Hacettepe University Graduate School of Social Sciences

Department of Translation and Interpreting

English Translation and Interpreting Programme

JOB SATISFACTION OF INTERPRETERS WORKING IN HEALTHCARE SETTINGS IN TÜRKİYE

Begüm KAÇAR

Master Thesis

Ankara, 2024

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ACCEPTANCE AND APPROVAL

The jury finds that Begüm Kaçar has on the date of 15.08.2024 successfully passed the defense examination and approves his/her Master's Thesis titled "Job Satisfaction of Interpreters Working in Healthcare Settings in Türkiye".

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ETİK BEYAN

Bu çalışmadaki bütün bilgi ve belgeleri akademik kurallar çerçevesinde elde ettiğimi, görsel, işitsel ve yazılı tüm bilgi ve sonuçları bilimsel ahlak kurallarına uygun olarak sunduğumu, kullandığım verilerde herhangi bir tahrifat yapmadığımı, yararlandığım kaynaklara bilimsel normlara uygun olarak atıfta bulunduğumu, tezimin kaynak gösterilen durumlar dışında özgün olduğunu, **Dr. Öğr. Üyesi, Alper KUMCU** danışmanlığında tarafımdan üretildiğini ve Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü Tez Yazım Yönergesine göre yazıldığını beyan ederim.

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Begüm Kaçar

ABSTRACT

KAÇAR, Begüm. Job Satisfaction of Interpreters Working in Healthcare Settings in Türkiye, Master's Thesis, Ankara, 2024.

Türkiye is a peninsula at the crossroads of three continents, a centre of attraction in many aspects, such as migration, tourism, settlement, transport and trade. It, therefore, has to meet the needs of foreigners during their stay in the country. Healthcare needs require an intermediary, hereafter referred to as an interpreter, to establish communication between patients and healthcare providers. In recent years, the healthcare sector has developed highly, and many foreign patients have visited Türkiye for healthcare solutions. The high demand for foreign patients for health care and the developments in the healthcare sector have made it necessary to recruit more interpreters and have increased the demand for better-trained interpreters looking for desirable working conditions and, thus, adequate job satisfaction. The purpose of this dissertation is to examine the job satisfaction, job burnout, organisational commitment and trust of interpreters working in healthcare settings in terms of pay, promotion, supervision, fringe benefits, contingent rewards, working conditions, co-workers, nature of work, communication and overall satisfaction (Swartz, 1999). Data were collected using the Minnesota Job Satisfaction Questionnaire, the Maslach Burnout Inventory, the Organizational Commitment Scale, and the Organizational Trust Inventory, and the data collected was scored according to the survey scoring guide. In addition, respondents were asked qualitative questions to obtain exploratory information about the most critical factors affecting their job satisfaction in the hospitals where they work, which may help improve the situation.

Keywords

Healthcare interpreting, medical interpreting, community interpreting, public service interpreting, interpreter-mediated events, job satisfaction

ÖZET

KAÇAR, Begüm. Türkiye'de Sağlık Alanında Çalışan Çevirmenlerin İş Tatmini, Yüksek Lisans Tezi, Ankara, 2024.

Üç kıtanın kesiştiği bir yarımada olan Türkiye, göç, turizm, yerleşim, ulaşım ve ticaret gibi pek çok açıdan bir cazibe merkezidir ve bu nedenle yabancıların ülkede bulundukları süre boyunca duydukları ihtiyaçları karşılamak zorundadır. Bu ihtiyaçlardan biri olan sağlık hizmeti ortamları, hastalar ve sağlık hizmeti sağlayıcıları arasında iletişim kurmak için tercüman olarak adlandırılan aracıya ihtiyaç duymaktadır. Son yıllarda sağlık sektörü oldukça gelişmiş ve çok sayıda yabancı hasta sağlık sorunları ve çözümleri için Türkiye'yi ziyaret etmiştir. Yabancı hastaların sağlık hizmetlerine olan yüksek talebi ve sağlık sektöründeki gelişmeler, daha fazla tercümanın işe alınmasını gerekli kılmış ve daha iyi eğitimli tercümanlara olan talebi artırmıştır; tercümanlar da arzu edilen çalışma koşulları ve dolayısıyla yeterli iş tatmini istemektedir. Bu tezin amacı, sağlık sektöründe çalışan tercümanların iş tatmini, iş tükenmişliği, örgütsel bağlılık ve güvenlerini ücret, terfi, denetim, yan haklar, ödüller, çalışma koşulları, iş arkadaşları, işin doğası, iletişim ve genel tatmin açısından incelemektir (Swartz, 1999). Veriler Minnesota İş Tatmini Anketi, Maslach Tükenmişlik Envanteri, Örgütsel Bağlılık Ölçeği ve Örgütsel Güven Envanteri kullanılarak toplanmış ve toplanan veriler anket puanlama kılavuzuna göre puanlanmıştır. Ayrıca, katılımcılara, çalıştıkları hastanelerde iş tatminlerini etkileyen en önemli faktörler hakkında bilgi elde etmek için nitel sorular sorulmuş ve iyileştirilmesi için faydalı olabileceği düşünülmüştür.

Anahtar Kelimeler

Sağlık çevirmenliği, tıbbi çeviri, toplum çevirmenliği, kamu hizmeti çevirmenliği, çevirmen aracılı etkinlikler, iş tatmini

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INTRODUCTION

Today's world is an interconnected society thanks to the utilization of various abilities, and interaction with others is considered a fundamental requirement for humanity. This interaction is maintained through translating and interpreting between languages, cultures, and customs. Community interpreting is the first name given to communication intermediaries and natural language users who act as interpreters in the community. These language users, later called natural interpreters or ad hoc interpreters, who speak specific languages, are people who have not had interpreting training but are bilingual family members, staff members or community members. As Pöchhacker (1999) puts it, community interpreting refers to interpreting within a specific community with a language barrier between public service providers and individual clients. Over time, interpreting, its subfield community interpreting, and its sub-fields, such as health interpreting, legal interpreting, etc., have been included in university curricula.

The profession has become professionalized and institutionalized in developed countries where the need is high due to migration, tourism, settlement, transportation and trade. Interpreters in community settings perform their profession in healthcare (hospitals, medical centres), legal and administrative settings (asylum hearings, courtrooms), or disaster settings such as earthquake sites. One of the most important settings among these is the healthcare setting.

With the growth of the health sector in Türkiye, there has been a need for more interpreters to be employed in institutions and organisations. In Türkiye and other countries where the system is still in its developmental stage, those hired to provide this service are called health interpreters, patient care specialists, patient guides, patient coordinators and other titles. We also see different nomenclatures in various studies. Toker (2019) refers to interpreters as patient guides, while Öztürk (2015) refers to them as healthcare interpreters. Interpreters have been given extra responsibilities and tasks, alongside their primary interpreting duties, under various job titles. Interpreters, with varied and multiple roles and titles, try to adapt to these duties, which vary from institution to institution, with the sense of responsibility brought about by the interpreter consciousness. However, the roles and duties imposed along with the interpreting tasks have affected the satisfaction and fulfilment of interpreters at the workplace.

In the current situation in Türkiye, where the health sector is increasing, there is a great need for the employment of quality interpreters and for standards and regulations that describe how interpreters should work with patients and staff in health centres. This deficiency is especially notable within the realm of healthcare interpreting. Health centres and interpreters provide these services according to the requirements of their internal dynamics based on administrative decisions, excluding staffing needs. This hinders job satisfaction and, thus, quality service. As noted by Swartz (1999), insufficient supervision and support may result in professional isolation, potentially leading to dissatisfaction, burnout, and frustration among individuals in the field. For example, Martikainen et al. (2018) found that the key factors affecting job satisfaction are working conditions, the amount of work often changing, and how work is organised. Specter (1997) defines job satisfaction as the overall feeling about one’s job and attitudes towards its different aspects. Therefore, hospitals need to realise that they need to know how they can manage the administration while considering the

satisfaction and well-being of the interpreters involved in the encounters. The need for administrative principles, protocols, staff roles, and job descriptions should be regarded because efficiency and effectiveness at work depend mainly on the satisfaction of those working in that institution or workplace.

The advancements in the healthcare sector and the high demand for foreign patients have necessitated the recruitment of additional interpreters, thereby increasing the demand for better-trained interpreters. Consequently, these interpreters seek suitable working conditions and adequate job satisfaction.

We aim to investigate and identify the elements of job satisfaction, such as job burnout, organisational commitment, and trust of interpreters employed in healthcare environments. This will be done regarding payments, promotions, supervision, fringe benefits, contingent rewards, working conditions, co-workers, the nature of work, communication, and overall satisfaction.

By investigating and identifying the elements crucial for job satisfaction in healthcare settings consisting of public and private organisations, we will try to propose solutions to improve job satisfaction for interpreters working in healthcare settings in Türkiye.

This thesis aims to seek answers to the following research questions:

1- What is healthcare interpreters' level of job satisfaction of working in public and private hospitals in İstanbul?
2- What is the situation with job satisfaction parameters, namely working hours, salaries, office facilities, in-house training, interaction with staff members, personal rights and obligations, conditional rewards, fringe benefits, working conditions, and their work?

3- Which factors positively and adversely affect the job satisfaction of healthcare interpreters?

Since each institution determines its functioning and the working conditions vary from one institution to another, significantly influencing the job satisfaction of interpreters, the thesis focuses on public and private healthcare institutions in Türkiye. It covers interpreters working in healthcare settings in these organisations in various cities of Türkiye.

When the theses written in Türkiye were examined through the YÖKTEZ system, two focused directly on the job satisfaction of interpreters. Thirteen theses on health interpreting were identified. A literature review on studies of healthcare interpreting in Türkiye and other countries and the satisfaction of interpreters in healthcare settings has been conducted.

Job satisfaction is an essential issue for healthcare interpreters due to the delicate nature of this setting. As there are few comprehensive and inclusive studies on the job satisfaction of healthcare interpreters, this thesis focuses on job satisfaction and factors affecting it, including job burnout, organisational commitment, and trust, which are essential aspects influencing job satisfaction levels.

The findings of this study will reveal how the roles of the healthcare interpreters, who undertake different tasks under different conditions in the organisations they work in, and how the roles they perform during their routine work life and the functioning they are involved in affect their job satisfaction.

It aimed to foreground the interpreters working in the healthcare field as social actors and tried to problematize their working conditions and environments. To

this end, fieldwork was conducted, adopting a research in Türkiye in different cities.

By the research's confidentiality principles, the participants' names and the health institutions they are affiliated with will not be stated in the thesis.

Interpreters and international patient representatives in public and private organisations in Türkiye have been invited to participate in the survey.

This thesis is limited to 31 participants working in healthcare settings in private hospitals, clinics, health centres, public hospitals, and health tourism companies, as they are the volunteer participants for this research.

31 interpreters were sent a questionnaire consisting of socio-demographic questions and questions, including the Minnesota Job Satisfaction Questionnaire, Maslach Burnout Inventory, Organizational Trust Inventory, and Organizational Commitment Scale. Interpreters work in private hospitals, public hospitals, private clinics, migrant health centres, university hospitals, health tourism companies, and medical publishing companies.

Analyses have been conducted to investigate interpreters' job satisfaction. The initial study was conducted through a preliminary questionnaire with questions comprising a personal demographic form. To verify the factors affecting job satisfaction levels, five questions are related to independent variables, i.e. primary demographic data such as date of birth, age, gender, graduation status, and organisation of employment; other questions are related to job-related characteristics such as type of organisation, duration of employment, job title, specialisation, type of employment, monthly income, working hours, the total number of interpreters, language pairs etc. Data on variables related to job satisfaction were obtained by administering the Minnesota Job Satisfaction

Questionnaire with 20 questions (see Appendix 3), Maslach Burnout Inventory Questionnaire with 22 questions (see Appendix 4), Organizational Commitment Scale Questionnaire with 18 questions (see Appendix 5), Organizational Trust Inventory Questionnaire with 12 questions (see Appendix 6). The survey was conducted online and via Google Forms. The data collected in the study was coded with a random participant number assigned to each participant and no personal information has been collected to reveal the identity of the participants. Data has been analysed collectively and no individual analysis has been performed. The data collected has been confidential, accessible only by the researchers and will not be shared with anyone.

This study is composed of five sections. Chapter One constitutes the introduction section, including the problem situation, the aim of the study, the research question, and the importance of the study, where general remarks on the topic, as well as the purpose and methods of the study, are presented. Chapter Two provides a general explanation of community interpreting and healthcare interpreting, job satisfaction, job burnout, organisational trust, job satisfaction of healthcare Interpreters and information on the current thesis to form a theoretical background. Chapter Three deals with the methodology of the thesis, including participants, scales and procedures. Chapter Four contains findings and discussion that analyse the sociodemographic profile of the healthcare interpreters, reveal the results of the scales on job satisfaction, job burnout, and organisational trust, and demonstrate the link between sociodemographic profiles and scales, including implications of the results of the surveys. Chapter Five presents a conclusion and suggestions for further studies.

This thesis is limited to 31 participants working in healthcare settings in as they are the volunteering participants for this research.

Further study with more participants and more healthcare facilities can provide a more comprehensive analysis on overall job satisfaction of healthcare interpreters and give insights about the factors affecting them.

CHAPTER 1
THEORETICAL BACKGROUND

Community interpreting is crucial in facilitating communication across diverse linguistic and cultural backgrounds, particularly in healthcare, legal, and social services. As the global population becomes increasingly multicultural, the demand for influential community interpreting services has surged, highlighting the need for interpreters who can navigate the complexities of cross-cultural interactions. Unlike conference interpreting, which often focuses on formal settings and processes, community interpreting emphasises both users' and practitioners' perceptions and expectations, revealing the intricate dynamics in these interactions. The role of community interpreters extends beyond mere translation; they serve as cultural mediators, bridging gaps in understanding and ensuring that all parties can engage meaningfully. This is particularly evident in healthcare contexts, where interpreters convey information and advocate for patients' rights and needs, enhancing the quality of care. Furthermore, the challenges community interpreters face, including cultural conflicts and the underutilisation of their services, underscore the importance of training and support for interpreters and the professionals they assist. As such, community interpreting is not merely a service but a vital component of equitable access to information and resources in an increasingly interconnected world.

1.1. COMMUNITY INTERPRETING IN HEALTHCARE

Although there is no clear universal definition for it, community interpreting can be described as a form of interpretation offered to individuals lacking full proficiency in the official language of a nation or, where applicable, the predominant regional language, yet necessitating communication with local authorities and service providers for diverse purposes. Sandra Hale (2015)

defines community interpreting as the service of interpreting given to individuals who live in the same community but do not speak the same language. Particularly in societies accustomed to multilingualism and multiculturalism, the origins of community interpreting initiatives can be discerned. Pöchhacker (1999) describes community interpreting as the act of interpreting at the institutional level in the community, where there is a language barrier between public service providers and individual clients.

The nature of community interpreting brings it special features that set it apart from other interpreting settings and put it on a different level. In other words, as Hertog (2010) states, what distinguishes the community interpreter from other interpreters, namely conference interpreters, isn't merely the techniques or methods employed but the institutional contexts involved. These settings are typically sensitive, delicate, private, and occasionally uncomfortable or adversarial. Additionally, the working dynamics vary significantly: the interpretation occurs bidirectionally between the service provider and the client; furthermore, the spatial relationships, participants involved, formality levels, and linguistic registers differ substantially. Moreover, it is a profession characterised by its nature, distinct social perception, level of professional development, and compensation structure. (Hertog, 2010).

Interpreters in the community take roles in different settings in the lives of the humans they serve. Among these settings, Hale includes courtrooms, hospitals and health facilities (Hale, 2007). Each of these settings is important for the members of the community; however, the healthcare setting is significant for the foreigners in the community as healthcare is an indispensable service individuals have to have, and this setting takes an essential place for the community, especially for the countries that receive a high level of migration flow.

Healthcare interpreting enables communication between health service providers and patients who are foreigners in a country visiting for tourist, medical, business, or a particular purpose. Due to high migration flows, healthcare interpreting is a primary sector within the broader field of community interpreting globally. Healthcare interpreting has emerged in countries with diverse populations, enabling communication in health settings. As Doğan (2017) states, this service is given fairly and consistently across all situations and locations, recognising human health as essential for existence.

Healthcare interpreting generally occurs between a service provider member (doctor, technician, nurse, etc.) and a patient who does not speak the same language and needs a mediator as a third person in the encounter for communication. While 'medical interpreting' and 'healthcare interpreting' may be interchangeable, 'healthcare interpreting' covers a broader scope, including the medical setting and rehabilitation and mental health service settings (Roat & Crezee, 2015).

At the beginning of the use of interpreting in the services, ad hoc interpreters provided interpreting services. These included family members, relatives, friends, and hospital staff members, namely technicians, nurses, and doctors, who claimed they knew the patient's language or were bilingual (Roat & Crezee, 2015).

Due to the unique nature of the medical setting, which requires special skills considering the psychological conditions and doctor-the-patient confidentiality and terminology knowledge, in a medical encounter with an ad hoc interpreter in service, a doctor and patient may experience issues in the encounter, and this may result in errors or failures in the treatment process. For this reason, service providers need professional healthcare interpreters in the field to provide service following ethical principles that every interpreter must be aware of, namely

confidentiality, accuracy, impartiality, maintaining the boundaries of the professional role, awareness of own and other cultures, treats all parties with respect, advocacy, further knowledge and skills, professional and ethical manner (NCIHC, 2004). NCIHC (2004) defined the core values of the Code of Ethics for Health Care Interpreters as beneficence, fidelity and respect for the importance of culture. AUSIT Code of Ethics and Code of Conduct (2012) include professional conduct, confidentiality, competence, impartiality, accuracy, clarity of role boundaries, maintaining professional relationships, professional development, and professional solidarity.

According to Duman (2018), what sets healthcare interpreting apart from other community interpreting settings are the responsibilities and obligations of interpreters in healthcare settings, along with the emotional dynamics involved among the parties involved, as healthcare interpreting, defined by Angelelli (2007), is a “contextually bound communication in two languages” and is performed under pressure.

