INPLASY

Corresponding author:
Melissa Wilson

wilson.melissa2@mayo.edu

Author Affiliation:
Mayo Clinic.

Moral Distress, Injury, Stress and Vicarious/Secondary Trauma among Healthcare Interpreters

Wilson, M; Barwise, A; McGinnis, M; Alkhatib, A; Johnson, P.

ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202560024

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 6 June 2025 and was last updated on 6 June 2025.

INTRODUCTION

*R*eview question / Objective Population: Interpreters working in healthcare settings Intervention: Definitions and interventions related to moral distress, moral injury, moral stress, or vicarious/secondary trauma. Comparison: Not specified. Outcome: Understanding of definitions and described interventions for interpreters experiencing these issues.

Rationale Moral distress and related concerns such as moral injury and moral stress as well as secondary and various trauma are understudied among healthcare/professional/medical interpreters. We seek to synthesize the literature on this topic including what these terms mean in the context of interpretation, when do these experiences most frequently happen including what medical settings and scenarios, how do they manifest, what has been done to mitigate the impact of these issues and what future research should be done to develop interventions or strategies to reduce moral distress/ stress/injury and secondary/vicarious trauma. We will focus our review on standard healthcare settings such as hospitals and clinics.

Condition being studied Moral Distress , moral injury, and post-traumatic stress are common occupational hazards that may exist along a continuum and occur as a direct result of a potentially morally injurious event, including exposure to deeply distressing or disturbing events (traumatic experiences) taking place throughout one's professional career. The detrimental effects of these conditions in healthcare providers are well studied and result in poor outcomes for the providers, patients, teams, units, and organizations. Less studied is the impact of these conditions on healthcare interpreters who are often the in-between conduit to a patient/family and healthcare providers.

METHODS

Search strategy A comprehensive search strategy was developed for Embase by a medical librarian

in consultation with the research team and reviewed by an independent medical librarian. MeSH thesaurus terms from MEDLINE, EMTREE thesaurus terms from Embase, terms from the Thesaurus of Psychological Index Terms and free text words were used for search concepts. An English language limit was built into the search and no published search filters were applied.

Embase Search

Interpreter service/ OR medical interpreter/ OR professional interpreter/ OR (Interpreter* OR translator*).ti,ab,kf. NOT (sign language/ OR sign-language*.ti,ab,kf.) AND Exp burnout/ OR compassion fatigue/ OR conscience/ OR conscientious objection/ OR exp emotional stress/ OR ethical dilemma/ OR job stress/ OR moral hazard/ OR exp morality/ OR role stress/ OR secondary traumatic stress/ OR vicarious trauma/ OR (burnout OR burn-out OR ((burned OR burnt) ADJ (out)) OR compassion-fatigue OR conscience* OR conscientious-object* OR moral* OR ((ethic* OR emotion* OR mental* OR psychoemotional* OR psycho-emotional* OR psychological*) ADJ3 (dilemma* OR distress* OR injur* OR stress*)) OR ((secondar* OR vicarious*) ADJ3 (distress* OR stress* OR trauma*)) OR ((job* or occupation* or professional* OR role* OR work*) adj3 (distress* OR stress*)) OR ((emotional*) ADJ3 (exhaust* OR fatigu*))).ti,ab,kf. AND English.la

English language database limits will be applied as available or built into searches when possible and no published search filters will be applied in the remaining databases listed in Item 17.

Participant or population Population: Interpreters working in healthcare settings.

Intervention Intervention: Definitions and interventions for moral distress, moral injury, moral stress, vicarious/secondary trauma, or any other occupation-induced trauma that occurs as a result of their professional role.

Comparator None.

Study designs to be included All types-include qualitative, quantitative, survey, prospective, observational, interventional and quality improvement.

Eligibility criteria Geographic location-English speaking countries-USA, Canada, UK, Ireland, Australia, New Zealand
Population-Interpreters (may be called translators but those focused on spoken word (not written word)

Concept-moral distress; moral injury; moral stress; vicarious trauma; secondary trauma; [can lead to burnout; compassion fatigue]
Context-working with all ages, all typical healthcare settings (used by English and non-English speaking patients generally)
Exclude-non-English-speaking countries, refugee camps, torture centers/clinics
Exclude-those working on written documents
Exclude-sign language.

