up all night and sacrificing exclusively undivided attention for 10/ hour. The current state of the language industry in the US is appalling.
- It is better than I've ever imagined. I'm incredibly lucky to work for a great company.
- It is difficult to predict what will happen to the profession of medical interpreters in the future, but some of the current trends are concerning. Overuse and overreliance on the new technologies, such as video/audio interpreting, degrades the quality of care. Older patients tend to have audio/video impairments. Some of the important visual and audio ques may be missed when working via computer due to positioning and limitations of the camera and microphone. When working over the computer/phone, I feel limited in my ability to help my patients. After a long and/or difficult appointment with life concerning issues discussed, an older patient may feel overwhelmed by the amount of information being discussed during the visit. When working face to face, I often find myself continuing the communication with the patient long after the actual office visit. I go over the key points discussed, answer questions, and provide additional assistance such as taking patients to the lab or another specialty, scheduling of follow up appointments, arranging transportation, familiarizing patients with the US medical system, etc. Finally, a simple handshake with the doctor and/or patient can't be replaced with a greeting over the phone/computer, no matter how professional it is. This is not just my opinion- providers, patients, and some of the interpreters all share these concerns.|
- It is difficult to reach nesassary management assistance within companies, usually have to make multiple calls, long waiting periods and no 'personal' relation with company.
- It is educational
- It is extremely frustrating to feel like we are being slowly replaced by remote interpreters from external vendors interpreting via video when almost 100% of providers, patients, and families prefer in-person and in-house interpreters.

- It is hard for contract interpreters that do not work as many hours or as many days to keep with the financial side of obtaining continued education course and paid for certifications.
- It is my observation that hospitals do not concern themselves too much with this department. Doctors RN and others are often unaware that we have inhouse interpreters. Or would rather use the VRI or family because they are more convenient and faster.
- It is only assignment not work
- IT IS VERY PRACTICAL AND EASY TO ACHIEVE
- It is vital that the agencies advocate for their interpreters and periodically address the concerns of their staff. It would be helpful if they would continue to inform and educate the staff of the hospitals and clinics they service and familiarize them in how to work with healthcare interpreters. ||Sharing the concerns of interpreters will allow ALL participating to feel like they are being respected as well as heard and understood.
- It seems like a small thing, but I wish there were a place within the hospital where I can hang my coat and keep my lunch bag in a fridge. It is hard (and not hygienic) to carry my stuff around all day. If I eat in the cafeteria, my accountant says I am not allowed to count my lunch expense as a business expense. It would be nice to have a lounge where I might see other freelance colleagues to chat and socialize. I feel very isolated in my work.
- It seems very competitive, but I rarely interact with other interpreters.
- it sucks
- It would be an excellent idea for any healthcare system to pay the interpreter according to not just experience but also credentials
- It would be beneficial to see improvements in working conditions, including access to health insurance and paid vacations, to better support professionals in this field.
- It would be great to see some increase in our pay. I do not think that interpreters are paid enough for the kind of job that they perform.
- It would be helpful if the medical profession as a whole will recognize the contributions of interpreters and enhance their compensation to the point where it is a true reflection of their value.
- It would have been helpful to have had a staff member follow along the beginning assignments offered and keep current communication with me as a new contract. I did however, take it upon myself to research the latest standards, protocols to understand my responsibilities when accepting, attending and completing any assignment. Because the information given to me by agency, in my view was very limited. Even tho to their credit the have a brief statement offering an email and phone number to call for any questions on offered jobs.
- It's a great company that provides good flow of work
- It's a great profession! Underpaid if you are a contract interpreter.
- It's a very lonely job that is not rewarded, respected and compensated adequately.
- It's a well-known fact that many remote interpreters pee in bottles because they're not allowed to take breaks. This practice is actively encouraged by many large language service companies on the sly. It drives me nuts when colleagues respond to these interpreters saying it is their choice to continue working with a company like that. I wish more of our colleagues would recognize their privilege and realize that under the predatory capitalist overlords that often run interpreting agencies and the economic realities many interpreters find themselves in, there really is no choice for many of our colleagues. Please expose interpreting sweat shops without encouraging people to come to the conclusion that the problem is a) remote interpreters and/or b) interpreters based outside of the US.
- It's all good so far.
- It's an important job, and potentially will become even more undervalued if not regulated in someway.
- It's been a ride!! It took more than 10 years to the hospital to realize how important was our work and accept our partnership in the their appointments. They were used to let family members to do all talking because it was faster and easier. We still have a few over here but we do politely insert ourselves with their family.
- It's exhausting.
- Its great! Interpreting is by far the best part of it!
- Its great.
- It's sad to see how fair rates are unsustainable and these LSPs are getting away with it. Quality levels have been dropping and no one bats an eye.
- It's sad to see how underpaid are the OPI's and the ridiculous stipulations that some companies have to lower your value and play psychology games to keep you believing that you are not good enough. I do know my value and the value of others and for that reason I am sad to see how horrible are the games that some companies are playing to manipulate employees to believe that their job, time, and experience is worth $15.00 an hour with no raises.