All highlight the distinctions between community interpreters and those working in other settings, such as conference interpreting, emphasizing the complexities of healthcare interpreting due to its contextual sensitivity and the critical need for professional standards.

It is also possible to draw a general framework from the views above as follows:

1. Unique Contexts: Community interpreting operates in sensitive and sometimes adversarial settings, requiring specific skills and ethical considerations, especially in healthcare, where confidentiality and understanding medical terminology are crucial.

2. Healthcare Interpreting: It is vital in facilitating communication between healthcare providers and patients who speak different languages. This necessity is heightened in diverse countries with high migration rates, making professional healthcare interpreters essential.

3. The Role of Professional Interpreters: The reliance on ad hoc interpreters (family, friends, or untrained staff) can lead to miscommunication and errors in treatment, underscoring the importance of trained professionals who adhere to ethical guidelines.

4. Ethical Frameworks: The text outlines the ethical principles that healthcare interpreters must follow, including confidentiality, impartiality, and respect for cultural diversity, citing standards from the NCIHC and AUSIT.

5. Emotional Dynamics: The emotional aspects of communication in healthcare settings add another layer of complexity, distinguishing it from other community interpreting contexts.

Healthcare interpreting, distinct from other community interpreting settings, presents unique challenges and responsibilities. Interpreters in this field navigate emotional dynamics and perform under pressure, requiring high professionalism and ethical conduct. Their role is complex and crucial in ensuring effective communication in healthcare settings.

1.2. COMMUNITY AND HEALTHCARE INTERPRETING AROUND THE WORLD

Global developments and increased mobility worldwide have prepared the environment for new translation and interpreting studies. Due to new directions,

translation studies and interpreting studies took a sociological turn. The focus of interpreting studies has been directed to interpreting in community settings.

Pöchhacker (2006) defines this sociological turn as some long-standing ideas and understandings about interpreting have been replaced by socially more advanced conceptualisations of the importance of the interactional aspect of interpreting. As Angelelli (2014) states, the role of translators and interpreters and the social influences inherent in translation and interpreting activities have attracted increased attention. Instead of focusing on processes and products, studies have been conducted on approaches focused on translators and interpreters. Pym (2006) also has drawn attention to the fact that focus has been directed towards the interpreters as mediators in community settings and states that new interest must be on who the mediator is and how these mediators relate to communication partners.

Pöchhacker's definition aptly highlights how this transition reflects a growing recognition of the interactional aspects of interpreting, including the roles interpreters play as mediators within various social contexts. Angelelli's assertion about the increasing attention to the social influences inherent in translation and interpreting resonates well with contemporary discussions on how cultural norms, power dynamics, and the emotional weight of communication impact interpreting practices.

This sociological perspective is essential as it addresses the complexities of human interaction and reinforces the idea that interpreters do not operate in a vacuum. As Pym suggests, understanding who the interpreter is and their relationship with communication partners can provide deeper insights into the dynamics of interpreting in community settings. This shift underscores the importance of acknowledging the interpreter as a participant in the communication process rather than just a passive conduit for information.

Although significant attention has been recently focused on community interpreting thanks to globalisation and increased migration movements, interpreting has served humankind since humanity began. However, as it is a spoken form of communication, it must be clarified when it started. The earliest documented evidence of interpreting dates back to 3000 BC (Delisle & Woodworth, 1995), and it is seen that the Ancient Egyptians had a hieroglyphic representing “interpreter” (see Figure 1) (Budge, 1920) and where they were regarded as “speaker[s] of strange tongues” (Hermann, 2002).

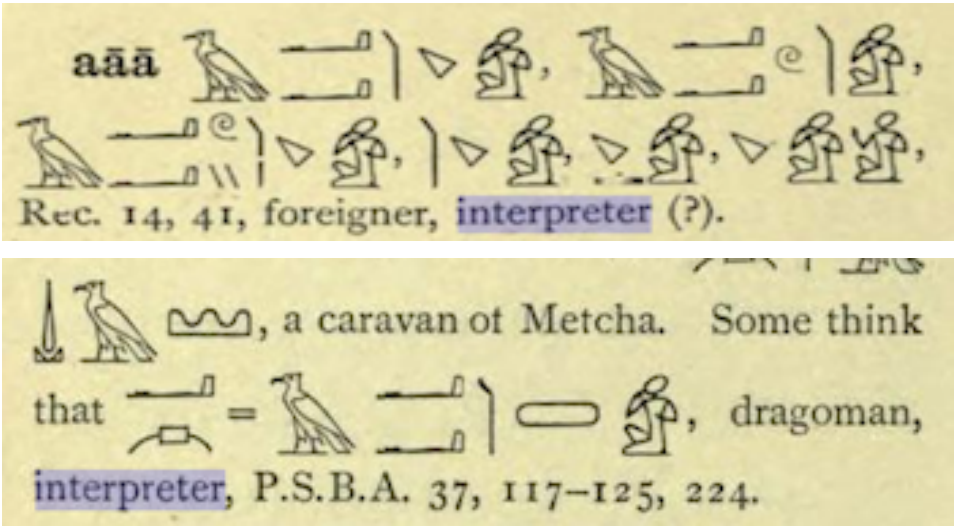


Figure 1 Symbols used in ancient Egyptian hieroglyphics represent interpreters. *From an Egyptian Hieroglyphic Dictionary: With an Index of English Words, King List, and Geographical List with Indexes, List of Hieroglyphic Characters, Coptic and Semitic Alphabets, etc., by Ernest Alfred Wallis Budge, 1920. Copyright 1920 by John Murray.*

Ancient Greece and Rome were where the use of interpreting was widely seen. Foreign tongues were despised in Ancient Greece and Rome (Gehman, 1914). When somewhere was conquered, enslaved and prisoners were forced to learn the language of that place as it did not seem noble for noble people to know that new language. During that period and until the 17th century, Latin was the

language of diplomacy in Europe, and the Latin language was used to conduct diplomatic relations. In Ancient Greece, interpreters were used as linguistic mediators for business transactions. In the bilingual Roman Empire, interpreters had an outstanding position in community settings, speaking Latin and Greek languages. (Angelelli, 2004).

During the Age of Exploration, encountering different languages became inevitable due to numerous expeditions. Significantly, during the early 16th century, Doña Marina, also known as "la Malinche," became a notable interpreter of Mexican origin, assisting Cortés in his conquests. (Valdeon, 2013). Interpreters like her often faced scrutiny from their communities and were viewed as traitors despite their vital role in bridging communication gaps between natives and explorers. Despite this, interpreters facilitated crucial pacts and treaties, significantly shaping the world as we know it today.

The historical overview of interpreting practices adds depth to the discussion, illustrating that while the current focus may be on community interpreting due to globalization and increased migration, interpreting has ancient roots. The references to Ancient Egypt and Rome illustrate the long-standing need for language mediation across cultures. By examining the socio-historical contexts in which interpreting has occurred, the text reinforces the notion that the profession is deeply intertwined with power structures, societal values, and the socio-political landscape of the time.

The mention of interpreters like Doña Marina—in situations of cultural encounters and colonization—serves as a poignant reminder of the precarious positions interpreters have historically occupied. Often viewed through a lens of suspicion or betrayal, these interpreters facilitated crucial dialogues and treaties, underscoring the critical role they play in shaping cross-cultural interactions, sometimes at significant personal risk.

Communication needs emerged due to migration, resulting in the first interpreting services. Countries like Australia and Sweden were the first to respond to that need in the 1960s. Hein (2009) states that interpreters in Sweden began to receive training in community settings in 1968. In the mid-1970s, local governments in Sweden hired interpreters in fields such as medicine, law and education (Bancroft, 2015). The growth of community interpreting in Sweden was increased by the immigration flow following WWII. In Sweden, according to the Code of Judicial Procedure (1984), immigrants have the right to have interpreter service in court (Tiselius, 2022). The State Officials Act expanded on these rights, requiring interpreters to be provided for immigrant interactions with all public officials. For this reason, utilising interpreting services may be considered an obligation for Swedish authorities and it is also a right for individual public service providers to ensure fairness and equitable access to welfare for non-Swedish speaking clients in their interactions (Norström, Gustafsson & Fioretos 2011; Fioretos, Gustafsson & Nordström 2020).

Interpreter training has been available in Sweden since 1968. These developments are essential for advancement in professionalization and recognition of the profession. It is considered an important step for Sweden to create a set of standards for “authorized” interpreters. The authorized body for interpreter training in Sweden is the Institute for Interpretation and Translation Studies at Stockholm University since 1986.

In Australia, on the other hand, in the 1970s, anti-discrimination laws were passed for aboriginal peoples, linguistic minorities, and immigrants to enable equal conditions in access to services (Moody, 2011). Community interpreting originated in Australia during the 1970s before spreading to Europe, the US and worldwide. The term was used to describe procedures that occurred within institutional settings where service providers and the users of the services do not

speak the same languages. Australia was leading in advancing community interpreting, particularly after WWII when immigration surged. Beginning primarily within law enforcement and healthcare institutions, public service interpreting has undergone professionalization through the implementation of accreditation systems, training programs, and state-supported language services since the 1970s (Hale, 2007). Ad hoc interpreting prevailed until 1973. Due to the immigrants' language problems in Australia, the Australian Commonwealth Government introduced the first telephone interpreting service as a public service (Şahin Er, 2023). The National Accreditation Authority for Translators and Interpreters (NAATI) was founded in 1977 under the auspices of the Department of Immigration and the Australian Institute of Interpreters and Translators (AUSIT), which is the outstanding professional association that issues a code of ethics and organizes events and training workshops for its members, emerged from the NAATI in the late 1980s (Polat Ulaş, 2021).

The emergence of organized interpreting services in countries like Sweden and Australia in the 1960s and 1970s highlighted the importance of structured training and professionalization in community interpreting. Establishing training programs and standards in these countries reflects a growing recognition of the need for trained professionals who can navigate the complexities of language and cultural barriers in various institutional settings.

In Sweden, the legal framework established to ensure the right to interpreter services signifies a forward-thinking approach to linguistic access and social equity. Similarly, Australia’s proactive stance in developing community interpreting services illustrates how a systematic approach can effectively address the needs of linguistically diverse populations, particularly in public service contexts.

The global interest in interpretation was sparked by the enactment of the U.S. Court Interpreters Act of 1978, which mandated additional interpreter education. In 1986, the Massachusetts Medical Interpreter Association (MMIA) took an important step. It became the pioneer professional organization for healthcare interpreters, and in 1996, it released the initial Medical Interpreting Standards of Practice (Roat & Crezee, 2015). During the 2000s, additional efforts were undertaken to standardize with the release of professional standards of practice by the National Council on Interpreting in Healthcare (Roat & Crezee, 2015).

The discussion of key legislative milestones, such as the U.S. Court Interpreters Act and the Civil Rights Act, showcases the crucial steps taken to institutionalize interpreting services, particularly in healthcare. These legislative frameworks have further professionalised the field and ensured that interpreters are adequately trained to meet the rising demand.

Moreover, the text documents the importance of professional organizations in setting standards for healthcare interpreting, illustrating an evolving landscape where accreditation, training, and ethical guidelines come into play. The pivotal role of the Massachusetts Medical Interpreter Association in pioneering standards for healthcare interpreters exemplifies how grassroots efforts can lead to significant advancements in the field.

During the 1980s and 1990s, there was a growing acknowledgement of the importance of community interpreting as many nations recognized the need for interpreting and translation services not just in international interactions but also in domestic communication due to rising levels of migration, refugees, and asylum seekers worldwide (Polat Ulaş, 2021). In 1995, the Critical Link conference in Canada on "Interpreters in the Community" hosted multiple research projects on community interpreting for the first time. With the rising demand for interpreters in community settings, academic attention has turned

towards public service interpreting. In 1995, professionals, researchers, and educators in interpreting gathered in Canada for the first Critical Link conference to exchange ideas and insights on the topic. (Harris, 2000).

One year later, in 1996, as another important step, the XIV World Congress of the International Federation of Translators (FIT) took place in Australia, leading to the establishment of a committee focused on community interpreting (Chesher, Slatyer, Doubine, Jaric & Lazzari, 2003, as cited in Polat Ulaş, 2021). Healthcare interpreting has evolved significantly over the years, reflecting the growing recognition of the importance of effective communication in healthcare settings. The U.S. has seen significant progress in healthcare interpreting, particularly with the passage of laws such as Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, colour, or national origin in programs and activities that receive federal funding. This led to the developing standards and guidelines for language access in healthcare. The establishment of certification programs for medical interpreters, such as the National Board of Certification for Medical Interpreters (NBCMI) and the Certification Commission for Healthcare Interpreters (CCHI), has further professionalized the field (Flores, 2005).

Canada has taken important steps in healthcare interpreting, particularly in provinces with large immigrant populations. Some provinces have established certification programs for medical interpreters, while others rely on community-based interpreting services. Efforts have been made to integrate language access services into healthcare policies and practices, although challenges remain in ensuring consistent access to qualified interpreters across the country (Bowen et al., (2016). In the U.K., healthcare interpreting has gained attention with the increasing diversity of the population. The National Health Service (NHS) has introduced several programs to enhance language support for patients with

limited proficiency in English. Some NHS Trusts employ staff interpreters, while others rely on external interpreting services. Efforts have been made to standardize training and certification for healthcare interpreters (Hsieh, 2010).

Australia has seen progress in healthcare interpreting, particularly in areas with significant migrant and refugee populations. Many healthcare facilities provide access to professional interpreters either in person, by phone, or through video conferencing. Efforts have been made to train bilingual healthcare professionals as interpreters and to develop standards for interpreting services (Lee et al., 2012).

Various researchers have studied medical discourse and the role of the interpreter throughout the years (Bolden, 2000; Cambridge, 1999; Davidson, 1998; Kaufert and Putsch, 1997; Metzger, 1999; Prince, 1986; Shuy, 1976; Wadensjö, 1998; quoted in Angelelli, 2004). Bolden (2000) investigated cross-linguistic communication by analysing two interviews featuring English-speaking doctors and patients who speak Russian. She studied how medical interpreters influence the interaction dynamics between patients and healthcare providers during the initial phase of medical examination, where medical histories are taken.

Examining a different linguistic community, Cambridge (1999) studied appointments between general practitioners and Spanish-speaking volunteer patients. Interpreting was carried out by Spanish-speaking individuals without formal professional training. The findings reveal instances where not all participants assumed suitable roles, indicating potential hazards from a lack of shared understanding during the interaction.

Utilizing the English-Spanish language pair, Davidson (1998) examined medical communication facilitated by an interpreter. His study focuses on how reciprocity

and meaning are shaped in interpreted dialogues, proposing a model that he subsequently applies to ten interpreted and ten non-interpreted medical interviews. Davidson's findings suggest that challenges in interpreted encounters stem from establishing mutual comprehension and accurately conveying semantic and pragmatic nuances. Moreover, he observes that the interpreter's role as a linguistic facilitator fluctuates depending on the participants involved in the interaction.

Kaufert and Putsch (1997) explored the challenges medical staff encounter when confronted with conflicting cultural norms during emergency scenarios. The cases were drawn from a broader ethnographic investigation concerning the involvement of Aboriginal health interpreters in Winnipeg, Canada. Insights from healthcare professionals in Seattle were incorporated as well. The focal point of the discourse revolves around themes of power dynamics and dominance within clinical communication, the complexities posed by monolingualism in diverse medical settings, and the significance of language intermediaries, who are interpreters.

Metzger (1999) analyses English-ASL medical interviews and compares interpreters' impact on interpreted encounters. She concludes that interpreters can impact interpreted conversations by distorting the intended meaning of the original messages through the interpreting and the utterances they generate. Wadensjö (1998) also questions the neutrality of interpreters by discussing how responsibility is distributed among participants in these interactions. She primarily examines how the responsibility for guiding and shaping the flow and content of interaction is allocated within spoken discourse.

Since the 1970s, demand for community interpreters has increased non-stop and rapidly, leading to requirements for standardization of education and certification. Community interpreting has experienced significant growth and development

over the past four decades. It continues to expand rapidly, driven by the increasing multilingualism observed in countries, cities, and towns worldwide and technological advancements worldwide.

The multitude of studies referenced demonstrates the robust scholarly engagement with community interpreting. By examining specific case studies and interactions within medical settings, researchers have further illuminated how interpreters influence communicative dynamics and the importance of shared understanding among all parties involved. The findings from these studies reveal critical insights into the challenges interpreters face, raising questions about interpreter neutrality, power dynamics, and the responsibility of interpreters to navigate complex cultural interactions.

The text also points out the increasing demand for standardized education and certification in response to the rapid growth of community interpreting since the 1970s. This emphasis on professionalization is crucial as it aligns with the broader trends of multiculturalism and globalization.

The evolution of interpreting studies and the increasing recognition of the importance of community interpreting, particularly in healthcare. Contextualizing the role of interpreters within historical, sociological, and legislative frameworks highlights the critical importance of this field in fostering effective communication across linguistic and cultural divides. As the demand for interpreting services continues to grow in an increasingly multilingual world, ongoing attention to the training, ethical considerations, and professional standards for interpreters will be essential for ensuring quality and equitable access to services for all individuals.

1.3. COMMUNITY AND HEALTHCARE INTERPRETING IN TÜRKİYE

Professional recognition of community interpreting dates back to 1927, the year when with the Civil Procedural Law, interpretation service was provided to the witnesses who did not speak Turkish. In 1929, court interpreting service was provided as mandatory at the final hearing (Tahir-Gürçağlar & Diriker, 2004).

Public service interpreting gained prominence in Türkiye in 1999 following a significant earthquake in the Marmara Region. Interpreters assisted foreign aid teams voluntarily, facilitating interlingual and intercultural communication during the disaster. (Şener, 2017). After the earthquakes, a project was initiated in collaboration with the Department of Translation and Interpreting Studies at Istanbul University, the Translation and Interpreting Association Turkey, and the Governorship of Istanbul. This project involved training volunteers proficient in relevant languages, primarily English, German, French, and Arabic. Since 2000, these training sessions have been conducted periodically based on the prevailing circumstances and offered to volunteers (Doğan, 2012). Kahraman (2003) focused on interpreters in this field as “volunteer professionals” in her thesis and analysed the definition of the profession’s role.

