



Amplifying the Silent Voices

Nursing Leadership to Address Moral
Distress and Vicarious Trauma
Among Healthcare Interpreters

Melissa A. Wilson, PhD, APRN, CCNS, FAAN ·
Mayo Clinic Rochester, MN & Mayo Clinic Health System, WI

Ahmad Alkhatib, PhD · Hasan Sen, MD · Michele T. McGinnis,
MSIS · Amelia Barwise, MB BCh BAO, PhD

Why This Matters

The Population at Stake

Over **25 million** people in the U.S. are classified as limited English proficient (LEP)—largely immigrants and refugees who depend on interpreters for equitable, culturally sensitive healthcare.

An Overlooked Burden

Healthcare interpreters facilitate some of medicine's most difficult conversations—serious diagnoses, end-of-life decisions, traumatic histories—yet the moral and psychological toll on interpreters remains substantially understudied and underrecognized within healthcare systems.

A Growing Crisis

Emerging evidence confirms interpreters experience **vicarious trauma, moral distress, compassion fatigue, and burnout** at significant rates, with consequences for both interpreter well-being and patient care quality.

Scoping Review: Objectives & Methods

This scoping review maps and synthesizes literature on moral distress, moral injury, work-related stress, and vicarious/secondary trauma among professional healthcare interpreters, following **Joanna Briggs Institute (JBI) methodology** and reported per **PRISMA-ScR guidelines**.

Databases Searched

11 databases including MEDLINE, Embase, CINAHL, PsycINFO, Scopus, and clinical trial registries. Search executed June 12, 2025.

Study Period

English-language studies published 2005–2025. Backward citation searching yielded 523 additional records.

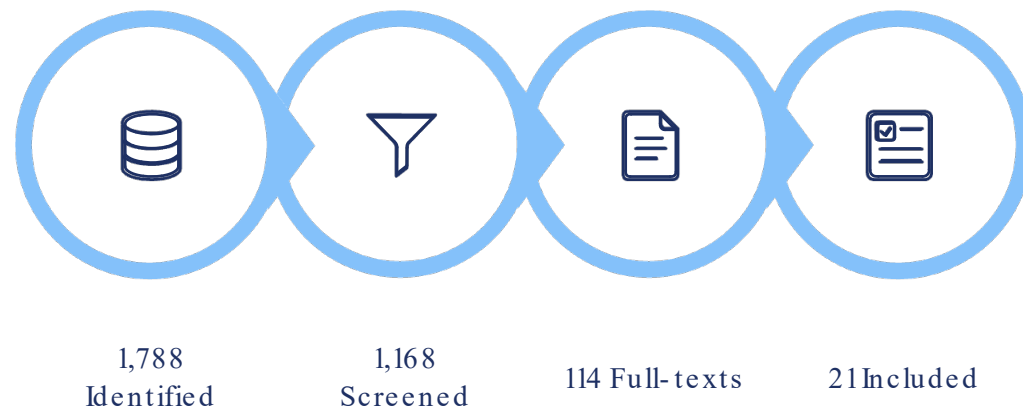
Eligibility

Professional spoken-language healthcare interpreters in clinical settings (hospitals, outpatient, ED, palliative care, refugee health). All empirical designs included.

Selection Process

Two independent reviewers screened titles/abstracts and full texts; conflicts resolved by a third reviewer. Registered: INPLASY202560024.

Study Selection & Characteristics



91 full-texts excluded: wrong concept (n=32), wrong interpreter type (n=22), wrong setting (n=16), wrong design (n=12), other (n=9).

21 Studies Included

Published 1999–2025; **13 of 21** published 2021–2025, reflecting rapid recent growth in scholarly attention.

Geographic Spread

USA (n=10), UK (n=3), Australia (n=2), Germany (n=2), Japan, Switzerland, Sweden, and one multi-country study (USA/UK/Denmark/Australia)

Designs

Qualitative (n=8), mixed-methods (n=5), quantitative (n=4), reviews (n=3), intervention (n=1). No RCTs identified.

KEY FINDING

Vicarious Trauma: The Dominant Experience

Across 21 studies, **vicarious trauma** was more frequently reported than **moral distress** among healthcare interpreters. Repeated exposure to patients' traumatic stories, delivering bad news, and witnessing ethical dilemmas drove a spectrum of distress.

Vicarious Trauma

Intrusive thoughts, nightmares, emotional numbing, hyperarousal, avoidance, re-experiencing clients' trauma—especially among interpreters with prior refugee histories.