Information sources The search strategy will be translated for deployment in the databases Embase, MEDLINE, PsycINFO, Cochrane Central Register of Controlled Trials (CENTRAL), and the Cochrane Database of Systematic Reviews (CDSR) - all via the Wolters Kluwer Ovid interface; Scopus; Science Citation Index Expanded (SCI-Expanded), Emerging Sources Citation Index (ESCI), and Preprint Citation Index (PCI) - all via the Clarivate Analytics Web of Science interface; CINAHL; and clinical trial registers ClinicalTrials.gov and the International Clinical Trials Registry Platform (https://trialsearch.who.int/).

Grey Literature
Dissertations, conference abstracts, and clinical trials will be searched via listed databases. Organizations relevant to the concept of interpreters will be identified and their websites searched for additional studies.

Main outcome(s) Outcome: Understanding of definitions and described interventions for interpreters experiencing these issues.

Additional outcome(s) Gaps in research and suggestions for future research.

Data management Covidence.

Quality assessment / Risk of bias analysis Two reviewers are reviewing titles, abstracts and full text. Conflicts are resolved with discussion from all group members. Our team members have different professional roles and training, e.g. one PhD nurse scientist who studies trauma in healthcare workers, One PhD ethicist who studies use of medical interpreters, one PhD trained medical interpreter, and one Bachelors-prepared bedside nurse who commonly works with medical interpreters.

Strategy of data synthesis Scoping review processes described in the Joanna Briggs Institute Manual of Evidence Synthesis chapter 10 Scoping Reviews will guide our project steps and data synthesis strategy. We will use JBI's template source of evidence details, characteristics and

results extraction instrument. A narrative synthesis will be conducted of the multiple studies reviewed. This process will involve developing a preliminary synthesis, exploring relationships within and between the studies, and assessing the robustness of the overall synthesis. Grey literature will be synthesized and included where it adds relevant data. Beyond summarizing the main features of included studies, the data will be presented to show similarities and differences between studies while also assessing the strength of the evidence. We will conduct a descriptive qualitative content analysis, including basic coding of data. We will provide a summary of data coded to a particular category (i.e. coding and classifying descriptions of trauma experiences and interventions) but being careful to avoid a thematic analysis/synthesis as this would be beyond the scope of a scoping review. We may do a simple frequency count of concepts, populations, characteristics or other fields of data.

Subgroup analysis Gaps in research and understanding and recommendations to manage conditions.

Sensitivity analysis Piloting initial search terms for both title and abstract and full text by all members. Full review will include two independent reviewers to do data abstraction, discrepancies resolved by team discussion.

Language restriction Only studies published in English will be considered for inclusion.

Country(ies) involved United States.

Keywords Burnout; compassion fatigue; interpreter; moral distress; moral injury; secondary trauma; vicarious trauma.

Dissemination plans Publish and present at conferences with relevant populations.

Contributions of each author
Author 1 - Melissa Wilson - Protocol development, pilot search term, full review and analysis, manuscript development and dissemination of findings.
Email: wilson.melissa2@mayo.edu
Author 2 - Amelia Barwise - Protocol development, pilot search term, full review and analysis, manuscript development and dissemination of findings.
Email: barwise.amelia@mayo.edu
Author 3 - Michele McGinnis - Medical librarian to support reaching final search terms, literature search and extraction, literature to Covidence, manuscript development and dissemination of findings.
Email: mcginnis.michele@mayo.edu
Author 4 - Ahmad Alkhatib - Pilot search term, full review and analysis, manuscript development and dissemination of findings.
Email: alkhatib.ahmad@mayo.edu
Author 5 - Pamela Johnson - Pilot search term, full review and analysis, manuscript development and dissemination of findings.
Email: johnson.pamela16@mayo.edu