Türkiye faced challenging times in terms of high demand for public service interpreters when the Syrian refugee crisis emerged. Due to the large influx of immigrants, a large number of interpreters were needed, especially in the Arabic language. Professional, non-professional and ad hoc interpreters were used to meet this demand. The significance of the interpreting field has steadily risen in Türkiye, particularly in contexts like healthcare, where the influx of foreign individuals seeking medical treatment has rapidly increased. However, there is a notable lack of recognition for it as a professional career in the job market. In particular, healthcare interpreting lacks established status in Türkiye and is often viewed as a low-prestige job accessible to anyone with basic language skills. It

is widely observed that healthcare interpreters do not receive the reputation they desire worldwide.

Moreover, the unique challenges interpreters face in this field, such as organizational difficulties, can lead to psychological strain and job dissatisfaction among interpreters. Additionally, healthcare interpreters in Türkiye and worldwide encounter issues like being overlooked, facing insecure employment conditions and receiving inadequate compensation.

Regarding legal arrangements, we see the developments in legislation for court interpreting practice. As Şener (2017) points out, Article 276 of the Turkish Penal Code (2004) specifically addresses the penalties for misstatements made by court interpreters. In contrast, Article 202 of the Code of Criminal Procedure (2004) outlines the procedure for cases where the accused or the victim lacks sufficient proficiency in Turkish to express themselves adequately. In such instances, an interpreter appointed by the court is responsible for interpreting the essential points of allegations and defence during hearings. Moreover, according to the article added to the Code in 2013, interpreters are selected among those in the list drafted annually by provincial justice commissions of judicial courts. Article 324 of the same Code states that the state treasury shall cover the expenses incurred for interpreting services for interpreters selected from the lists. Regarding other interpreting fields, the 2015 Directive on the Establishment, Management and Operation of Temporary Refugee Centres mentioned services such as healthcare.

Creating national translation and interpretation standards and subfields is among the most important developments regarding community interpreting efforts. Universities, academicians and field experts came together and prepared a draft upon the request of the Vocational Qualifications Authority. The draft presents standards, including public service interpreting. Legal and institutional

processes, healthcare, education, emergency and disaster, conflict, migration and sports are among the subjects of the subfields (Vocational Qualifications Authority, 2018).

Although essential steps are taken to develop community interpreting, it is impossible to say that its borders are well-defined and there are set rules and regulations for community interpreting settings and encounter environments. Because of this reason, interpreters face role conflict and challenges in working conditions, and this, therefore, affects their workplace satisfaction.

Although there is no well-defined structure for community interpreting professions in Türkiye, we see a prevalent usage of interpreters in community settings due to heavy migrant flow and international tourists and health visitors. We see the interpreting service provided at courts, hospitals, police stations, government bodies, schools, training centres and other settings. As there are no defined rules and structures for community interpreters, the working conditions and challenges that interpreters face are not controlled and investigated enough to define and improve them.

Healthcare interpretation in Türkiye has gained significant importance due to the heavy flow of immigrants, especially in public hospitals and private hospitals, with special agreements with the governments and embassies of countries such as Libya and Syria. Especially the victims of war in those countries were sent to Türkiye hospitals with special official permissions through aeroplanes and helicopter ambulances for their long-term treatments for their severe injuries, which required a lengthy hospitalization process and high amount of expenses.

In Türkiye, healthcare interpreting, a subset of community interpreting, has garnered significant interest. This is mainly due to the influx of tourists visiting the country for health tourism, seeking services like hair transplantation,

cosmetic surgeries, dental treatments, fertility treatments, and more. Communication mediated by healthcare interpreters necessitates the existence of healthcare interpreters during the interactions. Additionally, Türkiye currently hosts a considerable population of refugees and migrants, further underscoring the necessity for healthcare interpreting services to ensure their equitable and effective access to healthcare.

In Türkiye, we can mention services given to foreigners in health settings, such as tourists' health and health tourism. Tourists' health refers to the services provided to foreign visitors who need health services during their stay in Türkiye for vacations, business, etc., rather than health-related visits. Health tourism refers to services given to foreign visitors who visit Türkiye for health-related purposes such as hair transplantation, aesthetic surgeries, dental treatments, infertility treatments or preventive health services. Health tourism is conducted primarily in private health facilities such as private hospitals and medical centres by the facilities themselves or private health tourism companies that direct the patients to the facilities they agree to.

According to health tourism legislation, an institution that wants to conduct health tourism must appoint a doctor or specialist as the health tourism unit supervisor, who must report to the Directorate. Depending on the potential number of health tourists, an additional health professional may be employed as the international health tourism assistant unit supervisor. The unit supervisor and assistant unit supervisor must meet specific qualifications, including competency in their occupation in Türkiye, proficiency in a foreign language, and documented professional experience of at least five years, with at least two years in a hospital in Türkiye. In the international health tourism unit, at least two persons shall be employed, including the supervisor who speaks a foreign language. One of the languages must be English. (Republic of Türkiye, Ministry of Health, 2017).

Establishing the Department of Health Tourism and International Patient Support Unit under the Directorate General of Health Promotion affiliated with the Ministry of Health of Türkiye has taken steps regarding the institutionalisation of the healthcare interpreting profession. This unit provides 7/24 Emergency interpreting services in 6 languages, including English, Arabic, Russian, German, Persian, French, Turkish and vice versa (Doğan, 2017a, p. 66).

In recent years, there has been a surge in studies on healthcare interpreting due to heightened activity in the field. Various scholars have analysed different facets of the profession (Ross and Dereboy 2009; Öztürk 2015; Turan 2016; Şener 2017; Duman 2018; Katar 2019; Toker 2019; Özsöz 2019; Erkmen 2020, Şener Erkırtay 2021). There has been a critical examination of power dynamics among participants and the role played by interpreters in healthcare setting (Öztürk 2015; Şener 2017; Duman 2018; Özsöz 2019; Şener Erkırtay, 2021), as well as sector dynamics of healthcare interpreting (Öztürk 2015; Erkmen 2020).

The approaches mentioned above offer a nuanced look at the historical development and current state of community interpreting in Türkiye, particularly within the healthcare sector. They delineate the evolution of professional recognition, the increasing demand for interpreters due to various socioeconomic factors, and the specific challenges that the field faces in terms of public perception, legislative frameworks, and the overall working conditions for interpreters.

1. Historical Context and Professional Recognition**:** The recognition of community interpreting in Türkiye, starting as early as 1927, is highlighted through the lens of judicial proceedings, which illustrates that the need for language mediation has been acknowledged in formal sectors for nearly a century. However, the transition into public service interpreting, particularly after the 1999 Marmara earthquake, marks a significant point

in the profession's evolution, showcasing the adaptability of interpreters in crises. This history provides a solid foundation for understanding the present challenges and needs within the profession.

2. Impact of Crises on Interpreting Demand: The text effectively links the rise in interpreter demand to the Syrian refugee crisis, demonstrating how socio-political factors directly influence the interpreting landscape. This connection emphasizes the urgent need for organized interpreting resources in times of humanitarian crises, shedding light on the reliance on a mix of professional, non-professional, and volunteer interpreters to meet extraordinary circumstances. The mention of interpreters as "volunteer professionals" introduces a layer of complexity, as it raises questions about professional identity and recognition in the absence of formal structures.

3. Challenges in Professional Status**:** The paragraphs address a significant challenge: the lack of professional status and recognition for healthcare interpreters in Türkiye. The perception of these roles as low-prestige jobs filled by anyone with basic language skills speaks to broader societal attitudes toward interpreting work. This issue is critical because it affects hiring practices, compensation, and the overall quality of interpreting services. The impact of perceived low status on interpreter morale and job satisfaction is particularly relevant in a field where interpreters are essential for patient safety and effective communication.

4. Legal Framework and Developments: The legal developments regarding court interpreting are commendable, providing a framework that ensures accountability and professionalism. However, the absence of similar regulations for community and healthcare interpreting indicates a gap in the legal landscape that hinders the profession's credibility. The mention

of the 2015 Directive regarding temporary refugee centres underscores a recognition of the need for services but also indicates that more work remains to standardize practices across various sectors.

5. Institutionalization Efforts: As the text outlines, the movement towards creating national translation and interpreting standards is a positive step forward. The collaboration between universities, experts, and authorities demonstrates a commitment to improving the interpreting landscape. However, acknowledging that the borders of community interpreting are still not well-defined highlights ongoing challenges in establishing clear guidelines. This ambiguity can lead to role conflicts for interpreters and compromise the service quality.

6. Healthcare Interpreting's Significance**:** The detailed discussion of healthcare interpreting emphasizes its rising significance due to the influx of migrants and health tourists to Türkiye. The explicit mention of the organized efforts to provide emergency interpreting services illustrates the critical need for qualified interpreters in healthcare settings, where communication can directly impact patient outcomes. This urgency is further compounded by international health tourism trends, which require effective mediated communication to cater to diverse patient needs.

7. Future Directions**:** The rise in academic studies focused on healthcare interpreting indicates a growing interest that could enhance professionalism and standardization in the field. This scholarly attention may help foster greater recognition of the interpreter's role in healthcare settings and, when adequately leveraged, can inform best practices and policies moving forward.

They emphasise the historical roots, increasing demand due to socio-political factors, significant professional status and recognition challenges, and recent legislative efforts and institutionalization initiatives. Nonetheless, the ongoing issues with job satisfaction, lack of clear professional standards, and public perception highlight the need for continued advocacy and reform within the interpreting profession to ensure that interpreters are acknowledged, trained, and compensated in a way that reflects their essential role in facilitating communication, especially in critical areas like healthcare.

1.4. ROLE PERCEPTIONS OF HEALTHCARE INTERPRETERS

Early studies show that interpreters were seen as an invisible conduit and translation machine without impacting the interaction and interpreting process. However, this view started to change with the sociological turn in translation and interpreting studies when approaches began to focus on the sociological and sociolinguistic side of these encounters. The importance of interpreters' active roles as “culture brokers,” “advocates,” or “conciliators” began to be noticed.

Researchers around the world have studied the role of interpreters in different settings and concluded that the experience does not reflect reality and the interpreter's so-called “conduit”, “invisible”, and “translating machine” roles do not match the actual roles they play at the encounters. Aguilar-Solano (2015) analysed non-professional volunteer interpreters, Angelelli (2004, 2006) studied invisibility and voices of interpreters, Bolden (2000) focused on interpreters’ involvement in history taking, Leanza (2014) analysed interpreters’ role in cultural consultations in mental health settings, Niska (2002) compared the advocate, culture broker, clarifier, and conduit roles of interpreters with each other, Slapp (2004) studied on status of community interpreting in Germany specifically and other countries as well, Rudvin (2004) evaluated roles of interpreters in a power relations perspective.

Due to the nature of the setting, healthcare interpreters, especially the ones working at institutions as their interpreters, take on multiple tasks and roles in addition to their interpreting tasks.

According to the observations I, as a researcher and healthcare interpreter, made within hospitals and job descriptions made in job advertisements, the roles and tasks healthcare interpreters perform may include:

- Interpreting
- Sight translation of the documents of the patients
- Appointment and treatment arrangements for the patients
- Following up on the appointments of the patients
- Documentation and file archiving
- Guidance of the patients in their medical visits
- Escorting the patients in every step of the medical journey at the hospital and related areas
- Contacting foreign insurance companies to request approval for patients' treatments
- Trying to make extra sales to the patients, especially the medical tourists, who come to hospitals for a specific medical treatment
- Trying to be in touch with patients for potential new patients that they will refer.

The interpreter's roles in community settings and, within our case, healthcare settings are affected by various factors, including the expectations and perceptions of the users of the services and service providers. It is unclear what qualifications users and service providers expect from interpreters. There is a lack of awareness regarding the profession's importance, the tasks interpreters

need to undertake for the best outcome and the role interpreters play in encounters in community settings.

These tasks and expectations affect the interpreters' performance, requiring extra effort to manage their time and workload while performing the interpreting task. High expectations of the service providers cause them to define the borders of the interpreters' tasks very broadly and generally, resulting in unrealistic expectations from the interpreters, who add multiple tasks while not assisting them in managing their roles in this workload.

This causes role conflicts for the interpreters, providers, and service users. These conflicts affect the overall outcome of the medical encounters and the interpreters' workplace satisfaction over time. Even though interpreters enjoy their work, an excessive workload causes them to feel burnt out over time, ultimately causing job satisfaction.

1.4.1 Interpreters' Role Perceptions

Interpreters' role perceptions effectively distinguish between tasks directly related to interpreting and those that are ancillary but equally important. This distinction is crucial for understanding the complexities of an interpreter's work, particularly in healthcare settings where effective communication is essential for patient care.

Interpreters' role perceptions can be divided into two groups: tasks related to interpreting and non-interpreting tasks.

According to the field observations I performed, tasks related to interpreting may include managing time, conversation, turn-taking providers, and service users. Identifying interpreting tasks such as managing time, conversation, and turn-

taking highlights an interpreter's role's active and dynamic nature. These tasks require interpreters to engage deeply with the communication process, ensuring that interactions flow smoothly and meaning is conveyed accurately. The mention of "managing power" suggests an additional layer where interpreters must navigate the power dynamics between providers and patients, advocating for equitable communication and ensuring that all voices are heard.

Non-interpreting tasks involve managing stress, workload, relations between hospital staff, and multitasking. These responsibilities reflect the multifaceted nature of the interpreter's role, as they often function in a high-pressure environment where emotional intelligence and interpersonal skills are just as critical as linguistic proficiency. Recognising these additional duties is vital for understanding the complete scope of an interpreter's work and can inform training and support structures to enhance their professional experience.

These role conflicts affect the overall outcome of the medical encounters and the workplace satisfaction of the interpreters over time. Even though interpreters enjoy their work, an excessive workload causes them to feel burnt out over time, ultimately causing job satisfaction, meaning, and power. Non-interpreting tasks can be counted as managing stress, workload, relations between hospital staff, and multitasks.

Angelelli’s study (2014) on healthcare interpreters reveals interpreters’ self-perception as detectives, multi-purpose bridges, diamond connoisseurs, and miners. This suggests interpreters view themselves as integral to navigating complex interactions and embedding cultural understanding into their work. This self-perception is vital for their identity and agency within the healthcare system.

Bischoff et al. (2012) researched how interpreters perceive their role in integrating immigrants into the local healthcare system. Interpreters identified

four key roles: literal translation, cultural explanation, fostering relationships between patients and providers, and accompanying immigrant patients. The categorisation of interpreters' roles from Bischoff's study into literal translation, cultural explanation, fostering relationships, and accompanying patients underscores the interpretative function as both linguistic and socio-cultural. This insight is crucial as it reveals how interpreters facilitate a more profound understanding between patients and providers, essential for effective healthcare delivery.

In Leanza's (2005) study, interpreters assumed four leading roles depending on managing cultural differences: a system agent, a community agent, an integration agent, and a linguistic agent. This framework emphasizes the diverse contexts in which interpreters operate and their varying responsibilities based on situational demands. Such categorization can guide the development of specialized training programs that enhance interpreters' competencies in each identified role.

1.4.2 Role Perceptions of Interpreters by Service Users

In the study of Schwei et al. (2019), physicians defined the roles they think interpreters play or should play, such as language conduit, flow manager, relationship builder, and cultural insider.

Pöchhacker (2000) conducted a study on the expectations held by interpreters and service providers in hospitals and family affairs centres in Vienna concerning the role of interpreters. His study showed that service providers expect more than just translating in medical settings. Providers expect interpreters to manage tasks such as requesting clarification when statements are unclear or indicating misunderstandings. Additionally, providers expect interpreters to modify their

speech to meet clients' communication needs and shorten long-winded statements made by clients. (Pöchhacker, 2000).

Zendedel et al. (2015) studied informal interpreters in medical settings. They found that the linguistic agent's role was the first mentioned by all interlocutors during the interviews when asked about interpreters' roles. Most interviewees said that the primary role of the interpreter was translating information or "simply interpreting". However, the study also showed that patients expected family interpreters to find solutions for their problems and advocate. Family interpreters were well aware of these expectations and did their best to "get things done" for the patients. In the study of Sleptsova et al. (2014), healthcare providers expect interpreters to be impartial and invisible.

Şener Erkırtay's theses (2017, 2021) also reveal important insights on the role perceptions of interpreters in terms of both service users and interpreters themselves. In her master's thesis study, she mainly focuses on role perceptions of healthcare interpreters in relation to ethics and the lack of codes of ethics and conducts. She presents challenges in practice for healthcare providers and interpreters. Her doctoral study focuses on the ways in which the role of interpreters both shapes and is shaped by triadic interactions in healthcare settings in Türkiye and revealed discrepancies in the role perceptions of users and interpreters; nevertheless, the interpreters conform to users' expectancy norms.

Service users, including physicians and other healthcare providers, perceive interpreters' roles in several ways, such as language conduit, flow manager, relationship builder, cultural Insider, clarification and advocacy, impartial and invisible. Informal interpreters, such as family members, are also expected to play these roles, often going beyond simple translation to advocate for and assist patients in navigating the healthcare system.

All highlight the challenges interpreters face due to role conflicts. These conflicts can arise from competing demands between interpreting and non-interpreting tasks, leading to increased stress and potential burnout. While interpreters may find joy in their work, the cumulative effects of managing excessive workloads can lead to diminished job satisfaction, impacting their overall well-being and the quality of care they provide.

The division of interpreters' roles into interpreting and non-interpreting tasks provides a comprehensive understanding of the complexities they navigate in their professional environments. By acknowledging the broad range of responsibilities and the nuances of their self-perception, stakeholders can better appreciate the critical contributions of interpreters in healthcare settings. This understanding can inform policies and practices supporting interpreters in managing their diverse roles, ultimately improving job satisfaction and patient care outcomes. Ongoing research into interpreters' roles will be vital in fostering a deeper understanding of the profession and addressing the challenges they face in their critical work.