Moral Distress

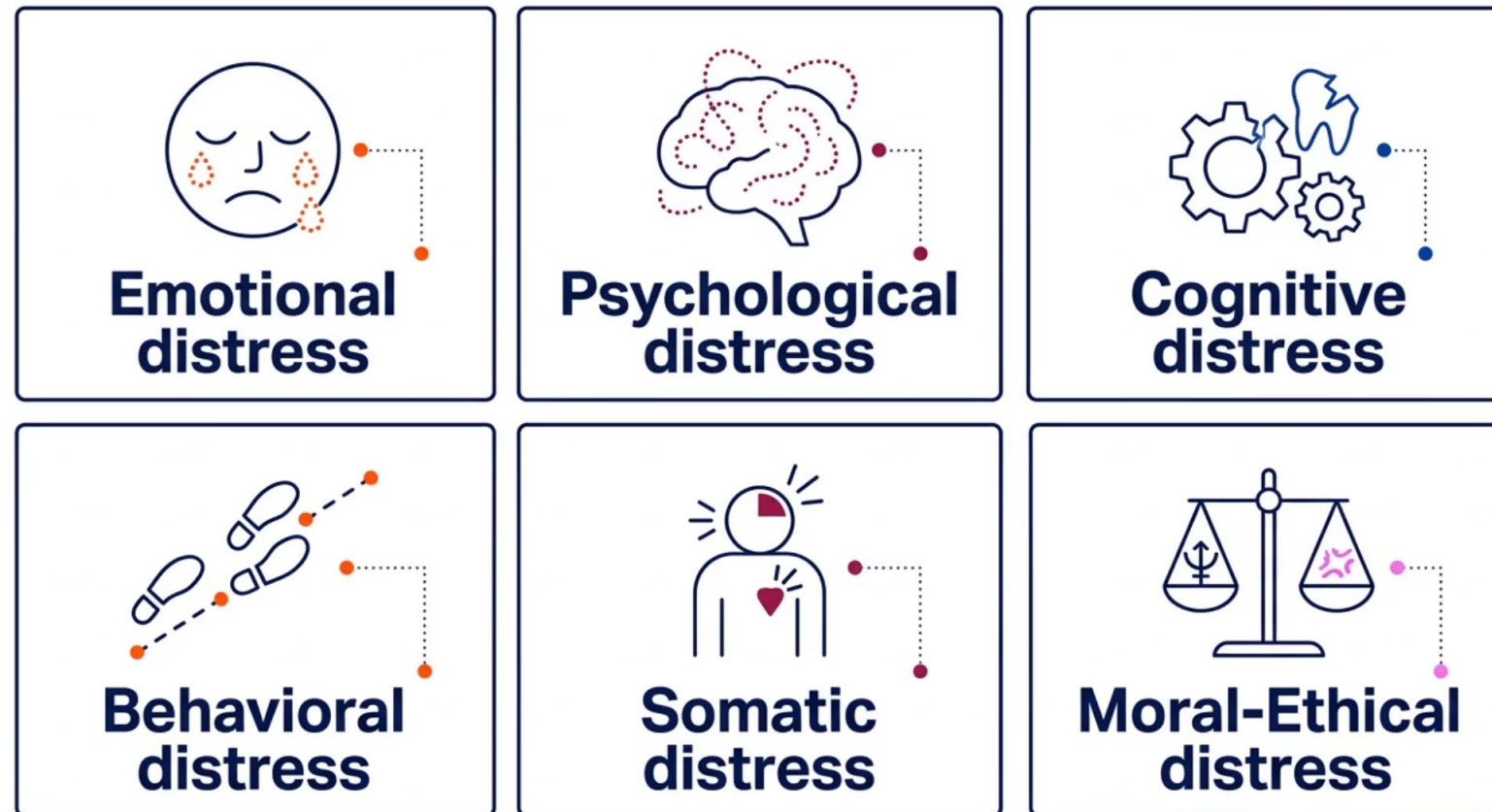
Feeling unable to act on ethical values due to neutrality requirements or institutional barriers; ethical constraints preventing intervention when patients misunderstood information.

Compassion Fatigue & Burnout

Emotional exhaustion, diminished capacity, and reduced stamina—particularly in palliative, mental health, and high-acuity settings. Leads to high turnover and workforce instability.



How Distress Manifests Across Domains



Role ambiguity—tensions between neutrality, advocacy, and cultural brokerage was repeatedly identified as a core driver. Interpreters with personal trauma or refugee histories faced **heightened risk** for secondary traumatization. Cultural norms discouraging emotional expression further intensified distress and isolation.



 SYSTEMFACTORS

Organizational Failures That Compound Occupational Distress

- Exclusion from Care Teams
- Lack of Institutional Support
- Workload & Recognition Gaps
- Inadequate Preparation

Evidence-Informed Strategies

Research on interventions is limited; here are promising individual and organizational approaches.

Individual-Level

- Education on trauma and coping
- Mindfulness programs to reduce burnout
- Establish emotional and spiritual boundaries
- Structured peer support group sessions

Organizational-Level

- Pre-briefing and post-encounter debriefing
- Formal supervision and reflective practice
- Define roles and ethical guidelines
- Optimize scheduling and assignment intensity
- Provide mental health assistance programs
- Integrate fully into clinical care teams



Care-partnership interventions fostering teamwork significantly improve well-being.

The Call to Nursing Leadership

The evidence underscores a pressing need for nurse leaders to act as **change agents and advocates**. Healthcare organizations must formally recognize interpreters as integral members of the care team—valued not only for language skills but as active contributors to therapeutic relationships.



Train Clinical Staff

Educate providers in ethical collaboration with interpreters, including trauma-informed communication and inclusive practices during ethically complex encounters.



Build Support Structures

Establish peer support groups, mentorship programs, and access to culturally sensitive mental health services to foster resilience and reduce burnout risk.



Include in Care Planning

Actively involve interpreters in patient discussions, care planning meetings, and post-encounter debriefings to reduce isolation and emotional burden.



Develop Clear Protocols

Create structured protocols for emotionally challenging encounters—ensuring briefing before sensitive discussions and structured debriefing afterward.

What We Still Don't Know

No Longitudinal Data

Few Evaluated Interventions

Patient/Team/System Outcomes

Conceptual Inconsistency

Degree of Impact



Conclusion: Amplifying the Silent Voice

This scoping review—the first comprehensive synthesis of its kind—confirms that healthcare interpreters experience significant moral and psychological distress as an underrecognized consequence of their role. Left unaddressed, these burdens erode interpreter well-being, increase turnover, and compromise care quality for LEP and immigrant patients.

Recognize
Interpreters

Advance Health
Equity

Drive System
Reform

"By amplifying the often-silent voices of healthcare interpreters and advocating for system-wide reform, nursing leadership can drive meaningful progress toward improved caregiver well-being and greater health equity for immigrant populations."