- It's stressful but I look for those times that are rewarding professionally. ||We have a gatekeeping issue with older interpreters, I hope to remember that when I am an older interpreter. It's a great feeling giving access to the healthcare setting to students. I want students to feel confident in this setting.||I hope that wages start matching skills, other relevant certifications other than length of stay with an organization. I'm more inclined to stay if there is opportunity to move up in a meaningful way.||Our organization has an issue with toxic positivity and it's frighting.||
- I've been feeling more and more that we need to revise our roles and our code of ethics as interpreters. The business of healthcare is changing, the challenges we face are very different from 30 years ago, and I believe we've been neglecting ourselves in the process of ensuring the best possible service to our clients. We are not just conduits - I'm no rubber hose! - we're not robots, we are human beings and we feel the pain. We have been underpaid for a while, and our working conditions are, in many cases, cruel. Remote work has been the rule for too long, and it will just get worse as companies choose telephone vendors more and more. We become sub-human for the people we serve. Even as VRI, we're not given enough breaks in simultaneous interpreting jobs, not like ASL interpreters always get. It's just not fair! I feel more and more that we need a union to defend the class and bring it some much needed professionalism, respect and dignity.
- I've worked in many different types of locations, hospitals, clinics, private homes, in person and remote and have enjoyed them all
- Just a better salary . I work 8 years with the same payment per minute of my interpretation|
- Just like everyone else, we need an increase in pay. Emotional exhaust and emotional labor is a real issue.
- Just need to continue working.
- Just saving to pay for it
- Keep up the great work, CCHI!
- Language agencies take advantage of interpreters and find a way to keep the. Pay very low and hire non trained or partial bilingual ""interpreters "" to avoid hiring CERTIFIED INTERPRETERS. And offer LIVING wages
- Language and healthcare industry sees us as additional cost and hassle
- Like I said previously two of the companies provide great pay and at least one of them provides glossaries, training and important information about interpreting.|
- Like I said previously two of the companies provide great pay and at least one of them provides glossaries, training and important information about interpreting.|
- Love all companies I work for, some are busier than others that is why I work for few
- Love my job
- Love my job!!!
- Love my job, my employer and the mandates designed for our services by out State Legislature.
- love the company - after 30 years of freelance nice to be staff and have the benefits
- Love the job. I wish that the in person assignments would be as preferred. Patient likes it better, understand better, and feel more comfortable. |
- Low salary after working for the same hospital for almost 10 years.|I love interpreting and I like what I do that's why I'm still there. Also for the good benefits.
- Management has no clue of what an interpreter is or need.
- MANAGERS of interpreter services must come around, please! the saying of 'we're in this together' should involve all these executives and managers, and get all the organizations on the same page, don't just leave this up to us interpreters to do this, there is so much we can do individually.
- Many companies have clients who are reading long scripts and don't realized the interpret does not have the script. Very frustrating!
- Many patients I interpreted appreciate the in-person interpreting because the connection with a human who can speak their language. Beside, in-person interpreter helped them communicate well with provider for their needs and take them to lab or other department. ||No mileage reimbursement.|No benefits |No matter work day or night, weekend, holiday, same hourly pay|No matter how many good comments from patients and providers, agency do not care.
- Many uncertainties
- Maybe feedback from the interpreters to the agency,
- Mayo Clinic currently does not want to invest in in-house interpreters and translators to the level that is needed. The demand is clearly there, but leadership prefers to outsource with the use of vendors, keeping the current in-house interpreters and translators overworked and overwhelmed.
- Median wages for interpreters in specific sectors and markets (e.g. healthcare, legal, municipality) remains hidden information, which allows for systematic exploitation of new interpreters or those who do not engage in significant negotiations.

- Medical interpretation has become a side gig or a stepping stone for many. People take on interpreting to make some money while they are unable to secure a ""real job,"" and that is truly horrible. This is a real job. It is my job, and I would love to perform it for decades to come. However, if we are viewed merely as tools and only the cost of those tools seems to matter, it undermines everything the profession stands for. How can we provide humane care to patients when we, as interpreters, are not treated humanely ourselves? This lack of recognition and respect is deeply frustrating and disheartening.
- Medical interpreting services are an incredible and critical profession to help non English speakers. Without this services, I can easily see many health management situations will occur such as medication intake steps, lab test, follow up appointments suggested etc.
- more breaks higher pay for remote interpreters
- More support when we experience a ""flaw in the system"" or when a patient comes to us with a complaint that they were forced to use VRI and were not offered an in person interpreter. Who do we report that to or direct them to where they are actually heard? |It would also be great to hear how our services are doing. More feedback.
- Most companies hiring remote interpreters offer downright abusive rates. Over the past year I have received offers for as little as 4.25 usd/hour or 6 cents/minute for freelancers. To live at least a lower middle class lifestyle in Mexico working 40 hours a week, you must earn at least 10 usd/hour. Yet companies act as if they are being generous for offering 6-7 usd/hour.
- My boss is very supportive, but due to recent freezing of funds, I will be losing money to pay for interpretations/translations. I'm not sure how I will be able to serve my community anymore.