1.5 JOB SATISFACTION AND BURNOUT

The section on job satisfaction provides a comprehensive overview of the definition, importance, and theoretical frameworks surrounding the concept. By employing historical and contemporary perspectives, the text situates job satisfaction within a broader understanding of workplace dynamics while hinting at the intricate relationship between job satisfaction and burnout.

1.5.1 Concepts and Definitions

1.5.1.1 Job Satisfaction

Locke (1969) defines job satisfaction as the pleasurable emotional state arising from evaluating one's job as meeting or assisting in fulfilling one's job values. In other words, it refers to individuals' feelings about their work. In other words, job satisfaction is how people feel about their work. The definition of job satisfaction presented by Locke effectively encapsulates the emotional component of work. Framing job satisfaction as a pleasurable emotional state derived from fulfilling job values emphasizes that satisfaction is not merely a function of job conditions but also individual perceptions and feelings about their roles. This emotional aspect points to the subjective nature of job satisfaction, which varies from person to person.

It is assessed to determine if the job is satisfactory for an individual in general or in terms of different aspects of the job (Spector, 1997). Spector (1997) lists 14 common facets: appreciation, communication, co-workers, fringe benefits, job conditions, nature of the work, organization, personal growth, policies and procedures, promotion opportunities, recognition, security, and supervision. The inclusion of Spector's 14 common facets of job satisfaction offers a practical lens through which to assess it. Factors such as appreciation, recognition, and personal growth highlight the multi-dimensional nature of job satisfaction, indicating that various elements contribute to an overall sense of fulfilment. These facets serve as essential metrics for organizations to evaluate employee satisfaction and identify areas for improvement.

Several theorists defined job satisfaction according to their concept of working conditions. When the literature is reviewed, it is seen that theories about job satisfaction have generally been grouped according to the nature of theories and/or chronological appearances. According to the nature of the theories, they are grouped as content theories and process theories by Shajahan et al. (2004). Content theories include Maslow's Needs Hierarchy, Herzberg's Two Factor

Theory, Theory X and Theory Y, Alderfer's ERG Theory, and McClelland's Theory of Needs. Process Theories include Behavior Modification, Cognitive Evaluation Theory, Goal Setting Theory, Reinforcement Theory, Expectancy Theory and Equity Theory (Shajahan et al., 2004).

Luthans (2005) makes a classification based on content, process and contemporary theories. He includes Needs Hierarchy, Two Factors and ERG theories in content theories. In process theories, he consists of the Expectancy Theory and Porter & Lowler Model; among his contemporary theories, he counts Equity, Control and Agency Theories. Robbins (2007), on the other hand, classifies theories according to chronological order and groups them as early and contemporary theories. Early theories consist of Hierarchy of Needs, Theory X & Y, Two Factor Theory and contemporary theories consist of McClelland's theory of needs, Goal Setting Theory, Reinforcement Theory, Job Design Theory, Equity Theory and Expectancy Theory. Researchers have discussed and developed these theories over time and different research groups have included/excluded the job satisfaction theories differently. The primary and most important job satisfaction theories are listed and defined below.

- Maslow's Theory of Motivation/Satisfaction (1943)
- Herzberg's Two-Factor Theory (1959)
- Theory X & Y (Douglas McGregor) (1960)
- Theory of Needs - Achievement Theory (David McClelland, 1961)
- Equity Theory (J. Stacy Adams) (1963)
- Vroom's Expectancy Theory (1964)
- Porter/Lawler Expectancy Model (1968)
- Goal-Setting Theory (Edwin Locke, 1968)
- ERG Theory (Clayton P. Alderfer) (1969)

- Discrepancy Theory (Katzell, 1964), (Lawler, 1973), (Locke, 1969, 1976), (Lofquist & Dawis, 1969), (Porter, 1961), (Smith, Kendall, & Hulin, 1969)
- Job Characteristics Theory (Hachman & Oldham) (1975-76)
- Dispositional Approach
- Reference Group Theory

The categorization of theories into content and process theories, as discussed by Shajahan et al. (2004) and further outlined by Luthans (2005) and Robbins (2007), demonstrates the evolution of thinking about job satisfaction. Content theories focus on intrinsic factors that lead to satisfaction, while process theories examine the cognitive and behavioural aspects of how satisfaction develops. This distinction helps us understand the diverse factors influencing job satisfaction and how they operate within workplace settings.

The listing of prominent job satisfaction theories provides essential historical context and illustrates how the understanding of employee motivation has evolved. Each theory reflects a different aspect of job satisfaction, from Maslow's hierarchy of needs, which emphasizes the fulfilment of various levels of human needs, to Herzberg's two-factor theory, which distinguishes between hygiene factors and motivators. This breadth of theories highlights the complexity of the topic and the need for multifaceted approaches when addressing job satisfaction.

By addressing contemporary theories alongside earlier models, the text acknowledges that job satisfaction is an ongoing research and debate area. The mention of newer theories, like Job Characteristics Theory and Dispositional Approach, suggests that the field is adapting to understand the modern workforce better and the psychological elements that contribute to employee contentment.

Although the section primarily focuses on job satisfaction, it simultaneously sets the stage for discussing burnout by indicating that excessive workloads and unmet expectations can lead to job dissatisfaction. This linkage is crucial, as understanding what contributes to job satisfaction can help organizations recognize potential burnout risks and implement strategies to mitigate them.

Exploration of job satisfaction emphasises its subjective nature, the theoretical frameworks that shape our understanding, and its relevance to contemporary workplace dynamics. The precise definitions, comprehensive categorizations, and historical context position job satisfaction as a crucial factor influencing employee well-being and, consequently, organizational effectiveness. Acknowledging the complexities and nuances inherent in job satisfaction can lead to better workplace policies and practices that promote satisfaction and productivity while addressing potential employee burnout. Understanding these concepts holistically is vital for creating a supportive and engaging work environment that fosters satisfaction and well-being.

When the most primary and important job satisfaction theories are analyzed, **Maslow's Hierarchy of Needs (1943)** is seen among the most popular, analyzed, and criticized theories regarding the job satisfaction. Maslow's hierarchical theory consists of five important needs which are physiological needs, safety needs, love needs, esteem needs, and need for self-actualization needs. According to this classification, Maslow suggests that as individuals progress in life, their needs progress as well and if someone cannot fulfill the needs, he will be dissatisfied, even though he may not be aware of it (Thangaswamy & Thiyagaraj, 2017). As the categorization of this theory was not suitable enough to evaluate comprehensive aspects of the job satisfaction levels of healthcare interpreters, it was not chosen to be used within this study.

According to **Herzberg's Two-Factor Theory (1959),** also called Motivation-hygiene theory, job satisfiers, called motivators, are related to the job content and nature of the work and what job performance brings in. The dissatisfaction factors, called hygiene factors, are related to the context or environment of the work. Motivators are achievement, recognition, work itself, responsibility, and advancement. Hygiene factors are Company policy, Administration, Supervision, Salary, Interpersonal relations, Supervisor, and Working conditions. According to House and Wigdor (1967), the primary hygiene factor is company policy and administration, which can contribute to ineffectiveness or inefficiency within the organization. The second most significant factor is inadequate technical supervision, characterized by a lack of job knowledge or the ability to delegate tasks and provide guidance. Herzberg states that hygiene factors do not serve as curative factors, but they act as preventive measures. As hygiene is vital for health and prevents diseases, hygiene factors in job settings are important for satisfaction and to avoid dissatisfaction. This theory categorizes the aspects of job satisfaction in accordance with the evaluation criteria of this study therefore this theory was used in this study to cover all aspects of job satisfaction survey.

In **Theory X & Y (Douglas Mcgregor) (1960),** assumptions of Theory X specify that 1) a typical human being inherently dislikes work and will avoid it if possible, 2) because human beings dislike work, most individuals require coercion, control, direction, or the threat of punishment to motivate them, 3) the average human being prefers to be directed, seeks to avoid responsibility, possesses limited ambition, wants security above all. Assumptions of Theory Y state that 1) Engaging in physical and mental effort at work is as intuitive as engaging in play or rest, 2) External regulation and the prospect of punishment aren't the sole methods for eliciting effort toward organizational goals. Individuals are capable of exercising self-direction and self-discipline in pursuit of objectives they are dedicated to, 3) dedication to goals is influenced by the rewards linked to their

accomplishment, 4) under suitable circumstances, the typical individual not only learns to embrace but actively wants responsibility, 5) the ability to exercise a considerable degree of imagination, ingenuity, and creativity in resolving organizational challenges is prevalent across the population, rather than being limited to a select few, 6) under the conditions of modern industrial life, the intellectual potentialities of the average human being are only partially utilized. This theory was not appropriate for the evaluation of job satisfaction of the healthcare interpreters therefore was not used in this study.

According to McClelland's (1961) **Theory of Needs - Achievement** Theory, human motivation comes from one of these three motives: achievement, power, or affiliation. Yamaguchi (2003) states that self-achievement involves fulfilling personal goals and gaining benefits independently of others. Power needs entail the desire to influence and control others and situations. Affiliation needs revolve around fostering trust and cooperation in interpersonal relationships, seeking social esteem and socialization. Despite the fact that this theory covers some aspects of the job satisfaction criteria, it was not found suitable and enough to evaluate the aspects of healthcare interpreting therefore it was not preferred to be included in this study.

In **Erg Theory (Clayton P. Alderfer) (1969)** Alderfer (1969) assumes that individuals aim to fulfil three fundamental needs: meeting their material needs, fostering relationships with others, and pursuing opportunities for personal development and growth. These needs form the essential components of motivation. According to this theory, existence needs consist of material and physiological desires of individuals. Hunger and thirst are deficiencies in existence needs. Among other existence needs are pay, fringe benefits, and physical working conditions. Relatedness needs are related to relationships with people the individuals see as significant. Family members, superiors, co-

workers, subordinates, friends, and even enemies are among them. People need to be accepted, confirmed, understood and to be influential in this process. Growth needs are satisfied when people create and produce beneficial things for themselves or for what surrounds their environment. Several psychologists have proposed some approaches to **Discrepancy Theory** of job satisfaction. Among them, we can include Katzell (1964), Lawler (1973), Locke (1969, 1976), Lofquist & Dawis (1969), Porter (1961), and Smith, Kendall, & Hulin (1969). These theories suggest that job satisfaction is influenced by discrepancies that arise through a psychological comparison process. This process involves evaluating one's current job experiences against personal standards of comparison, which may include desires, entitlements, observations of others' experiences, or past experiences (Rice et al., 1989). These theories are also not comprehensive for this study's concept of evaluation therefore it was not opted for.

J. Stacy Adams' Equity Theory (1963) is the idea of balance between the effort an employee puts into their work and what s/he earns in return. The employees compare their input-output with other employees' input-output ratio and if it is found that they are equal, employees feel there is equity. Inputs of the employee are skills, effort, loyalty, knowledge, experience, social skills, and outputs are financial rewards, like salary, recognition, responsibility, challenges, sense of community, praise, growth and economic security. **Porter/Lawler Expectancy Model (1970)** suggests that while satisfaction may be associated with performance under specific circumstances, this correlation does not imply that satisfaction causes performance. Satisfaction serves as an indicator of an employee's motivation to engage in work.

In Goal-Setting Theory (1968), Locke focuses on the relationship between conscious goals and intentions and the task performance of employees. Locke's (1968) goal-setting theory claims that an employee can get motivation and

satisfaction based on their intentions related to that work. He argues that challenging goals lead to greater performance than easy goals; specific challenging goals yield higher output than a vague goal of doing one's best; and behavioural intentions guide decision-making. **Job Characteristics Theory of Hackman & Oldham (1976)** suggests that five core job dimensions affect the psychological states of the employees and in that way affect the beneficial personal and work outcomes. These dimensions are skill variety, task identity, task significance, autonomy and feedback. These dimensions affect three important psychological states of the employees: experienced meaningfulness of the work, and knowledge of results. Skill variety, task identity, and task significance are the determinants of the psychological meaningfulness of a job. Experienced responsibility for work outcomes is determined by autonomy. Knowledge of results is determined by feedback.

Staw & Ross (1985), Staw et al. (1986), Judge et al. (1998), Judge & Larsen (2001) have studied **the Dispositional Approach** over the years analyzing the effects of personal dispositions on job attitudes. Their theory hypothesized that employees' characteristics affect their reaction to job contexts positively or negatively and they can influence job attitudes as the content of the work itself. The dispositional approach claims that the measuring personal characteristics can help explaining attitudes and behaviour of employees. The approach focuses on transitory moods, and it analyses how employees' reactions affect job characteristics. It also focuses on the influence of stable individual characteristics on job attitudes, and it analyses interaction between employees and jobs. As this theory focuses on characteristics of the interpreter only and not cover external factors affecting job satisfaction, it was not included for evaluation in this study.

Judge & Larsen (2001) introduced a **Stimulus-Organism-Response (S-O-R) Model** aimed at connecting research on personality structure, the circumplex

model of affect, and theoretical frameworks governing individual responses to their environment while analysing the dispositional impact and job satisfaction relation. This model outlines three essential components of an affective process: the stimulus, typically an event in the environment; the recipient of the stimulus, usually a person or organism; and the characteristics of the recipient, which significantly influence emotional responses. **The Social Reference-Group Theory** focuses on the perspective of the group an individual relies on for support, rather than their personal preferences and expectations. This group, named the "reference group," shapes their worldview and approach towards various factors within the system. People use reference groups as a standard for evaluating themselves or as a basis for their preferences, expectations, attitudes, or behaviours (Mishra & Chaurasiya, 2021). These theories are lacking in terms of all aspects affecting job satisfaction levels of interpreters in terms of personal and organization factors, they were not used in this study.

In an institution, some factors affect the employees' overall job satisfaction, which is formed and shaped by the rules and practices of those institutions. As healthcare interpreters work in institutions as full-time employees, they are obliged to follow those rules and practices, and their job satisfaction is affected by them. Herzberg’s Two Factor Theory focuses on the overall factors affecting job satisfaction, which are achievement, recognition, work itself, responsibility, advancement, company policy, administration, supervision, salary, interpersonal relations, supervisor, and working conditions, as in questions of Minnesota Job Satisfaction Questionnaire used in this study. It is preferred as Herzberg’s theory is a more comprehensive and inclusive theory that covers the factors affecting the participants' job satisfaction in the study. This theory was used to apply to the study to evaluate job satisfaction levels.

This section on job satisfaction provides a rich framework for understanding the emotional underpinnings, theoretical foundations, and practical implications of job satisfaction. The text lays a solid groundwork for applying these concepts to healthcare interpreting by integrating well-established theories with contemporary insights. Recognizing the factors contributing to job satisfaction can drive initiatives to improve workplace environments, enhance interpreters' roles, and ultimately promote better outcomes for service providers and users. These theories not only illuminate the drivers of job satisfaction but also underscore the need for ongoing assessment and adaptation in response to the evolving work landscape.

1.5.1.2 Job Burnout

Burnout emerged in the 1970s in the United States, especially among human service workers. In the early phases, one of the most important names that mentioned and analysed burnout term was Herbert J. Freudenberger. Freudenberger (1974) defines the term “to fail, wear out, or become exhausted by excessive demands on energy, strength, or resources.” He states that a staff member experiences burnout for a reason and when this happens, s/he becomes inoperative to all intents and purposes.

According to Freudenberger (1974), many ways show themselves and he categorizes them as physical signs and behavioural signs. Physical signs are more accessible than behaviour one, including exhaustion and fatigue, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness, and shortness of breath. Behavioural signs are more complicated. A staff member’s quickness to anger and his instantaneous irritation and frustration responses, his difficulty holding in feelings, crying too easily, and feeling overburdened with the slightest pressure followed by yelling and screams. The person begins to close and become

excessively rigid, stubborn, and inflexible and looks, acts and seems depressed. He seems to keep to himself more. Freudenberger thinks that people who are dedicated and committed are the ones who are prone to burn-out. He also includes staff people who need to give. He also mentions boredom as a possible cause of burnout. Routinization of the job employees may cause burnout.

Since the emergence of the term in the literature, several methods have arisen to examine the characteristics and causes of burnout. Among the main theories, we can mention (1) social cognitive theory of (Bandura, 1991); and cognitive-social theory of self (Harrison, 1983), (2) social exchange theory (Buunk and Schaufeli, 1993), (3) organizational theory (Winnubst, 1993), (4) structural theory (Gil-Monte, Peiró and Valcárcel, 1995); (5) job demands–resources theory; (6) emotional contagion theory, (7) the conservation of resources theory (Hobfoll, 1989, 2001), (8) the model of guilt (Gil-Monte, 2005), Maslach's Burnout Model, Pines's Burnout Model.

According to **Maslach's Burnout Model** (1998)**,** burnout is seen as a three-dimensional syndrome: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to the sensation of having drained one's emotional reserves. Depersonalization occurs when employees feel pessimistic or overly disengaged from their colleagues in the workplace. Employees experience reduced personal accomplishment when they feel like their competence and productivity level is declined and therefore feel low self-efficacy. This model was inclusive in terms of evaluation of all aspects causing burnout in healthcare interpreters therefore it was chosen to be used in this study.

In **Pine's Burnout Model,** burnout is seen as the state of physical, emotional, and mental exhaustion resulting from long-term demanding situations at the workplace (Pines & Aronson, 1988). When employees experience feelings of

powerlessness, despair, being trapped, diminished enthusiasm, irritability, and a decrease in self-esteem, signs of burnout begin to manifest (Pines, 1993).

For Harrison's **Social Cognitive Theory of Self** (1983), the primary factors contributing to the burnout syndrome are competition and perceived effectiveness. In this model, motivation initially determines an individual's effectiveness in attaining work goals. Therefore, higher motivation correlates with increased work efficiency (Manzano-García & Ayala-Calvo, 2013). Bandura's (1991) social cognitive theory claims that self-influence drives and controls human behaviour. The primary self-regulation mechanism involves three key subfunctions: monitoring one's behaviour, its causes, and its effects; evaluating one's behavior based on personal standards and environmental circumstances; and affective self-reaction. This theory emphasizes that observational learning is more than mere imitation; individuals actively manage their behaviours as agents. (Bandura, 2001).

George Homans, Peter Blau, John Thibaut, Harold Kelley and Richard M. Emerson are key theorists who developed **Social Exchange Theory**. The theory generally suggests that "social exchange encompasses a succession of interactions that create obligations (Emerson, 1976). Within social exchange theory, these interactions are typically viewed as dependent on the actions of another individual (Blau, 1964). Social exchange theory examines social interactions through four key elements: trust, commitment, reciprocity, and power. As Benitez et. al (2022) state, trust involves expecting others to act correctly and justly without constant monitoring for mutual benefit. Commitment is the dedication to fulfilling duties to maintain the relationship. Reciprocity refers to the mutual nature of relationships. Power pertains to the level of dependence between actors and its impact on decisions and behaviours. According to this theory, burnout arises when employees perceive an imbalance between their

efforts and contributions at work and the outcomes they receive (Schaufeli et. al, 2011).

Winnubst's Organizational Theory (1993) is based on the idea that burnout entails physical, emotional, and mental exhaustion resulting from chronic emotional stress stemming from occupational pressures experienced by all employees. This model focuses on the correlation between organizational structure, culture, climate, and social support (Manzano-García & Ayala-Calvo, 2013). **The Structural Theory (Gil-Monte et al., (1995)** analyses burnout at the personal, interpersonal and organizational level. This theory focuses on three areas causing burnout at workplace: the personal variables, the processes of social exchange and their consequences for professionals, the variables of the work environment. According to Golembiewski et al. (1983), employees experience organizational stressors or risk factors at workplace, including work overload or role conflicts, resulting in decreased organizational commitment, similar to cynicism and depersonalization.

The Job Demand – Resources model suggests that burnout evolves through two stages. Initially, high job demands, such as excessive workload, continuously strain individuals, ultimately leading to exhaustion. Secondly, insufficient resources hinder the ability to meet these demands, resulting in withdrawal behaviors. Over time, this withdrawal results in disengagement from work (Demerouti et al., 2001). **Theory of Emotional Contagion (**Hatfield et al., 1993) defines emotional contagion as "the tendency to instinctively imitate and harmonize expressions, vocalizations, postures, and movements with those of another individual, resulting in emotional alignment. The theory states that in a work environment, people share a workplace and therefore they share the same environment and experience collective emotions and due to their social interactions, they share these emotions and experience burnout as a group.

Hobfoll's (1989) **Conservation of Resources Theory** claims that employees experience stress if their motivation source is threatened or frustrated. The theory focuses on the importance of relationships at the workplace for the employees regarding their feeling of loss or gain and sources of stress as the result of these interactions. Hobfoll explains that environmental circumstances at work threaten people's status, position, economic stability, loved ones, fundamental beliefs, or self-esteem.

According to **the Model of Guilt (Gil-Monte, 2005),** the presence of guilt in the burnout process enables one to identify two profiles in the progression of the syndrome. One profile comprises individuals who do not experience intense guilt and can continue working despite experiencing burnout, albeit at a diminished capacity. Conversely, for others, guilt leads to heightened work engagement to reduce feelings of remorse. However, as working conditions remain unchanged, low job satisfaction and emotional exhaustion increase, accompanied by a resurgence of depersonalization. This pattern perpetuates feelings of guilt or intensifies existing ones, creating a reinforcing loop that reinforces burnout syndrome in individuals (Gil-Monte, 2005; Gil-Monte and Moreno, 2007) in (Manzano-García & Ayala-Calvo, 2013).

As the models apart from Maslach Burnout Model anaylze the job burnout levels including one or few dimension, they were not found suitable and enough for the analysis process of the surveys used in this study.

For the evaluation of job burnout levels of the interpreters working in healthcare settings, the Maslach Burnout Inventory was used; therefore, the evaluation of the results was based on Maslach's Theory (1998) and its evaluation categories of emotional exhaustion, depersonalization, and difficulty and reduced personal accomplishment.

1.5.1.3 Organizational Commitment and Trust

Organizational trust can be defined as the feeling of trust employees have for the organization/institution in which they work. According to Yu et al. (2018), organizational trust is voluntarily formed in a long-term relationship with organizations. Kara and Sağbaş (2022) state that when an employee has organizational trust, the relationship between the organization and the employee remains robust even during organizational breakdowns. Trust is the most important element in organizational commitment and productivity (Halıcı et al., 2015). Organizational trust pertains to employees' perceptions of the trustworthiness of their organization. It involves employees placing significant trust in their organisation's present and future integrity as they carry out their job responsibilities within this framework (Top et al., 2015).

From an interpersonal point of view, Podsakoff et al. (1990) define organizational trust as the degree of trust employees have for their superiors and colleagues. McAllister (1995) analyzes trust on a cognitive and emotional basis, depending on where trust develops for employees. Dai et al. (2002) see organizational trust as a cognitive judgment about the abilities and reliability of others, resulting from others' judgment about ability, integrity, and impartiality based on experience. Emotional trust can be defined as the perceptual judgment based on the specific emotions of both parties. Approaches to the definition of organizational commitment vary considerably (Becker, 1960; Buchanan, 1974; Grusky, 1966; Hall, Schneider, & Nygren, 1970; Hrebiniak & Alutto, 1972; Kanter, 1968; Salancik, 1977; Sheldon, 1971. Many of the definitions focus on commitment-related behaviours. These actions signify investments made within the organization, as individuals commit themselves to it rather than pursuing other options.

Allen and Meyer (1996) define organizational commitment as a psychological link between the employee and their organization that makes it less likely that the employee will voluntarily leave the organization. They state that early work in the area was characterized by various, and often conflicting, unidimensional views of the construct; organizational commitment is now seen as a multidimensional work attitude. An emerging trend in existing theory is to conceptualize commitment as an attitude. In this context, attitudinal commitment is evident when "the individual's identity is intertwined with that of the organization" (Sheldon, 1971) or when "the organization's goals and the individual's goals become increasingly aligned or harmonized" (Hall et al., 1970). Attitudinal commitment indicates an individual identifying with a particular organization and its goals, intending to remain a member to further these objectives.

March and Simon (1958) observed that this commitment frequently involves a reciprocal arrangement where individuals affiliate with the organization in exchange for specific rewards or benefits. The focus primarily revolves around this perspective of organizational commitment, although the definition encompasses some facets of commitment-related behaviours.

The exploration of job burnout and organizational commitment highlights the interconnectedness of these concepts within workplace dynamics, particularly in healthcare interpreting. By thoroughly examining foundational theories and models, the text emphasizes the need for organisations to acknowledge burnout as a critical issue that can undermine individual well-being and organizational effectiveness. Equally, fostering organizational trust and commitment is essential for creating a supportive atmosphere to prevent burnout and enhance job satisfaction. Through implementing strategies to balance job demands with adequate resources, organizations can promote healthier workplace environments, ultimately benefitting both employees and service users.

Understanding these dynamics is crucial in designing interventions that support individual interpreters and healthcare teams' overall effectiveness and morale.

1.5.2 Factors Affecting Job Satisfaction, Organizational Trust and Job Burnout

When the factors causing burnout are analysed, two categories emerge in general: organizational factors such as work overload, emotional labour, lack of autonomy and influence at work, ambiguity and role conflict, inadequate supervision and perception of injustice, lack of perceived social support, poor working hours; and individual factors such as the worker's personality, locus of control, the expectations of employees, the employee's level of involvement, coping strategies. (Edú-Valsania et al., 2022).

According to Maslach et al. (2001), there are situational and individual factors affecting job satisfaction and causing job burnout. Job Characteristics (job demands, role conflict and role ambiguity, job resources, lack of support from supervisors, information and control, a lack of feedback, little participation in decision making, a lack of autonomy); occupational characteristics, organizational characteristics (hierarchies, operating rules, resources, and space distribution) are situational factors; and demographic characteristics (age, gender, marital status, level of education); personality characteristics, job attitudes are the individual factors.

Maslach & Leiter (1997) have studied a model focusing on the degree of match, or mismatch, between the person and six areas of the job environment. They claim that if the gap between a person and the job is significant, the level of burnout is high. They analysed this relationship regarding workload, control, reward, community, fairness, and values. *Workload* refers to a mismatch occurs when there is work overload. This mismatch may also occur if the employee

works at wrong kind of work with lacking skills. Mismatches in *control* occur when an employee lacks adequate control over the resources required for their tasks or lacks sufficient authority to execute their duties. A lack of appropriate *rewards* for the employees' work may cause burnout. These could manifest as inadequate financial compensation, the lack of social rewards (recognition), the lack of intrinsic rewards (feeling of doing something worthy of praise) and feelings of inefficacy. *Community* is important for employees at the workplace and when they do not feel like they have a good connection with other employees, they can experience burnout. If the employees do not feel like there is a *fairness f*or environment at the workplace in terms of workload, pay, evaluations and promotions, they can experience burnout. If the *values* of the employee contradict the ways of the application of job or the job contains unethical features, they may feel burnout.

1.5.3 Job Satisfaction of Healthcare Interpreters

Interpreters all around the world experience different kinds of challenges while performing their profession. However, not many studies have focused on the interpreters' job satisfaction and work-related happiness, especially in multiple settings in community-based interaction environments.

In terms of job satisfaction, different studies have been conducted, including various professions, such as nurses (Piko 2006; Lu et al. 2007, Park and Han 2013), police officers (Dantzker 1994; Lim 2014), teachers (Stempien and Loeb 2002), journalists (Smucker et al. 2003), and professional translators (Hubscher-Davidson 2016).

Research on the job satisfaction of interpreters has generally been conducted more regarding professional status, professional identities, and roles (e.g., Ozolins 2004; Dam and Zethsen 2013; Sela-Sheffy and Shlesinger 2008; Setton

and Liangliang 2009). Regarding the type of interpreting, we see studies focusing on sign language interpreting more than others. Investigating the extent of job satisfaction and its primary determinants is crucial. Prior studies have analysed the interpreters' overall job satisfaction in a limited manner, relying on a small set of questions or direct inquiries about their general job contentment and failing to benefit from a valid and reliable measurement of job satisfaction. Additionally, these studies have examined broad categories of interpreters, usually mixing interpreters and translators, conference interpreters and community interpreters. While these studies provide valuable insights into interpreters' overall satisfaction and job attributes, a more substantial framework is required to gauge the job satisfaction of professional interpreters accurately.

Each job may have different factors influencing the job satisfaction of the ones who perform them. Each profession requires special attention to its unique features while analysing job satisfaction levels. When the studies are analysed, it is seen that interpreters from different settings are affected by different factors in terms of job satisfaction. We can count education, job content, income, accreditation, work volume, work settings, and social recognition (Lee, 2017). Although conference interpreters are generally seen as the most important ones in the interpreting sector, having high salaries and working in a relaxed atmosphere, as Dam and Zethsen (2013) state, they do not feel that their job is regarded as vital as we may think. They analyzed the job satisfaction of translators through the lens of their profession’s perceived ‘status’. They discovered “a paradox surrounding translators’ work satisfaction” (Sakamoto et al., 2024). In social terms, they feel satisfied due to the recognition they acquire thanks to their job, although they see their social and professional status and working conditions as relatively low.

Rodríguez-Castro (2015; 2016; 2019) analysed translators' satisfaction by employing intrinsic and extrinsic elements in line with Herzberg's (1959) Hygiene Theory. These studies also resulted in translators' contradictory attitudes about their work. It was found that they were generally not satisfied with their working conditions but were satisfied with the translating action itself. Smucker et al. (2003) claim that even though high income increases satisfaction, it does not guarantee high job satisfaction. Therefore, it can be said that many factors affect job satisfaction in the interpreting profession, which can also be in supportive or contrastive relationships with each other.

Although high income is not the only factor, it is an important factor influencing job satisfaction and low income can be seen as a dissatisfaction factor. According to Ozolins's (2004) study on conference and community interpreters, the satisfaction of interpreters is low, and no consistent correlations were discovered between job satisfaction and background variables like age, experience, workload, or income. Professional interpreters expressed notably lower satisfaction with the profession than paraprofessionals with lesser accreditation. While inadequate pay emerged as the primary source of discontent among interpreters, they also highlighted the significance of actual interpreting performance as a psychological reward for their job satisfaction.

Swartz (1999) was among the ones who studied community interpreters and conducted a study on American Sign Language interpreters in the U.S. and Canada. His study showed that autonomy, workload, education, and supervision were significantly correlated with job satisfaction. His study showed that education level was an important factor influencing the job satisfaction levels of sign language interpreters. The ones with lower educational backgrounds were most satisfied compared to the ones with high levels of education. His study also showed that interpreters are more satisfied when they have higher levels of

autonomy, less workload and less supervision. For the sign language interpreters in his study, factors like pay, role conflicts, age, working conditions, and promotion were not correlated with job satisfaction.

Dean et al. (2010) conducted a survey involving interpreters across four distinct settings: Video Relay Service, K-12 education, community freelance work, and staff interpreting. Their findings indicated that community freelance interpreters expressed the lowest levels of job dissatisfaction compared to counterparts in other settings. It is also seen that payment made to interpreters negatively influenced the overall satisfaction level, whereas work content and daily interpreting hours were correlated with job satisfaction. Lee et al. (2014, 2016) suggest that satisfaction among these community interpreters is tied to the psychological rewards of their service role. Yet, this satisfaction is diminished by low pay and job instability.

Studies and literature reviews show that different variables affect the job satisfaction of different groups of interpreters – such as accreditation, level of education, amount of income, work content, workload, work settings, and social recognition – and these variables may interact.

Ruokonen and Svahn (2024) conducted an exploratory overview of research on translators' job satisfaction. In their study, they investigated 51 articles for indications of translators' overall job satisfaction, associations of overall job satisfaction with individual, job-intrinsic, job-extrinsic, societal, and background factors; translators' satisfaction with job-intrinsic, job-extrinsic, and societal aspects of their work. The study discovered that translators generally exhibit high job satisfaction. Factors such as emotional intelligence, the translation process, autonomy, interpersonal relationships, perceived status, work mode, gender, and experience are linked to this satisfaction. While translators are primarily

content with intrinsic job aspects, their opinions vary more regarding extrinsic and societal factors.

One of healthcare interpreters' most important determinants of job satisfaction is role clarity and professionalism. Researchers like Flores et al. (2016) emphasize the importance of interpreters' understanding of their roles within the healthcare setting. When interpreters clearly understand their responsibilities and boundaries, they are more likely to experience job satisfaction in their work lives (Flores et al., 2016). Additionally, professional development opportunities, such as training programs and certification, contribute to interpreters' sense of professionalism and job satisfaction (Napier et al., 2018).

The working conditions and support given to healthcare interpreters also affect their job satisfaction. Research by Hsieh and Kramer (2012) highlights the importance of organizational support, including adequate compensation, benefits, and resources, in enhancing job satisfaction among interpreters. Furthermore, supportive work environments, where interpreters feel valued and respected by colleagues and supervisors, are associated with higher levels of job satisfaction (Karliner et al., 2007).

The emotional demands of interpreting in healthcare settings can contribute to job dissatisfaction and burnout among interpreters. Studies by Bischoff et al. (2012) and Lee et al. (2015) demonstrate that interpreters frequently encounter emotionally challenging situations, such as conveying lousy news or witnessing patient distress, which can negatively impact their well-being and job satisfaction. Strategies for coping with emotional stress, such as debriefing sessions and access to counselling services, are essential for supporting interpreters and promoting job satisfaction (Lee et al., 2015).

Recognition and appreciation for interpreters' vital role in facilitating communication and improving patient outcomes are significant factors in their job satisfaction. Research by Hadziabdic and Hjelm (2013) emphasizes the importance of acknowledgement and praise from healthcare providers and patients in enhancing interpreters' job satisfaction. When interpreters feel valued and appreciated for their contributions, they are more likely to experience job satisfaction and remain committed to their profession (Hadziabdic & Hjelm, 2013).

Lastly, Phanthaphoommee & Thumvichit (2024) examined the healthcare interpreters in the service of migrant workers, who are viewed as "the others" in such a monolingual society as Thailand, as they claimed. They analysed the interpreters' divergent viewpoints on job satisfaction regarding working conditions, necessitated especially by special requirements of the COVID-19 pandemic atmosphere.

CHAPTER 2
METHODOLOGY

The following section describes the methods of data collection. Before this study, a pilot study with 21 participants was performed and the frameworrk of this study wad formed based on it. The methodology employed in this study firstly focused on the participant demographics that contribute to the data collected followed by the surveys on job satisfaction, job burnout, organizational commitment and trust. The turnout rate of the surveys is 18%. The detailed presentation of participant characteristics enhances the research's rigour and provides insights into the diversity and qualifications of the interpreters involved in the study analyzing the levels of job satisfaction.

2.1 PARTICIPANTS

The participants in the survey conducted in this thesis include 31 interpreters (M_{age} = 30,37, *SD* = 5,93, range = 22 – 45) working in health-related institutions, consisting of both male (16, M_{age} = 28,80, *SD* = 4,28, range = 22 – 39) and female interpreters (15, M_{age} = 31,93, *SD* = 6,93, range = 24 – 45). Participants provide interpreting services for English-Turkish, Russian-Turkish, English & Arabic - Turkish, Arabic-Turkish, Albanian-Turkish, and French-Turkish language pairs.

The survey was conducted with 31 participants (see Table 1, Table 2, and 3). The age range of the sample mass of 31 people participating in the survey is between 22 and 45, with an average of 30.3. Employees are 52% male and 48% female. 87% of the participants hold a university degree, with 71% bachelor’s degree, 13% master’s degree and 3% doctor’s degree. 13% of the participants are high school graduates. 45% of the healthcare interpreters are graduates of the Translation and Interpreting departments. Others are graduates of

departments of Linguistics (6.5%), Language/Culture and Literature (3%), Accounting (3%), Nutrition and Dietetics (3%), Radio and Television (3%), Banking (3%), Economics (3%), International Relations (3%), Emergency Nursing (3%), Tourism Management (3%). 10% said they are not graduates of any university degree, 3% said they work in an institution with a document of foreign language exam, and 3% said they could not complete a university degree.