- My company requires that we do short (5-minute) professional development modules daily, but they do not reimburse or provide professional development that will fulfill our certification or licensure requirements, short of 1 required course. (We require 20 hours a year in order to fulfill licensure requirements). My biggest gripe with my company is that the technology issues are horrible, and it makes ASL interpreters feel like we're being ignored since we are the only language that requires a video connection. Other than this, I am very grateful for the job and the communication access it seeks to provide. I am proud that my company hired CDIs (Certified Deaf Interpreters) when no other VRI company does, and they are essential.
- My coworkers are very kind and professional. It is a healthy work atmosphere.
- My current position as an experienced, certified healthcare OP interpreter is I have to provide interpretation in various industries like finance, which was not easy but I understand my position requires me to interpret for different industries not only medical settings. The main concern is we have to be hours available but we are paid only the time we are actually providing interpretation, |I wish, the language localization companies would look into a system where the independent contractor interpreter is compensated taking into consideration her availability and actual interpretation session focusing the higher per minute rate on the actual interpretation.
- My current contract with the hospital system is going into 8 years this May and I only got a $3 raise per hour once. |I like the variety of specialties where I get to work.
- My current employer decided to terminate the contracts of everyone working outside the US at the end of March 2025.
- My current employer provides complete transparency as to what is expected of my role in the organization, allowing flexible working hours and recognizes interpreting as a profession by developing interpretation services.
- My current employment as a healthcare interpreter is both rewarding and challenging. I take great pride in bridging communication gaps in critical healthcare settings, directly impacting patient care and outcomes. However, the work environment can be demanding due to time pressures and the constant need to adapt to new technologies, such as telehealth platforms (Lawlor et al., 2019). These technological shifts, while beneficial, sometimes add stress due to technical issues and require ongoing learning to keep pace with innovations.||Another challenge is the occasional lack of recognition of interpreters' vital role in healthcare teams. This can sometimes lead to feelings of undervaluation despite the significant impact on patient understanding and safety (Borresen et al., 2016). Despite these challenges, the profession remains dynamic and full of growth opportunities. I appreciate the continuous professional development opportunities that allow me to enhance my language and cultural competence skills.||Overall, while there are challenges-such as managing high-pressure situations and adapting to rapid technological changes-I find the work immensely fulfilling. Knowing that my efforts help ensure patients receive accurate and culturally sensitive information is gratifying. I look forward to a future where healthcare institutions further integrate and support the role of interpreters, recognizing our essential contributions to quality patient care.
- My current employment is in a hospital setting.
- My current employment may or may not use me as an interpreter.
- My current employment offers valuable experience, but there's room for improvement in accessing pre-session information and professional development. With the rise of remote interpreting, additional training

in telemedicine and emotional resilience would be helpful. Overall, I'm committed to enhancing my skills to better support patients and healthcare providers.""

- My current employment very good and always respect me and always say thanks me for helping the patients
- My current job as a health care processional does not pay for interpreting.
- My current situation is I am working hard but the company which I working with has very low volume of calls. I wish I could have a better opportunity I work with.
- My current working conditions are great - I work with young residents who know how to work with interpreters.
- My dream is for our work to be fairly compensated so that those of us who are here out of vocation can have the reasonble option of staying here without financial distress or worry.
- MY EMPLOYER IS A LEADER IN THIS FIELD, I AM GRATEFUL TO BE HERE AND NOW
- My employment working conditions are excellent.
- My Hope says that we can continue to provide services to communities in need. I hope that politics at the local, state and federal level do not impede the necessary services that every patient deserves. I hope we can continue to also serve our providers who strive to give the best possible care to each and every person that comes through our doors.
- My idea is to reduce the number of hours as an OPI/VRI interpreter in order to work more often as a conference interpreter. I really enjoy the job, but the negative aspects of the job are starting to have an impact on my well-being.
- My main contract language company is paying me $0.5/mile (if more than 40 miles round trip), and the other company is not paying any mileage at all. Being an in-person interpreter most of the time, being reimbursed for mileage is important to me.
- My place of employment places a high priority on in-person interpreting but I can see that there are forces pushing toward video interpreting.
- My workplace is not good, but has a flexible schedule that is exactly what I need for now
- Need more hours
- need to up our training and have national standards for training and a certification of training courses available, that way we can ensure that our training standards are met and not just all over the map
- Nice profession really good satisfaction helping people
- Not Employed presently
- not enough pay for my work
- not value, under paid, over work
- On my opinion our profession is not respected in our health care settings, and the reason is because the providers believe that anyone who speak two languages can be an interpreter even if they don't have any training or experience. Providers are using they broken or limited languages knowledge to communicate with the patient.
- One working condition freelance interpreters should always have access to is sharing the medical staff's restroom. Rare, but true I have visited one doctor's office that does not allow the Interpreter and their patients to use their bathroom. As a result, I do not|Like to interpret at this doctor's office.