Participants work in 19 different institutions, with 2 participants with no institution name revealed and 1 working as a freelancers. 42% of the participants work for a private hospital, 33% work for a health tourism company, 13% work in a public hospital, 3% work in a university hospital, 3% in a plastic surgery clinic, 3% in a migrant health centre, 3% in a medical publishing company. 91% of the participants work in İstanbul, whereas 3% in Konya, 3% in Mersin, and 3% in Kocaeli.

Results reveal that 65% of the participants interpreted the English-Turkish pair, 23% interpreted the Arabic-Turkish pair. 3% of the participants interpret both Arabic and English-Turkish pairs. French, Russian and Albanian are other languages, with 3% for each.

The demographic data gathered offers a strong foundation for analyzing the broader themes of job satisfaction, organizational trust, and burnout within the interpreting profession. Understanding the nuances of age, gender, education, and professional environment can significantly inform the interpretation of the research results and conclusions. The participant demographics set the stage for the subsequent analysis of job satisfaction, burnout, and organizational trust among healthcare interpreters. The detailed breakdown of the participants provides valuable insights into their backgrounds and work environments, which are critical factors influencing their professional experiences.

2.2 SCALES

2.2.1 Minnesota Job Satisfaction Questionnaire

The Minnesota Satisfaction Questionnaire was developed as a part of the “Work Adjustment Project” at the University of Minnesota. It was created based on the idea that an employee's sense of belonging in the workplace depends on how well their skills align with the incentives provided by the work environment (Weiss et al., 1967). In the short version, which consists of 20 questions, items are rated on a 5-point Likert scale (1 represents “very dissatisfied with this aspect of my job”, 2 represents “dissatisfied with this aspect of my job”, 3 represents “can’t decide if I’m satisfied or dissatisfied with this aspect of my job”, 4 represents “satisfied with this aspect of my job” and 5 represents “very satisfied with this aspect of my job”). If the score is low, it means the job satisfaction level is low. Minnesota Job Satisfaction Questionnaire (Weiss et al., 1967) consists of intrinsic and extrinsic factors, which include:

1. Ability utilization. The opportunity to apply the skills effectively.

2. Achievement. The sense of fulfilment gained from accomplishing tasks.

3. Activity. Keeping busy and engaged in work consistently.

4. Advancement. Opportunities for career progression within the job.

5. Authority. Having the ability to direct others in their tasks.

6. Company policies and practices. The implementation of organizational policies.

7. Compensation. Salary and workload balance.

8. Co-workers. Relationships and interactions with colleagues.

9. Creativity. Freedom to explore innovative approaches to tasks.

10. Independence. Ability to work autonomously.

11. Moral values. Conducting work in alignment with personal ethics.

12. Recognition. Acknowledgement and praise for job performance.

13. Responsibility. Having the autonomy to make decisions.

14. Security. Job stability and assurance of continued employment.

15. Social service. Opportunities to contribute to the welfare of others.

16. Social status. Recognition and reputation within the community.

17. Supervision-human relations. The quality of interpersonal relationships with supervisors.

18. Supervision-technical. The competence of the supervisor in making decisions.

19. Variety. Engaging in diverse tasks over time.

20. Working conditions. Environmental factors and circumstances in the workplace.

2.2.2 Maslach Burnout Inventory

The MBI was created as a tool for research to evaluate burnout, ranging from low to high, on three dimensions: *Emotional Exhaustion (or Exhaustion), Depersonalization (or Cynicism),* and *Reduced Personal Accomplishment (or Reduced Professional Efficacy).* It has 22 items divided into three subscales. The questions are written as statements regarding one's emotions or viewpoints. The nine items in the Emotional Exhaustion subscale assess feelings of emotional exhaustion due to work-related activities. The five items in the Depersonalization subscale measure an unfeeling and impersonal attitude towards those receiving one's services or care. Higher scores on both scales indicate more significant levels of burnout. The eight items in the Personal Accomplishment subscale evaluate one's sense of proficiency and successful accomplishments in their interactions in the workplace. The Personal Accomplishment subscale is independent of the other subscales, and its component items do not load negatively on them. The emotional exhaustion score with the first 9 items represents a low level if it presents a value from 0 to 18; moderate from 19 to 26 and high > 27. The depersonalization score with the following 5 items represents low level from 0 to 5, moderate from 6 to 9 and high > 10. Difficulty in personal accomplishment score with last 8 items represents low level from 0 to 33 (high level of burnout), moderate from 34 to 39 (medium level of burnout) and high > 40 (low level of burnout). (González & De la Gándara, 2004; Liebenberg et al., 2018; Menéndez & Papasidero, 2019) (Luna et al., 2023).

The Minnesota Job Satisfaction Questionnaire (MSQ) is highlighted as a critical tool for assessing job satisfaction. Developed as part of the Work Adjustment Project at the University of Minnesota, the MSQ's focus on aligning employee skills with workplace incentives underscores its relevance for interpreting settings, where skilful communication is essential for efficiency and fulfilment. In

this study Turkish version was used and that version's translation and validity-reliability check was conducted by Ergin (1992).

2.2.3 Organizational Commitment Scale

According to Allen & Meyer's Organizational Commitment scale (1996), the psychological linkage between employees and their organisations can be seen in three forms. Affective commitment is defined as identification with, involvement in, and emotional attachment to the organization, which means employees with practical, solid commitment stay with the organization because they choose to do so. Continuance commitment is based on employees recognising the costs of leaving their current organization. Employees with solid continuance commitment and the mentioned motivation stay with the organization because they have to stay there. Finally, normative commitment is based on a sense of obligation to the organization. Employees with normative solid commitment remain in the organization because they feel they should do so.

Items are rated on a 7-point Likert scale (1 represents "strongly disagree", 2 represents "disagree", 3 represents "slightly disagree", 4 represents "neither disagree or agree", and 5 represents "slightly agree", 6 represents "agree" and 7 represents "strongly agree". If the score is high, it means the commitment level is high. 4 questions are reversed scored (3,4,5,13). The Turkish scale was used in this study and its translation and validty and reliability check were conducted by Dağlı et.al (2018).

2.2.4 Organizational Trust Inventory

The Organisational Trust Inventory (OTI) was developed by Cummings and Bromiley in 1996. Their definition of trust has three dimensions: (a) belief in the efforts of an individual or group to act by any commitments, both explicit and

implicit; (b) confidence in their honesty in any prior negotiations leading to those commitments; and (c) assurance that they won't take advantage of others, even if the opportunity arises. The Organisational Trust Inventory consists of 12 items to measure an employee's level of trust in the organisation and the supervisor (items 4, 5, 6, 10, and 12 are reverse scored). The measure is on a 7-point Likert scale from 1 - strongly disagree to 7 - strongly agree. The total score ranges from 12 to 84. The lower the score, the lower the level of trust in the organisation and supervision. In this study, Turkish version was used and translation, validity and reliability study of the scale was conducted by Tüzün (2006).

2.3 PROCEDURE

A literature review was conducted on job satisfaction, job burnout, organisational commitment/trust, in addition to a literature review on job satisfaction, job burnout, organisational commitment/trust of interpreters working in community and healthcare settings and a general literature review on the concept and development of community and healthcare interpreting. The questionnaires, prepared in Google Forms format, were distributed to interpreters working in healthcare settings through an email invitation. The invitation began with an introduction to the researcher, an introduction to the study, and a link to participate in the questionnaire. Individuals interested in participating followed the link to the questionnaire, which consisted of an informed consent and socio-demographic information questionnaire (see Appendix 3), followed by a questionnaire consisting of the Minnesota Job Satisfaction Questionnaire (see Appendix 4), the Maslach Burnout Inventory (see Appendix 5), the Organizational Commitment Scale (see Appendix 6), and the Organizational Trust Inventory (see Appendix 7). After collecting 31 questionnaires according to the schedule set by the researcher, data analysis of the questionnaire results was conducted. The results regarding job satisfaction, job burnout,

organisational commitment/trust were interpreted. Finally, the findings of the study were commented and discussed according to the Herzberg's Two Factor Theory, and suggestions were made for improving the job satisfaction of healthcare interpreters and for future

CHAPTER 3
FINDINGS AND DISCUSSION

The present master's thesis has investigated the job satisfaction, job burnout, organisational trust and organisational commitment of healthcare interpreters in Türkiye and has provided valuable insights. The data obtained through the questionnaire technique and the findings have facilitated an investigation into the following aspects: a) the sociodemographic, educational and professional profiles of healthcare interpreters; b) the institutional and external factors influencing interpreters; c) the impact of workplace issues on interpreters' job satisfaction as well as interpreters' perceptions and expectations.

The present study is limited to 31 participants working in private hospitals (13), public hospitals (4), migrant health centres (1), private clinics (1), university hospitals (1), health tourism companies (10), medical publishing company (1) as they volunteered for this research. It was aimed to foreground interpreters working in healthcare as social actors and to problematise the factors affecting their job satisfaction, including their trust and commitment to their organisations. To this end, fieldwork was conducted using survey research in Türkiye in different cities. 31 interpreters were sent a questionnaire consisting of sociodemographic questions, including the Minnesota Job Satisfaction Questionnaire, Maslach Burnout Inventory, Organizational Trust Inventory, and Organizational Commitment Scale.

The following section describes the findings from the data collected through surveys and presents a discussion of the findings. The survey data sought to answer this study's questions: What is healthcare interpreters' level of job satisfaction of working in public and private hospitals in İstanbul? What is the situation with the parameters comprising job satisfaction, namely working hours,

salaries, office facilities, in-house training, interaction with the staff members, personal rights and obligations, conditional rewards, fringe benefits, working conditions, and nature of work performed by them? Which factors positively and/or adversely affect the job satisfaction of healthcare interpreters?

3.1 SOCIODEMOGRAPHIC PROFILE OF THE HEALTHCARE INTERPRETERS

The participants in the survey conducted in this thesis include 31 male and female interpreters working in health-related institutions. Participants provide interpreting services for English-Turkish, Russian-Turkish, English & Arabic - Turkish, Arabic-Turkish, Albanian-Turkish, and French-Turkish language pairs. The distribution of male (52%) and female (48%) participants offers a relatively balanced representation of genders, essential for analysing any potential differences in job satisfaction, burnout, or organisational trust based on gender. This result is meaningful in that Arabic Interpreters tend to be male and the Arabic interpreter population in the study is impactful on the higher percentage of the male interpreters. The age range of 22 to 45 years also indicates a mix of early-career professionals and those who may have more experience, potentially enriching the findings regarding their perceptions and experiences.

Results reveal that 87% of the participants hold a degree, with 71% having a bachelor's degree, 13% a master's degree and 3% a doctor's degree. 13% of the participants are high school graduates. Results of the questionnaire show that 45% of the healthcare interpreters are graduates of the Translation and Interpreting departments. Others are graduates of departments of Linguistics (6.5%), Language/Culture and Literature (3%), Accounting (3%), Nutrition and Dietetics (3%), Radio and Television (3%), Banking (3%), Economics (3%), International Relations (3%), Emergency Nursing (3%), Tourism Management (3%). 10% said they are not graduates of any university degree, 3% said they

work in an institution with a document of foreign language exam, and 3% stated they could not complete a university degree. These findings reveal that healthcare facilities recruit employees as interpreters even if they are not graduates of language-related departments. The breakdown of educational qualifications further highlights the diversity in academic backgrounds, with various fields represented beyond translation and interpreting. The analysis could leverage this aspect to explore how educational backgrounds influence interpreters' perspectives on their roles, job satisfaction, and challenges. This result shows no well-defined structure for recruiting healthcare interpreters in healthcare-related institutions and organisations.

Participants work in 19 different institutions, with 2 participants with no institution name revealed and 1 working as a freelancer. 42% of the participants work for a private hospital, 33% work for a health tourism company, 13% work in a public hospital, 3% work in a university hospital, 3% in a plastic surgery clinic, 3% in a migrant health centre, 3% in a medical publishing company. 91% of the participants work in İstanbul, whereas 3% in Konya, 3% in Mersin, and 3% in Kocaeli. This diversity may provide rich insights into how different institutional contexts affect interpreters' job satisfaction and emotional experiences. The high concentration (91%) of participants working in Istanbul may also be relevant, given that Turkey is a significant hub for healthcare services and interpreting work.

Results reveal that 65% of the participants interpret the English-Turkish pair, 23% interpret the Arabic-Turkish pair, and 3% interpret both Arabic and English-Turkish pairs. French, Russian, and Albanian are other languages, with 3% for each. The variety of language pairs, including English-Turkish and Arabic-Turkish, reflects the multilingual nature of healthcare interpreting in Turkey. This element is critical, as it could influence job satisfaction, challenges faced due to

language barriers, and emotions associated with the roles. Notably, the data indicating that 65% of participants interpreted in the English-Turkish pair aligns with the predominant need for such services in urban healthcare settings and potentially affects the perceived value and job market dynamics for interpreters in this language pair.

Profiles of the participants revealed that each organisation named the interpreters with different titles naming interpreter, international patient services specialist, patient orientation personnel, nurse, sales specialist, specialist medical interpreter, doctor's assistant and interpreter, senior patient coordinator, patient coordinator, healthcare interpreter and patient consultant, medical editor and writer, director, English interpreter, international patient services representative, patient information advisor, team leader. These titles show no set of rules for organisations and institutions in Türkiye regarding naming the interpreters who are working as interpreters. Also, the service providers and employers do not recruit the interpreters according to standards and well-defined rules; the expectations and task appointments of the employers from interpreters vary, affecting the job satisfaction of interpreters considering the expectations of the interpreters as well.

Results show that the participants have been healthcare interpreters for 8 months, the shortest period, and 13 years with the most extended period. The working period of the survey participants in their current workplaces varies between 1 month to 14 years. 58% of the participants have worked in the same institution since the beginning of their careers. This could indicate the interpreters' happiness at their workplace, their obligation to stay due to financial or other results or the difficulty leaving their comfort zones. 93.5% of the interpreters participating in the survey work as a full-time interpreter, and 6.5% as a freelance interpreter.

87.5% of the survey participants stated that they interpret in multiple fields of specialisation. 6.5% interpret only for hair transplantation treatments, 3% for psychiatry, and 3% for aesthetic, plastic, and reconstructive surgery. Participants interpret for multiple fields, such as all hospital departments, hair transplantation, dental treatments, IVF, orthopaedics and sports injuries, general surgery, and ophthalmology.

Although the salary distribution of the participant interpreters varied between 9,000 TL and 60,000 TL, the average wage was 30,000 TL. 6.5 % of the participants wanted to keep their salary private. The team with the highest number of interpreters in the institution of the interpreter participated in the survey, which had 35 interpreters. 10% of the institutions stated in the survey have only one interpreter. The rest of the institutions have at least 2 interpreters, which may indicate the workload sharing among interpreters at their workplace.

Table 1 Socio-demographic characteristics of the participants

Participant	Gender	Age	Education	University Department
1	Female	41	High School Degree	Accounting
2	Male	24	Bachelor's Degree	No degree
3	Male	28	High School Degree	Foreign Language Exam
4	Male	29	Bachelor's Degree	No degree
5	Female	45	High School Degree	Linguistics
6	Female	41	Bachelor's Degree	Translation and Interpreting

7	Female	24	Bachelor's Degree	Translation and Interpreting
8	Male	24	Bachelor's Degree	Translation and Interpreting
9	Female	30	Bachelor's Degree	Translation and Interpreting
10	Male	31	Bachelor's Degree	Linguistics
11	Male	30	Bachelor's Degree	Translation and Interpreting
12	Female	25	Master's Degree	Nutrition and Dietetics
13	Male	26	Bachelor's Degree	Translation and Interpreting
14	Female	32	Bachelor's Degree	Language/Culture and Literature
15	Female	24	Bachelor's Degree	Radio and Television
16	Male	26	Bachelor's Degree	Unable to complete
17	Female	28	Bachelor's Degree	Translation and Interpreting
18	Male	26	Bachelor's Degree	Translation and Interpreting
19	Female	41	Doctor's Degree	Translation and Interpreting
20	Female	31	Bachelor's Degree	Banking
21	Male	34	Master's Degree	Economics
22	Male	22	Bachelor's Degree	No degree
23	Male	32	Bachelor's Degree	Translation and Interpreting

24	Female	33	Bachelor's Degree	Translation and Interpreting
25	Female	31	Master's Degree	International Relations
26	Male	29	Bachelor's Degree	Translation and Interpreting
27	Male	39	Bachelor's Degree	Translation and Interpreting
28	Male		Master's Degree	Other
29	Female	26	Bachelor's Degree	Translation and Interpreting
30	Female	27	High School Degree	Emergency Nursing
31	Male	32	Bachelor's Degree	Tourism Management

Table 2 Socio-demographic characteristics of the participants

Participant	Institution	City	Title	Language
1	Private Hospital	İstanbul	Interpreter	Russian
2	Private Hospital	İstanbul	International Patient Services Specialist	English and Arabic
3	Public Hospital	İstanbul	Patient Orientation Personnel	Arabic
4	Public Hospital	İstanbul	Patient Orientation Personnel	Arabic
5	Public Hospital	İstanbul	Patient Orientation Personnel	Arabic

6	University Hospital	İstanbul	Nurse	English
7	Private Hospital	İstanbul	Interpreter	English
8	Private Hospital	İstanbul	Sales Specialist	English
9	Private Hospital	İstanbul	Specialist Medical Interpreter	English
10	Plastic Surgery Clinic	İstanbul	Doctor Assistant and Interpreter	English
11	Health Tourism Company	İstanbul	Senior Petient Coordinator	English
12	Health Tourism Company	İstanbul	Patient Coordinator	English
13	Health Tourism Company	İstanbul	Patient Coordinator	English
14	Health Tourism Company	İstanbul	Patient Coordinator	English
15	Public Hospital	Konya	Interpreter	Arabic
16	Migrant Health Center	Mersin	Patient Orientation Personnel	Arabic
17	Health Tourism Company	İstanbul	Healthcare Interpreter Patient Consultant	English
18	Health Tourism Company	İstanbul	Interpreter	English
19	Medical Publishing Company	İstanbul	Medical Editor, Medical Writer	English
20	Private Hospital	İstanbul	Interpreter	Albanian
21	Health Tourism Company	İstanbul	Director	Arabic

22	Private Hospital	Kocaeli	English Interpreter	English
23	Private Hospital	İstanbul	International Patient Services Representative	English
24	Health Tourism Company	İstanbul	Patient Information Advisor	English
25	Health Tourism Company	İstanbul	Pariente Information Advisor	English
26	Private Hospital	İstanbul	Medical Interpreter	English
27	Private Hospital	İstanbul	Medical Interpreter	English
28	Private Hospital	İstanbul	Interpreter	English
29	Private Hospital	İstanbul	Interpreter	Arabic
30	Private Hospital	İstanbul	Interpreter	French
31	Health Tourism Company	İstanbul	Team Leader	English

Table 3 Socio-demographic characteristics of the participants

Participant	Duration of career (months)	Duration of employment (months)	Employment Type	Income (monthly)	Team Size
1	156	156	Full-time	20000	8
2	29	5	Full-time	33000	15
3	60	60	Full-time	25500	9

4	50	50	Full-time	26000	1
5	55	55	Full-time	24000	1
6	120	170	Full-time	50000	1
7	8	8	Full-time	20000	5
8	24	1	Full-time	50000	35
9	54	54	Full-time	25000	18
10	37	25	Full-time	17000	2
11	30	30	Full-time	40000	4
12	16	16	Full-time	32000	5
13	34	34	Full-time	27500	4
14	22	22	Full-time	35000	5
15	36	12	Full-time	-	5
16	24	24	Full-time	-	2
17	36	36	Full-time	27000	10
18	14	4	Full-time	9000	6-7
19	18	14	Freelance	20000	2
20	12	12	Full-time	24000	25

21	144	36	Freelance	60000	4
22	14	14	Full-time	28000	2
23	24	18	Full-time	30000	8
24	36	66	Full-time	40000	6
25	9	69	Full-time	50000	5
26	56	29	Full-time	-	3
27	85	85	Full-time	-	3
28	48	36	Full-time	17000+	30
29	20	18	Full-time	18000	2
30	12	12	Full-time	21000	2
31	48	48	Full-time	40000	5

Note: 4 participants did not state their income; therefore, they are not shown in the table.

3.2 THE SCALES

The survey on job satisfaction was conducted with 31 participants using the Minnesota Job Satisfaction Questionnaire, the Maslach Burnout Inventory, the Organizational Commitment Scale, and the Organizational Trust Inventory (see Table 4 and Table 5). These surveys include questions regarding the nature of the work, job performance, feeling of achievement, recognition, working

conditions, responsibility, advancement opportunities, company policies, administration, moral values, supervision, salary, interpersonal relations, supervisor, emotional exhaustion, depersonalisation, difficulty in personal accomplishment, job characteristics, internal motivation, organisational identification, retention, affiliation, affective organisational commitment, continuance organisational commitment normative organisational commitment, organisational trust in terms of keeping commitments, negotiating honestly and avoiding taking advantage.

Overall means from the scales were presented in Table 4 and Table 5.

Table 4 Mean results from the scales

Participant	MSQ	MBI Exhaustion	MBI Depersonalization	MBI Personal Achievement
1	4,20	2,57	1,86	5,25
2	4,25	1,71	0,86	3,88
3	3,40	1,71	1,57	4,38
4	3,70	2,00	0,57	4,25
5	2,00	2,29	2,29	2,00
6	3,10	2,29	1,14	3,50
7	3,50	3,14	1,57	5,38
8	4,80	1,00	3,14	4,88

9	3,60	0,29	0,00	2,63
10	4,15	0,86	0,29	4,88
11	2,45	0,86	3,71	3,88
12	3,90	0,86	0,71	4,63
13	2,65	0,86	4,14	4,38
14	3,40	0,86	1,57	4,00
15	1,60	0,86	4,14	3,63
16	1,85	0,86	5,43	2,75
17	2,45	0,86	1,86	3,75
18	2,10	0,86	2,86	2,75
19	4,85	0,86	0,14	5,88
20	4,65	0,86	2,14	5,50
21	2,75	0,86	0,86	4,75
22	5,00	0,86	1,14	6,00
23	2,40	0,86	2,43	4,50
24	3,95	0,86	3,00	5,13
25	3,45	0,86	3,14	4,25

26	4,05	0,86	0,43	3,13
27	4,35	0,86	2,29	5,63
28	2,65	0,86	0,14	3,13
29	2,25	0,86	2,29	3,50
30	3,30	0,86	0,57	3,00
31	4,80	0,86	0,29	5,25
Mean	3,40	1,16	1,82	4,21
SD	0,99	0,65	1,38	1,05
Range	1,6-4,85	0.29-3,14	0,00-5,43	2,00-5,88

Table 5 Mean results from the scales

Participant	OCS Affective Commitment	OCS Continuance Commitment	OCS Normative Commitment	OTI Keeping Commitments	OTI Negotiating Honestly	OTI Avoiding Taking Excessive Advantage
1	6,50	3,17	4,17	6,25	6,00	6,00
2	5,33	3,17	3,00	4,25	4,75	6,25
3	3,83	5,00	4,83	3,25	5,25	4,00
4	3,33	4,50	2,67	5,25	4,50	4,75

5	3,17	5,83	4,83	1,25	2,75	5,25
6	3,00	3,17	3,50	3,25	3,25	2,75
7	2,00	4,50	2,00	4,00	1,50	1,00
8	4,83	4,50	1,67	5,75	4,00	6,75
9	6,33	5,50	5,83	5,25	5,00	5,25
10	5,00	6,67	5,00	6,50	6,25	7,00
11	1,83	4,33	3,00	3,50	4,25	3,00
12	4,83	3,17	3,00	5,25	5,00	6,50
13	1,50	3,17	1,50	4,75	4,25	4,00
14	5,17	4,33	3,17	5,25	4,50	6,00
15	2,00	5,67	3,17	1,00	1,75	3,50
16	2,00	5,00	2,50	1,50	1,75	4,75
17	3,33	1,83	1,50	3,25	3,00	3,00
18	2,00	2,00	1,17	3,50	3,75	5,00
19	6,00	2,33	3,33	7,00	6,50	7,00
20	7,00	5,00	3,00	7,00	7,00	5,50
21	4,33	2,00	1,33	2,00	2,00	2,25

22	5,50	7,00	6,00	6,50	7,00	5,25
23	1,67	3,83	1,33	2,75	2,25	2,00
24	5,83	5,00	5,00	5,25	5,00	6,00
25	5,67	5,33	4,17	5,25	5,50	5,25
26	3,67	5,00	3,83	4,00	4,00	4,00
27	3,83	3,33	3,33	4,75	4,00	4,00
28	4,17	4,33	4,00	3,00	3,25	4,00
29	4,33	2,00	3,00	4,00	3,50	5,00
30	3,83	4,67	3,83	4,25	4,00	4,00
31	4,67	3,17	2,83	6,50	6,00	5,25
Mean	4,08	4,15	3,27	4,36	4,24	4,65
SD	1,57	1,37	1,31	1,66	1,54	1,51
Range	1,50-7,00	1,83-7,00	1,17-6,00	1,00-7,00	1,50-7,00	1,00-7,00

The Minnesota Job Satisfaction Questionnaire was conducted to evaluate the levels of job satisfaction concerning ability utilisation, achievement, activity, advancement, authority, company policies and practices, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision-human relations, supervision-

technical, variety, working conditions, which are the components that constitute questionnaire.

Table 6 presents the overall means from the scales. As shown in Table 6 below, 32% of the participants (10 of 31) are satisfied with their jobs, and 3% of which being very satisfied. 32% of the participants (10 of 31) are neither dissatisfied nor satisfied, 36% (11 out of 31) are dissatisfied, 6% of which are very dissatisfied. The mean score of 3.40 shows neither dissatisfaction nor satisfaction.

Table 6 Participant-based results from the Minnesota Job Satisfaction Questionnaire (MSQ)

Participant	MSQ	Satisfaction Level
1,00	4,20	Satisfied
2,00	4,25	Satisfied
3,00	3,40	Neither nor
4,00	3,70	Neither nor
5,00	2,00	Dissatisfied
6,00	3,10	Neither nor
7,00	3,50	Neither nor
8,00	4,80	Satisfied

9,00	3,60	Neither nor
10,00	4,15	Satisfied
11,00	2,45	Dissatisfied
12,00	3,90	Neither nor
13,00	2,65	Dissatisfied
14,00	3,40	Neither nor
15,00	1,60	Very Dissatisfied
16,00	1,85	Very Dissatisfied
17,00	2,45	Dissatisfied
18,00	2,10	Dissatisfied
19,00	4,85	Satisfied
20,00	4,65	Satisfied
21,00	2,75	Dissatisfied
22,00	5,00	Very Satisfied
23,00	2,40	Dissatisfied
24,00	3,95	Neither nor
25,00	3,45	Neither nor

26,00	4,05	Satisfied
27,00	4,35	Satisfied
28,00	2,65	Dissatisfied
29,00	2,25	Dissatisfied
30,00	3,30	Neither nor
31,00	4,80	Satisfied
Mean	3,40	
SD	0,99	
Range	1,60-4,85	

When the results of each question are analysed, the results reveal that in response to question 1, 14 (45%) out of 31 participants reported that they are satisfied with the activity level they have in their workplace, 10 (32%) are not sure, and 7 (23%) are not satisfied—in response to question 2, 16 (52%) out of 31 participants stated that they were satisfied with their independence in performing their tasks during their workday, whereas 11 (35.5%) indicated that they were unsure. In response to question 3, 13 (42%) out of 31 participants are satisfied with the variety of the tasks they perform in their job, whereas 9 (29%) interpreters are not sure about it and 9 (29%) are dissatisfied. In response to question 4, 16 (52%) of 31 participating interpreters they are reported being satisfied with their social status regarding their place in the community. For their community, 9 (29%) interpreters are unsure about it, and 6 (19%) are dissatisfied. In response to question 5, 15 (48.5%) of 31

participants are satisfied with the human relations in their workplace and how the organisation handle their employees, 5 (16%) are not sure and 11 (35.5%) are dissatisfied. In response to question 6, 15 (48%) of 31 participants were satisfied with technical supervision. However, 13 (42%) are dissatisfied, 3 (10%) are unsure. In response to question 7, 18 (58%) of 31 participants stated that they are satisfied with the moral values the organisation has and that it wants its employees to follow, 8 (26%) are unsure, and 5 (16%) are dissatisfied. In response to question 8, 17 (55%) of 31 interpreters reported being satisfied with their job security, 6 (19%) were not sure and 8 (26%) were dissatisfied. In response to question 9, 26 (84%) of 31 participant interpreters stated that they are satisfied with the social service they provide for others while performing their jobs, only 1 (3%) are dissatisfied and 4 (13%) are not sure about it. In response to question 10, 15 (48%) of 31 interpreters reported being satisfied with their authority at their workplace and among their colleagues, 12 (39%) are not sure about it and 4 (13%) are dissatisfied. In response to question 11, 18 (58%) of 31 interpreters reported that they are satisfied with the ability utilisation that their organisation enabled for them, 8 (26%) are not sure and 5 (16%) are dissatisfied. In response to question 12, 14 (45%) of 31 interpreters reported satisfaction with the company policies and practices, 8 (26%) reported they needed clarification and 9 (29%) were dissatisfied. In response to question 13, 4 (13%) of 31 interpreters reported they are satisfied with the compensation that their employers provide for them, 11 (35.5%) are not sure, 16 (51.5%) are dissatisfied, and 11 of them are very dissatisfied. In response to question 14, 9 (29%) of 31 participants stated they are satisfied with the advancement opportunities their employers present for them, 8 (26%) are not sure and 14 (45%) of 31 reported that they are dissatisfied. In response to question 15, 12 (39%) out of 31 interpreters stated that they were satisfied with their responsibility level performing their duties, 11 (35%) were not sure and 8 (26%) interpreters reported that they were

dissatisfied. In response to question 16, 20 (65%) of 31 participant interpreters reported that they are satisfied with the creativity they have the opportunity to perform, 6 (19%) are not sure, and 5 (16%) are very dissatisfied. In response to question 17, results reported that 17 (55%) of 31 interpreters are satisfied with the overall working conditions that their organisation provides, 4 (13%) are not sure and 10 (32%) of 31 interpreters are dissatisfied. In response to question 18, 21 (68%) of 31 interpreters reported that they are satisfied with the relationship among colleagues at their workplace, 5 (16%) are not sure and 5 (16%) of the participants are dissatisfied. In response to question 19, 16 (52%) of 31 interpreters reported satisfaction with the recognition level their employers show for them and others in the workplace; 7 (22%) are not sure and 8 (26%) of 31 interpreters stated they are dissatisfied. In response to question 20, 12 (55%) of 31 interpreters reported that they are satisfied with their achievement at their workplace, 6 (19%) of 31 participants are not sure and 8 (26%) are dissatisfied.

The Minnesota Job Satisfaction Questionnaire survey results provide insights into various aspects of job satisfaction among participants, highlighting areas where employees are generally content and where there are significant levels of uncertainty or dissatisfaction.

When the findings are analysed in percentages above 50%, most participants are satisfied regarding *independence, social status, organisation values, job security, social service, ability utilisation, creativity and working conditions*. The factors with high percentages above 50% are *activity, task variety, human supervision, technical supervision, authority level, company policies, and responsibility level*. According to the survey results, the only thing the participants are dissatisfied with a percentage above 50% is *compensation*, which is the salary of the interpreters. 51.5% are dissatisfied and only 13% are happy with it. 35.5% of the participants were curious if they were satisfied.

Another noticeable factor that influences dissatisfied participants is *advancement opportunities*. 45% of the participants are dissatisfied. It is also concluded from the results that the percentage of the participants still determining if they are satisfied with the factors affecting job satisfaction is relatively high. This shows that factors influence each other in terms of satisfaction.

Nearly half of the respondents are satisfied with their *activity levels* at work, but a significant minority are unsure or dissatisfied about it. This could indicate variability in workload or the nature of tasks, suggesting that some employees may feel overburdened or underutilised. Most participants feel satisfied with their level of *independence*, which is a positive indicator of workplace autonomy. However, the high percentage of respondents who are unsure (35.5%) might suggest that expectations around *autonomy* are not clearly communicated or consistently applied. The participants' responses show a balanced yet polarised view on *task variety*, with the majority being satisfied with it and equal parts being neutral and dissatisfied. This suggests that while some employees find their work diverse and engaging, others may experience monotony or a lack of challenging tasks. Over half of the interpreters (52%) feel satisfied with their *social status*, indicating a generally positive perception of their role in the community. However, the 19% dissatisfied may feel undervalued or disconnected from their community, which could be a concern for the organisation to address. While nearly half of the respondents are satisfied with *workplace relationships*, the relatively high dissatisfaction rate (35.5%) is concerning. This indicates potential communication, team dynamics, or organisational culture issues that could negatively impact employee morale. The ratio between satisfaction and dissatisfaction regarding *technical supervision* suggests inconsistency in how supervision is perceived. The high dissatisfaction rate could point to a need for better support, clearer guidelines, or more effective leadership. A majority of the participants are satisfied with their *organisations' moral values*, indicating

alignment between personal and organisational ethics. However, with 26% unsure and 16% dissatisfied, there may be ambiguity or disagreement about implementing or communicating these values. *Job security* is a relatively strong factor, with over half of the interpreters feeling secure. However, 26% of those who are dissatisfied highlight the need for the organisation to address job stability concerns, which could affect employee retention and productivity. *Social service* provided by the interpreters is the strongest (84%) feeling positive about the social service aspect of their work. This suggests a strong connection to the community and a sense of purpose in their roles. While nearly half of the respondents (48%) are satisfied with their authority, a large proportion are unsure (39%). This uncertainty could indicate a lack of clarity or confidence in their roles or the hierarchy within the workplace. The majority of the participants feel that their abilities are well utilised (58%), which is a positive indicator of job fit and personal development. However, although relatively low, the dissatisfaction rate and uncertain responses suggest room for improvement in matching tasks to skills. Satisfaction with *company policies* is high, though not above 50%. Still, the nearly equal ratio between uncertain and dissatisfied responses indicates a need for reviewing or better communicating these policies to ensure they meet employees' expectations and needs. *Compensation* is the most significant dissatisfaction among interpreters, with over half of the respondents dissatisfied with their pay. This critical issue could affect employee motivation and retention, indicating a pressing need for the organisation to reassess its compensation structure. The dissatisfaction with *advancement opportunities* is another area of concern. The high dissatisfaction rate suggests that employees feel limited in their career growth, which could lead to increased turnover if not addressed by the organisations. Satisfaction with *responsibility* levels is relatively low, with an important portion of participants either unsure or dissatisfied. This may point to unclear role definitions or mismatched expectations regarding job responsibilities. *Creativity* is a strong point, with a majority of interpreters (65%)

feeling satisfied with the opportunities to be creative in their work. This is a positive indicator of job satisfaction, as creative freedom often correlates with higher engagement, motivation and innovation. While a majority are satisfied with their *working conditions* (55%), the notable dissatisfaction rate (32%) indicates that areas within the workplace require improvement. *Relationships among colleagues* are one of the stronger areas, with a majority of the participants (68%) expressing satisfaction. This suggests a generally positive and supportive work environment crucial for team cohesion and colleague morale. While over half of the participants (52%) feel *recognised for their efforts*, the participants who are dissatisfied or uncertain indicate that recognition programs or practices may need to be more inclusive or consistent to ensure that all employees feel valued and recognised by their organisation. Satisfaction with *achievement* is moderately high (55%), suggesting that most interpreters feel accomplished. However, the dissatisfaction rate (26%) highlights that some employees may feel their contributions are not fully acknowledged or rewarded.