- Only 1 out of 3 companies I work for is paying every 15 days and has more inflow of calls. The other 2 pay month and a half or 2 months after the 15 day working period and even that is not sure for if you do not meet 150 $ minimum (and it can happen) then the pay moves for 15 more days...
- OPI or VRI should be allowed breaks to walk, stretch, use restroom without being docked in pay. We need to be able to look away from screens, look outside at the horizon, give our brains, eyes/ears a rest. Per minute interpreting rates should not be tolerated. We have families, health issues, etc. The conditions are abusive even if we're in our own homes.
- Other than not getting paid for services provided for more than a month. Thank you for asking us our opinion.
- Our interpreting department is new here, we are having issues with the providers using our services. Other than that, working conditions are great. Whenever providers use our services, they understand why the need for having an in-person interpreter.
- Our work is frequently overlooked and undervalued. This is not just about our earnings; it's also about the crucial need for breaks to prevent fatigue, especially when we're unwell or nearing the end of our shifts. We deserve recognition and the necessary support to maintain our well-being.
- Overall satisfied
- Overall, I am very happy working for this institution.
- overall, my department is very competitive in our field, i am proud to be one of the member

- Parking is always a hassle. Working in different health locations in the same day means a lot of time wasted to find an empty car park. It's an issue for many interpreters and it limits our ability to accept more jobs.
- Parts of this survey should be re-worded in my opinion to make it clear if a question is referring to healthcare interpreting exclusively. It was not clear. Especially since the beginning asked about other types of interpreting.
- Patient should not be left alone with interpreter.
- Pay for travel time and mileage reimbursement, 2-hour minimums, and/or higher pay is really crucial especially in rural areas. ||Here is a ""day in the life"" from my real-world experience to illustrate that point. In asterisks are paid tasks, everything else is unpaid:|||Leave house 5:40am. ||Drive to Newberg (1 hr) ||6:40 am Find parking in parking garage (5 mins)||6:45am Walk from parking to correct building, take elevator to correct floor (5 mins)||6:50am Wait in line to check in / get receptionist's signature (5 mins)|||**7-8:30am Interpreting Newberg**|||8:30-8:35am Wait in line to check out / get receptionist's signature (5 mins)||8:35-8:40am Elevator back down, walk to car (5 mins)||8:40am-9:40am Drive from Newberg to Dallas (1 hr)||9:40-9:50am Turn on computer and log in to secure platform to pull up link for VRI appointment; prepare headset, notebook, etc (10 mins)|||**10-11am VRI at home in Dallas**|||11am-11:05am Log out of secure platform, turn off secure device from VRI appointment. Pack notebook and pen in bag for next appointment.||11:05am-12:05pm Drive to Newberg (1 hr)||12:05-12:10pm Find parking in parking garage (5 mins)||12:10-12:15pm Walk from parking to correct building, take elevator to correct floor (5 mins)||12:15-12:20pm Wait in line to check in (5 mins)|||**12:30-1:30pm Interpreting Newberg**|||1:30-1:35pm Wait in line to check out (5 mins)||1:35-1:40pm Walk to car (5 mins)||1:40-2:40pm Drive to Dallas (1 hr)||2:40-2:45pm Walk from parking to correct building (5 mins)||2:45-2:50pm Go through security-metal detector and bag search (5 mins)||2:50-2:55pm Wait in line to check in (5 mins)|||**3-4pm Interpreting Dallas**|||4-4:05pm Wait in line to check out (5 mins)||4:05-4:10pm Walk to parking (5 mins)||4:10-5:20pm Drive to Woodburn, stopping for gas (1 hr 10 mins) ||5:20-5:25pm Walk from parking to building||5:25-5:30pm Wait in line to check in|||**5:40-6:40pm Interpreting Woodburn**|||6:40-6:45pm Wait in line to check out (5 mins)||6:45-6:50pm Walk to parking (5 mins)||6:50-7:50pm Drive home (1 hr) |||Prep for next day 7:50-10pm||7:50-8:20pm Submit invoices (30 mins)||8:20-8:30pm Print forms for next day (10 mins)||8:30-9pm Call to book more appointments or add appointments to schedule through agency portals and block them on my calendar (30 mins) ||9-10pm Study terminology for appointments for the following day / review materials for simultaneous appointments (1 hour, roughly 15 mins per appointment). ||Some language companies also require interpreters to do reminder calls (unpaid)|||Total ""on-the-clock"" hours: 5.5. At $25 per hour (the median rate for credentialed interpreters in my state), this amounts to $137.50. After subtracting the mileage at the federal rate, however, I am in the red without travel compensation: driving the 248 miles cost me $173.60 in gas and wear and tear on my vehicle. This is why two thirds of the interpreters in my state work other jobs.||As you can see, even working 12+ hour days without meal or rest breaks, this leaves interpreters like me unable to earn a full-time living. We need to be paid for 8 hours a day when working full-time. This is not possible with a 1-hr minimum and unpaid travel time.||In my state the agency that handles stolen wages is so inundated with claims, they cannot help those earning more than $25 per hour, so those that earn even slightly more than the median rate are without support if they experience issues with language companies. This emboldens language companies, whose practices worsen over time.
- Perfect.
- Poor opportunities of trainings, expensive text
- Poor working conditions. Poor rates. No benefits.
- Professional recognition for medical interpreters is still a work in progress and we are generally underpaid.
- Rate for interpreters should be more aligned with the rate of interpretation costs charged by the LSPs.
- Remote and video companies are destroying the in person interpreting profession. The rates are low because with the click of a button a healthcare facility can get an interpreter on the phone or video. It's very fast and now a very impersonal experience. I am not as attracted to the field as I used to be.
- Respect Interpreter!
- Right now I am very happy with the company I work for. I do wish they would offer an increase in rate every year or two.... anything would help...
- Right now the main issue for all the non-US interpreters is the unfair payment. The LSPs offer such a low rate to the interpreters who are offshore which is not decent at all. We are all professionals regardless of the location of residency.
- Right now, calls, both OPI and VRI, are quite scarce, which makes me very uncomfortable.||Basically, I am logged in all day long, yet I am in interpreting calls for just a tiny fraction of this time. Since I am only being paid per minute when I am actually in interpreting calls, my job is no longer sustainable. It used to be

different. Having been an interpreter for 13 years, I noticed a significant decrease in calls, mostly within the past year. The future of the profession, even in healthcare, looks very dark.

- Rise up the pay is also motivating
- Salaries should improve though AI will decrease the need to use a live person.
- Satisfactory profession through learning, experimentation and experience.
- Shorthanded, overworked, underpaid, and suffering from burnout. We are all at the mercy of higher management, who are interested in the bottom line only. The exodus of providers is continuing. I'm amazed by the selflessness of our interpreters. Many have been working for the department for decades.
- Simultaneous interpretation; intend to get my ETOE exam.
- Skilled interpreting seems undervalued. I highly admire those who take full advantage of Educational opportunities and am glad for attention being paid to those who become true professionals.
- so far is okay no other comments to say
- so we're getting by just fine."""""|"""""The patient understands everything I'm saying
- Some intrepreting companies need to be more personable . Some operators have attitudes. Some I have been told work out of the country.
- Some agencies and interpreters lower their professional fee just to get all available jobs and transfer jobs to non certified interpreters who are related to them.
- Some companies do not give enough time for accepting job offers
- Some companies lower my rates at the start of the Covid pandemic, and the rates never went up. So I'm making less money now than 5 years ago. I feel they take advantage of the interpreters.|After considering my travel time, and paying my own taxes, I make less than minimum wage. |The amount of appointments diminished considerably lately. I work for 8 companies as an independent contractor.
- Something that was not talked about at all in my healthcare interpreting class is the business side of being an interpreter. It's easy for agencies to take advantage of new grads and interpreters who are not business savvy. This is an essential topic to include in any interpreting course. The majority of my classmates didn't know what it meant to be contracted. They just went along with the rates provided by the agency instead of advocating for fair rates. Agencies took advantage of their naivetes and low balled them. I've heard of experienced interpreters working for extremely low rates as well. As an industry, we should advocate for better rates for interpreters. It's important to talk about rates and not have agencies and hospitals take advantage of us. ||For med-legal interpreting, interpreters can ask for a higher rate because of the requirement for a certified interpreter. There are laws that protect interpreters that agencies must follow. California laws allow interpreters to ask for travel time reimbursement and mileage over 50 miles roundtrip. This is information I had to dig for online. I should have learned this in my healthcare interpreting program.
- Sometimes I have advocate for my break when I have a heavy load of assignments in one day.
- Started when one of aspects of interpreting was also to help non-English speaking Pts to navigate new life and American Health care system and help Drs to be awera of cultural differenceses Hate that it become being ROBOT
- Staying unmoving in front of a screen can be detrimental for arthritis sufferers. Maybe it will be a good option to be able to turn off video screen or camera if needed.
- Thank you for organizing and supporting our profession. I am deeply grateful.
- Thank you for sending out this survey.|I look forward to seeing the results.
- Thank you for such a complete survey. It was a valuable opportunity to learn about some important aspects of the profession.
- Thank you for the opportunity to complete this survey.
- Thank you for this amazing survey! Echando pa'lante!
- Thank you for this,questionnaire. I hope it helps to strengthen and improve this incredibly challenging and very necessary profession.|
- Thanks for asking and surveying. it shows that you care and you are trying
- Thanks for putting out this survey and getting a pulse on the industry.
- Thanks so much for creating this survey!
- The best language companies are those that communicate with their interpreters and customers. The language companies have the biggest effect on expectations for both the customer and the interpreter. If a customer isn't told what to expect upon working with an interpreter there can be misunderstandings about the quality of service they are receiving. When the interpreter isn't informed of the subject matter before accepting the encounter or who the customer is, the interpreter loses control over the quality of his service. When the interpreter is denied the opportunity to reject calls based on subject matter or the customer- he loses control over the quality of his service. This is difficult because the language companies still hold the interpreter responsible and can hold termination of contract as a threat for any encounters an interpreter rejects. This all has an impact on the interpreter's control over quality of service. It also undermines all

ethical codes of interpreting that I know of. It sometimes seems that large language companies operate under their own code of ethics.

- The call volume is very high. It may impact the interpreter's performance. Longer paid breaks would make sense.
- The certification as a medical interpreter has to be recognize as a valued indicator at the moment the agency hire us.
- The certified interpreters should get more acknowledgment and rewards accordingly
- The health insurance industry is a challenge to the financial stability for hospitals. I'm concerned about the well-being of the hospital I work for and the development of AI interpreting tools in the near future.
- The healthcare interpreting profession is rewarding but comes with challenges, especially with the growing demand for remote and telehealth services. Flexibility is important, but clearer guidelines and standardized rates are needed. For example, I work for five major LSPs with rates ranging from 0.7 to 1.3 USD per minute. When I discussed better-paying opportunities with an LSP offering 0.7 USD, they simply said, ""Take it or leave it."" As a result, I log out for them, as I don't want to lose higher-paying opportunities. I also interpret in four rare languages, highlighting the need for fair compensation.
- The hourle rate has to be increased so attract more interpreters to the medical field. The difference in pay and working conditions is too big to make it attractive for quality interpreters
- The interpreter rate is the same as a McDonald's employee but with a whole lot more responsibilities. It is not fair!
- The interpreter rate is the same as a McDonald's employee but with a whole lot more responsibilities. It is not fair!
- The issue of pay is the elephant in the in the room and no one wants to talk about it. Our job is important and the pay is not representative of the importance and impact our work has on the health of the patient and the help we give to the providers for them to do a good job
- The main issue with the profession is that certification and education requirements are still lacking in most places of employment. That puts interpreters in a lower category of what their work brings to the medical team. We should at least aspire to be recognized as medical technicians, pastors, case managers, child life professionals, etc.
- The Mandarin the call volume is not high. As the interpreter I usually need to wait for 3 hours or more to get 1 hour paid spoken time. I hope that for the less spoken languages, the per minute spoken paid rate could be changed to per minute online (including waiting) rate to reflect the actual time the interpreter spends.
- The new system via boost lingo has been very frustrating in the sense of appointment availability. While there are many great improvements such as electronic signatures, there is a huge disadvantage with appointment availability. You have to be constantly on your phone to be able to accept an assignment which is not fair because many of may already be working and cannot accept during that time. I have experienced a huge decline in my assignments since this change.
- The one thing I would like to see is the salary/hourly rate continue to increase. We are highly skilled professionals and should be compensated as such. I see that, depending on where you are in the country or even within the same state, the rates vary greatly.
- The only thing I felt needed working as a Freelance interpreting job is the health insurance. Health Insurance is a must for Interpreters. All kinds of interpreter should have the right for their own health insurance.
- The outcome of in-person encounters in regards of understating and the outcome of care of patients is always the best when certified interpreters are used. All we can do is do our best and follow all standards and codes of ethics. We keep educating everyone who uses healthcare interpretrs the importance of certification.
- The pay scale has to improve by developing a tier system that recognizes the additional work and roles interpreters play within the healthcare systems.
- The pay, professional development and breaks are not enough |Some clients are so rude and treat the interpreter badly and companies in general do not care much. Same if the LEP is subject to abuse, there is not much the interpreter can do
- The profession is fairly new, yet is gaining recognizance and appreciation in the medical field. A lot of medical providers now rely on our professional high-level service. Unfortunately the compensation does not come close to the amount of knwledge and emotional inteligence, as well as the soft skills an interpreter must posess. I feel it's a disgrace that the employers, who profit so much on our work, leave the interpreter severely underpaid. I do hope the interpreters will organize themselves in a movement which will establish fair and dignified pay for us.
- The profession is not highly respected. Many do not understand the complexity of the role. It looks like there may be limited opportunities (if any) for career advancement within the medical interpreting field.

- the profession is not taken serious by the community itself and at times the medical professionals. This needs to change if we team up as professional and educate! educate! and educate others the differences in bilingualism and interpreting
- The rates. The lack of unity to demand reasonable pay, and the lack of support from organizations and users of our services-both providers and patients. A lifetime of training, working, and fighting for better wages. Interpreters are paid less than hospital cleaners-it's a scandal. And yet, this is so rarely spoken about. I'm not that young anymore, and I've grown tired.
- The Remote Medical Interpreters working out of the USA don't have access to educational resources and salary rates that could help them grow professionally.
- The State of Colorado Division of Workers Compensation has limited what interpreters can bill for Work Comp appointments in addition they add continually more requirements for interpreters and pay less and less. As a result, I have taken a part time job for the State of Colorado as the staff interpreter for the Office of Environmental Justice and the other half of my time is mostly dedicated to interpreting in Education - both are better paid, are more challenging and have better support and systems.
- The traffic is still slow to none, hoping for better days.
- The university medical institution that i have worked for the last 25 years is highly regarded due to its embrace of Interpreter Services for patients from every walk of life. There has never been an obstacle for our medical staff to also become trained professionals, as a leader in healthcare services this speaks volume of my institution and the values it upholds.
- the wage should be higher or the call flow should increase at least
- The written documentation provided by the agency for interpreters is fairly comprehensive but can't speak to how well the company police's things.
- There are not many options for career advancement, work load is not evenly distributed among all languages at organization I work for
- There is a lot of talk about AI taking our jobs. |Interpreters need autonomy and self care options.
- There is a need for the healthcare community to know more about the role of the interpreter and their expectations.
- There is always room to continue learning, we should never stop learning.
- There is always room to grow and improve in this profession. I am always open to learn and grow and move forward with it.
- There is an ""underlying"" provider's resistance to recognizing that their ""High School"" Spanish (in my case) is enough to communicate with a patient. Hence, there is a reluctance to reach out to a professional interpreter.
- There is more demand for interpreters than actual certified interpreters. This won't change until it's seen as a serious, competitive, prestigious and well paid career. NBCMI and CCHI should do more outreach at schools and colleges to teach the new generations about interpreting as a possible profession. ||
- There is room for improvement. Using tools is great and can add to the patient experience. Finding authentic interpreters is getting scarce.
- There should be a minimum rate established
- There should be a right to take a couple-minute break after heavy and impactful sessions. There is none, you're on the clock. Call center practices should be reeled back to a minimum. This service goes beyond whatever a call center institution can offer. There should be overseers of these companies to make sure that the interpreters are taken care of in terms of pay, treatment, ethics, standards, and benefits. There should not be call center metrics: transfer restrictions (they might want a female interpreter), ring time of a call, heavy set mandatory scripts, cannot interact naturally with clients and patients. ETC. Terrible, egregious pay for the type of work and healthcare profession.
- There should not be interpreter call centers. These need to be abolished. The human brain is not a machine and cannot properly sustain hours long sessions of back and forth interpreting. Being monitored 24/7 by English speaking only ""team leads"" who only judge you on your looks and the sound of your voice is also an unnecessary added stress. These are corporations only interested in the bottom line: profits. But it's at the expense of the interpreters health. Interpreting is a complex skill that takes a lot out of a person. In Healthcare, there's the added stress of the content we are dealing with. Call centers are inhumane in this particular field. But many interpreters stay in this toxic environment because they feel stuck and need the money. This creates a platform for sub-par performance from these professionals such can be very dangerous in the Healthcare setting. I have witnessed situations in etch the wrong information was rendered to the LEP causing a delay in their treatment. This call center way of providing interpreters that are forced to stay logged in for 8 hours straight needs to be studied because the repercussions, both professional and personal, are dangerous. Have a call center where interpreters can log in and out as they see fit, as they deem necessary. We are not robots and brain fatigue is real. The reason we put up with this is because of how little pay we find as independent contractors. It's inhumane.

- There's little or no information about interpreting services in the hospitals in my community.
- they are usually good, but some are sloppy.
- They do not pay any more if you are bilingual / Certified Interpreter. No advanced classes , nothing
- They never raised per hour rate for working interpreters.|
- They rather pay an agency with quasi interpreters and pay their contracts fees than giving me a good salary. No consideration whatsoever . Oblivious to the industry. Still people calling us Translators instead of interpreters ! Would like to mention specific individuals that could care less if we are mentally tired !
- This survey was hard to answer because when working as an Independent Contractor weeks vary (some weeks no healthcare interpreting and some weeks there is a lot). Hours vary, times of the day vary as we work when the needs are there.
- This survey was not designed for independent contractor, but for employees. Which will impact the accuracy of the results and paint a different picture.
- Through my job; I support healthcare interpreters in attaining their goals in becoming certified healthcare interpreters, a role that brings me great fulfillment given my own background as a healthcare interpreter. I believe that interpreters in the healthcare system play an indispensable role in delivering essential services to speakers of Languages Other Than English (LOTE).
- To allow a patient to have the service they need;|To facilitate the communication in the medical setting.||National Council on Interpreting in Health Care (NCIHC) Code of Ethics and |National Standards of Practice for Interpreters in Health Care||Yes, I do follow these standards!
- to chase payments that take anywhere from 3-5 months to get paid out. |It is a travesty
- To completely eliminate autoclick because it doesn't give me the chance to pick up the calls
- TRAIN PROVIDERS TO WORK WITH INTERPRETERS
- "ü Cultural competency training: Actively seeking out opportunities to enhance cultural awareness and communication skills. |ü Networking with healthcare providers: Building relationships with healthcare facilities to better understand their needs and potential areas of specialization.||"
- Unfortunately I don't understand why but my current agency that I work with has not been paying us on time and there have been two checks that have bounced. I have gotten Bank fees which one of them he paid for, but I don't wanna keep this moving forevard what rights as interpreters do we have? I feel there should be more classes Available to us as to what can we do for certain scenarios?
- Unfortunately, it is modern-day slavery as any time that I am not on a call is not paid, even if I am logged in
- Unfortunately, seasoned interpreters having had no help for years have become accustomed to doing very long interpretations with no breaks or switching. When new interpreters ask for help they are looked at as unable to perform , when in actuality it is the safest practice. However, leadership knowing it has been done it can be done - EXPECT new interpreters to do same. Season interpreters and leadership need to learn it is a safe practice to do- for patients and interpreter wellbeing.
- Unfortunately, the healthcare interpretation field is being compromised by unscrupulous agencies that hire unqualified bilingual individuals as interpreters to cut costs, putting patients' lives at risk. This profession should be taken more seriously, and only certified interpreters should be hired to ensure accurate communication and patient safety.
- Unfortunately, to some language agencies a certificate in health care interpreting does not present any value... They use the cheapest, untrained, ad hoc interpreters.
- Unsure how all of these answers will come across so once again in summary I just finished a 44 year career as a home health and Hospital physical therapist. I was fortunate enough to be a rotary exchange student when I was 17 and have been speaking Spanish ever since. I have always wanted to be an interpreter also and had planned to do so when I retired. I do need to finish the credentialing process first however. This is number one on my bucket list currently. I want to be available as a community medical interpreter or to be available for EG world disasters or other places of need where a bilingual Healthcare professional or just a interpreter might be helpful.
- Very rewarding career and vocation, which can be physically and emotionally draining at times...
- Very satisfied
- We are a small department in our healthcare system but very powerful. I hope that in the months/years to come that we can onboard more qualified medical interpreters and expand into outpatient locations and other hospitals within the system.
- We are in an organization that does not compensate us for any further continuing education, being certified or amount of work that is expected of us compared to other interpreters. I feel that we should be compensated and paid at a higher rate at this point in this field. I hope that some day we may be able to bill for hours of service to an insurance some way.
- We are still underpaid in relation to the added value we provide to our patients, providers and employers.
- We are struggling to recruit due to low wages.

- We are trained in the medical field with such a diverse knowledge of terminology, most times people expect us to know what the doctors say or know, yet the compensation is nowhere enough to what it should be (financially speaking).
- We are treated like warehouse workers. An interpreting call center should NEVER be handled like a regular call center.
- We are underpaid and undervalued. I earn less than many employees in other hospital positions requiring fewer skills and less education.
- We are working in a sweat shop. It is amazing that this company is even allowed to exist in the US.
- We can have more privacy in terms of recording of our faced and voice in conversations and interpretations services.
- We can have more privacy in terms of recording of our faced and voice in conversations and interpretations services.
- We don't have emotional support as a health care provider when we witness difficult cases.|If we get sick
- We don't receive any benefits as others employees.|Not end of the year party, or bonus.
- We have a great department and work for a great organization that is really trying hard to provide the highest quality service to all of its patients
- We have a great team and are working on making certification required.
- We have an amazing leadership department. |Our supervisors are always ready to help and listen.||Our coworkers are super supportive.
- We have been asking for headphones for phone calls for years to no avail.
- we have daily education in healthcare interpreting which is very helpful.
- We need a policy of no screenshots of patients during their visits, even if for sharing through our work chats. Patients are not aware of this.
- we need better pay
- We need better payrates
- We need companies to offer more accomodations for workers with disabilities such as more accessible websites for blind interpreters
- We need help colleagues understand that we are not in competition and that participation in healthcare related networks is crucial to the survival of the profession.
- We need more awareness from the user's perspective, as far as what how to work effectively with interpreters. We also ask for better considerations from the employers/agencies and consider that a certified interpreter has received and continues to develop professional, as a result we should receive compensation based on our experience and qualifications.
- We need to unionize so our salaries and benefits can provide a thriving lifestyle.
- When wearing my independent contractor hat, I'd say I am happy with the few clients who offer me freelance opportunities in the education and community interpreting fields. My professional relationship with them is based on trust, respect, and clear communication. I'm happy to see that they reach out to me for interpretation services when I'm not working full time for a hospital as a healthcare interpreter. I am also grateful that these few clients always pay me on time and are always open to feedback.
- Wish we could build up group chats to share resources, experiences etc, so that we may learn one from another throughout this wondrrful journry and career.
- With forms of telephonic communication changing, I wish more forms of telephone service would be allowed fot over-the-phone interpretion, specially when traditional landline and VoIP become more obsolete each day. Remote from anywhere would provde broader availability for interpreter coverage.
- Worked for 34 years as a healthcare interpreter in Public Health. Per my job role had to assess the interpreting level of my co-workers and gave them guidance in improving as well as authorizing their pay differential. Now I just work as a freelancer for IMEs and sometimes sporadically for other appts.
- Would love More hours, more bennies, more money would all be good. More respect wouldn't hurt either!
- Would love to have paid training time (either in-house or outside) and access to good quality continuing education classes. The company is big and feels too bureaucratic. I would love to see pay that reflects the amount of work we put in and the effort we put in to get certified and educated. Would also love to have holiday pay. Right now we are expected to work holidays at the same rate, and if we want the holiday off, we have to take a day off (no pay).
- Yo be honest most of the contractor companies that I had work for don't really give us any benefits if we don't live in the US . And that's for me really unfair because there are so many more interpreters outside the US