When the results are analysed within the framework of **Herzberg's Two-Factor Theory**, which categorises job factors into two groups: *motivators* (satisfiers) and *hygiene factors* (dissatisfiers), they give insights as follows:

Motivators: Over half of the interpreters feel satisfied with their achievements at work, suggesting that this motivator is generally effective. However, the 26% dissatisfaction rate indicates that a significant minority might feel their work is not impactful or appreciated, which could limit their overall job satisfaction. While over half of the respondents feel recognised, a notable 26% are dissatisfied, which could indicate that recognition practices are inconsistent or insufficient. Improving recognition could significantly enhance motivation and job satisfaction. Satisfaction with creativity is notably high, suggesting that the work itself is fulfilling for many. However, relatively lower satisfaction with

activity levels and task variety indicates that while some aspects of the work are motivating, others could be monotonous or not challenging enough. Less than half of the participants are satisfied with their level of responsibility, with a significant portion being unsure or dissatisfied. This indicates that the distribution of responsibilities may not align well with employee expectations or capabilities, potentially hindering motivation. The high dissatisfaction among participants with advancement opportunities shows that this motivator lacks. Limited opportunities for career growth can be a significant demotivator and could lead to higher turnover rates.

Hygiene Factors: The moderate, relatively high level of satisfaction with company policies and practices suggests that company policies and practices might be adequate but not exemplary, as the participants are 26% uncertain and 29% dissatisfied. Improving these could reduce dissatisfaction but may not directly increase satisfaction. Almost equal levels of satisfaction and dissatisfaction (48 and 42%) with supervision suggest that this hygiene factor is inconsistent across the organisation. Poor supervision can lead to significant dissatisfaction, and improvements could reduce this issue. Compensation is the most critical area of dissatisfaction, with a majority feeling unsatisfied with their pay. According to Herzberg, while improving salary alone won't necessarily increase satisfaction, addressing this significant dissatisfaction is crucial to prevent it from becoming a major demotivating factor. Relationships with colleagues have a high satisfaction rate (68%) among participants. However, less than half of the respondents are satisfied with human relations and how the organisation handles employees, indicating potential issues in broader workplace dynamics and management-employee relations. While the majority of the participants are satisfied with their working conditions, the 32% dissatisfaction rate indicates that improvements could still be made. Poor working conditions can contribute to dissatisfaction and should be addressed to

ensure a supportive and motivating work environment. Job security is a relatively strong point, with 55% satisfied participants. However, dissatisfaction and uncertainty suggest that some employees may still feel insecure about their roles.

Based on Herzberg's Two-Factor Theory, the survey results reveal a mix of motivators and hygiene factors influencing interpreters' job satisfaction. While some motivators like creativity and social service are well-received, others, such as advancement opportunities and recognition, require attention to increase job satisfaction. On the hygiene side, compensation, supervision, and company policies are significant dissatisfiers. Addressing these dissatisfiers could reduce dissatisfaction, but for true motivation and job satisfaction, the organisation must also focus on enhancing motivators like responsibility, recognition, and opportunities for advancement.

The Maslach Burnout Inventory evaluated interpreters' exhaustion, depersonalisation and personal achievement levels. According to the results, levels were assessed according to the questionnaire scoring guide. When the results are analysed, the Maslach Burnout Inventory (MBI) results provide essential information about interpreters' emotional experiences.

Overall means from the scale are presented in Table 7.

Table 7 Participant-based results from the Maslach Burnout Inventory (MBI) disaggregated into three subscales

Participant	MBI Exhaustion	MBI Depersonalization	MBI Personal Achievement

1	2,57	1,86	5,25
2	1,71	0,86	3,88
3	1,71	1,57	4,38
4	2,00	0,57	4,25
5	2,29	2,29	2,00
6	2,29	1,14	3,50
7	3,14	1,57	5,38
8	1,00	3,14	4,88
9	0,29	0,00	2,63
10	0,86	0,29	4,88
11	0,86	3,71	3,88
12	0,86	0,71	4,63
13	0,86	4,14	4,38
14	0,86	1,57	4,00
15	0,86	4,14	3,63
16	0,86	5,43	2,75
17	0,86	1,86	3,75

18	0,86	2,86	2,75
19	0,86	0,14	5,88
20	0,86	2,14	5,50
21	0,86	0,86	4,75
22	0,86	1,14	6,00
23	0,86	2,43	4,50
24	0,86	3,00	5,13
25	0,86	3,14	4,25
26	0,86	0,43	3,13
27	0,86	2,29	5,63
28	0,86	0,14	3,13
29	0,86	2,29	3,50
30	0,86	0,57	3,00
31	0,86	0,29	5,25
Mean	1,16	1,82	4,21
SD	0,65	1,38	1,05
Range	0.29-3,14	0,00-5,43	2,00-5,88

When the results are analysed in terms of frequency for participants, it is seen that as a response to question 1, 16 participants (52%) express emotional drainage a few times per month, once a week, a few times a week, every day. For question 2, 16 (52%) expressed that their jobs require a lot of effort. Responding to question 3, 16 (52%) feel their work breaks them down. Responding to question 4, 19 (61%) feel satisfied with their work. In response to question 5, 22 (71%) think they work too hard, with 10 expressing that they feel it daily. Responding to question 6, 19 (61%) feel relaxed by direct contact with people. Responding to question 7, 21 (68%) do not think they feel at the end of their ropes. For question 8, 19 (62%) participants expressed they do not see their clients as objects. Responding to 9, 22 (71%) participants said they did not feel tired in the morning to face the day. For question 10, 21 (68%) participants do not feel like their clients make them responsible for their problems. Responding to question 11, 18 (58%) do not think they are at the end of their patience at the end of the day. Responding to question 12, 25 (81%) participants expressed they care about their clients. In response to question 13, 21 (68%) participants do not feel like becoming more insensitive since they began working in their jobs. Responding to question 14, 19 (61%) participants fear becoming uncaring due to their job. For question 15, 23 (74%) stated that they feel they accomplished many things in their careers. For question 16, 26 (84%) responded that they feel energised. Responding to 17, 29 (94%) participants stated they can understand their patients' feelings. For question 18, 28 (90%) participants responded that they effectively solved the patients' problems. For question 19, 30 (97%) participants said they handle issues very calmly. Responding to question 20, 30 (97%) participants feel they positively influence people’s lives thanks to their job. For question 21, 30 (97%) participants stated they can create a relaxed atmosphere with their patients. Regarding question 22, 26 (84%) participants stated that they feel refreshed when they are close patients.

Table 8 Participant-based results from the Maslach Burnout Inventory (MBI) with burnout levels

Participant	MBI Exhaustion	MBI Depersonalization	MBI Personal Achievement
1	Moderate	High	Low
2	Low	Moderate	High
3	Low	Moderate	Moderate
4	Low	Low	Moderate
5	Low	High	High
6	Low	Moderate	High
7	Moderate	Moderate	Low
8	Low	High	Moderate
9	Low	Low	High
10	Low	Low	Moderate
11	High	High	High
12	Low	Low	Moderate
13	High	High	Moderate
14	Moderate	Moderate	High

15	High	High	High
16	High	High	High
17	High	High	High
18	High	High	High
19	Low	Low	Low
20	Low	High	Low
21	Low	Low	Moderate
22	Low	Moderate	Low
23	Moderate	High	Moderate
24	Moderate	High	Low
25	High	High	Moderate
26	Moderate	Low	High
27	Moderate	High	Low
28	Low	Low	High
29	High	Moderate	High
30	Low	Low	High
31	Low	Low	Low

Results regarding emotional exhaustion (first 9 questions) show that out of 31 interpreters, 16 (52%) reported low burnout levels regarding emotional exhaustion. For 7 (22%) interpreters, their job is emotionally exhausted with moderate burnout level, 8 (26%) interpreters feel emotional exhaustion at a high level.

When the factors causing emotional exhaustion are analysed, it is seen that in terms of emotional drainage, job effort-requiring characteristics, and feeling of being broken down (52%) and overworked (71%), participants feel burnt out. Analysis of feelings of overwork indicates dissatisfaction related to workload and job demands. Analysis of the effort required reveals that working with people all day long requires considerable effort for most interpreters. This suggests the demanding nature of the interpersonal aspect of their work. However, most participants (61%) do not feel stressed when in direct contact with people, do not feel frustrated by their work, and do not feel tired in the morning to face another day.

Results in depersonalisation (following 8 questions) report that out of 31 interpreters, 10 (32%) experience depersonalisation at a low job burnout level. For 7 interpreters (23%), their jobs cause them to experience depersonalisation at a moderate level. 14 (45%) participants feel depersonalisation at a high level. Analysis of depersonalisation and impersonal care results reveal that a notable portion of interpreters do not express feelings of impersonality towards their clients or patients or concerns about becoming uncaring or insensitive due to their jobs. 62% do not see patients as objects. 81% care about their patients, 68% do not feel insensitive towards them, and 61% do not become uncaring.

Results in terms of difficulty in personal accomplishment (following 8 questions) report that out of 31 interpreters, 8 interpreters (26%) experience a low level

of burnout regarding having difficulty in personal accomplishment, whereas 14 interpreters (45%) go through difficulty in personal accomplishment at a high level and the other 9 interpreters (29%) experience it at a moderate level. Analysis in terms of difficulty in personal accomplishment reveals that most interpreters (74%) feel they accomplished many things in their jobs, 84% feel full of energy, 90% solve problems effectively, 97% calmly and 97% have a positive influence on people's lives thanks to their job and 84% feel refreshed when they are close patients. 94% can understand the feelings of the patients and 97% create a relaxed atmosphere. These findings show that participant interpreters feel accomplished in their jobs thanks to their abilities to solve problems and create a good atmosphere for their patients.

The findings from the Maslach Burnout Inventory (MBI) survey illuminate the complex emotional landscape interpreters face in healthcare by dissecting the results into emotional exhaustion, depersonalisation, and personal accomplishment. They may be interpreted and classified as follows:

Emotional Exhaustion: The data reveal that approximately 52% of participants report experiencing emotional drainage, significant effort, and feeling like their work is breaking them down. This suggests that about half of the participants are experiencing some degree of emotional exhaustion, which is a critical component of burnout. 71% of the participants believe that they work too hard, with some expressing that they feel it daily. This indicates a high level of exhaustion and potential for burnout. Despite the signs of fatigue, a large majority of the participants do not feel like they are at the end of their rope (68%), do not wake up feeling tired in the morning to face another job day (71%), and do not feel at the end of their patience (58%). This significant statistic indicates that many interpreters manage their emotional resources effectively, although many are at

risk of exhaustion. The factors contributing to this are critical for understanding burnout triggers.

Contributing Factors: The analysis highlights that feelings of emotional drainage—particularly regarding job effort and feeling overworked—are primary drivers of burnout. The high level of demand inherent in interpersonal roles, where interpreters are constantly required to engage emotionally and cognitively with patients, can indeed lead to feelings of fatigue. This connection underscores the need for organisations to manage these demands effectively to prevent burnout.

Resilience in Relationships: Interestingly, despite the high demands, 61% of participants do not feel stressed during direct contact with clients, indicating that many interpreters may find fulfilment in their roles. This suggests that the intrinsic rewards associated with helping others can offset some of the emotional burdens of the job, pointing to the importance of a supportive work environment.

Level of Depersonalization: The findings suggest that 32% of interpreters experience low depersonalisation, 23% report moderate levels and 45% face high levels. High depersonalisation rates may indicate a troubling trend where interpreters distance themselves emotionally from their patients, which could ultimately hinder the quality of care.

Emotional Connection: The fact that 81% of participants care about their patients and 62% do not express feelings of impersonality highlights a positive aspect of their professional identity. These findings indicate that while burnout exists, many interpreters remain dedicated to providing personal and empathetic care, crucial in healthcare settings where emotional and communicative clarity is essential.

The substantial percentages of interpreters who do not view patients as objects or feel uncaring suggest that many maintain a compassionate approach to their role. A majority of participants (61-68%) do not feel too stressed by direct contact with people, do not see their clients as objects, and do not feel that their clients make them responsible for their problems. These responses indicate a relatively low level of depersonalization, meaning participants generally maintain a healthy level of emotional engagement with their clients. Most participants (68-74%) do not feel they have become more insensitive or uncaring since starting their jobs. This suggests that despite the challenges, they can maintain their sense of empathy and care, which is critical in preventing depersonalization in the workplace.

Sense of Accomplishment: According to the findings, 74% feel accomplished in their work, with 97% stating they positively influence people's lives. These results suggest that many healthcare interpreters find significant meaning in their roles, likely serving as a protective factor against burnout. The ability to resolve problems effectively and foster a relaxed atmosphere further contributes to their sense of professional fulfilment. 84% feel full of energy, and the vast majority (90-97%) feel that they solve problems effectively, handle issues calmly, positively influence people's lives, and create a relaxed atmosphere with clients. Most participants have a strong sense of personal efficacy and job satisfaction. 84% feel refreshed when close to their patients, suggesting a positive emotional connection that reinforces their sense of accomplishment and satisfaction while patients perform their jobs.

Balancing Challenges and Rewards: The interplay between feelings of accomplishment and the challenges of their roles illustrates a complex dynamic. While interpreters may face high demands and emotional labour, their sense of achievement can provide resilience against the adverse effects of burnout. This

appeal to their professional identity may also motivate interpreters to persist in a demanding work environment.

The survey results indicate a complex picture of burnout among the participants. On the one hand, there is a clear picture of emotional exhaustion in an important part of the participants, with many reporting feeling overworked and drained by their responsibilities. This concern is because sustained emotional exhaustion can lead to more severe burnout. On the other hand, the low levels of depersonalization and high levels of personal accomplishment suggest that participants have a positive connection with their work and the patients they interpret for. The high scores in personal accomplishment indicate that, despite the challenges they face at the workplace, participants feel effective and successful in their roles, which is helpful in terms of preventing and/or decreasing burnout symptoms.

These questionnaire results shed light on the varying levels of burnout experienced by interpreters in their roles. It seems that the majority of interpreters surveyed are experiencing difficulties that are causing them to feel burnt out at work. This could indicate various factors affecting their work satisfaction within their roles, given the nature of interpreting, which often involves navigating complex communication dynamics and emotionally charged situations. It might be valuable to further explore the reasons behind these challenges to identify areas for improvement or support. Additionally, understanding how these difficulties impact their overall well-being and performance could lead to strategies to enhance their job satisfaction and effectiveness. The results highlight the importance of supporting interpreters in their roles to ensure they can effectively meet the needs of their clients while also maintaining their well-being and sense of accomplishment.

In the **Organisational Commitment Survey**, an analysis of affective, continuance, and normative commitment was conducted. The results summarised below were investigated according to the survey scoring guide. The overall means from the scale are presented in Table 9.

Table 9 Participant-based results from the Organizational Commitment Scale (OCS) based on affective commitment, continuance commitment and normative commitment

Participant	OCS Affective Commitment	OCS Continuance Commitment	OCS Normative Commitment
1	6,50	3,17	4,17
2	5,33	3,17	3,00
3	3,83	5,00	4,83
4	3,33	4,50	2,67
5	3,17	5,83	4,83
6	3,00	3,17	3,50
7	2,00	4,50	2,00
8	4,83	4,50	1,67
9	6,33	5,50	5,83
10	5,00	6,67	5,00

11	1,83	4,33	3,00
12	4,83	3,17	3,00
13	1,50	3,17	1,50
14	5,17	4,33	3,17
15	2,00	5,67	3,17
16	2,00	5,00	2,50
17	3,33	1,83	1,50
18	2,00	2,00	1,17
19	6,00	2,33	3,33
20	7,00	5,00	3,00
21	4,33	2,00	1,33
22	5,50	7,00	6,00
23	1,67	3,83	1,33
24	5,83	5,00	5,00
25	5,67	5,33	4,17
26	3,67	5,00	3,83
27	3,83	3,33	3,33

28	4,17	4,33	4,00
29	4,33	2,00	3,00
30	3,83	4,67	3,83
31	4,67	3,17	2,83
Mean	4,08	4,15	3,27
SD	1,57	1,37	1,31
Range	1,50-7,00	1,83-7,00	1,17-6,00

In response to question 1, 12 (39%) participants stated that they would be happy to spend the rest of their career with their organisation, 4 (13%) were not sure and 15 (48%) participants stated they would not be happy. For question 2, 13 (42%) participants responded that they see their organisation's problems as their own, 5 (16%) are not sure and 13 (42%) do not see them. Responding to question 3, 15 (48%) participants stated that they feel a strong sense of "belonging", 5 (16%) are not sure and 11 (36%) do not feel it. For question 4, 15 (48%) participants stated emotional attachment to their organisations, 4 (13%) are not sure and 12 (39%) do not have it. Regarding question 5, 13 (42%) participants do not see themselves as a part of the family in their organisations, 3 (10%) are not sure and 15 (48%) see themselves as part of the family. In response to question 6, 16 (52%) participants stated that their organisations have a personal meaning for them, 5 (16%) are not sure and 10 (32%) do not feel like that. For question 7, 22 (71%) participants stated that staying in that organisation is a matter of necessity as much as desire, 4 (13%) are not sure and 5 (16%) do not see it that way. In response to question

8, 17 (55%) participants stated that it would be hard for them to leave their organisations, 2 (6%) are unsure and 12 (39%) do not see it hard. Responding to question 9, 12 (39%) stated that their lives would be disrupted if they decided to leave their organisations, 2 (6.5%) were not sure, and 17 (55%) did not think like that. For question 10, 12 (39%) participants responded that they had too few options to consider leaving their organisation, 5 (16%) were not sure, and 14 (45%) thought they had options. In response to question 11, 11 (36%) participants stated that they might consider working elsewhere if they had not already put so much of themselves into their organisation, 6 (19%) are unsure and 14 (45%) do not feel like that. For question 12, 12 (39%) responded that they do not have many available alternatives to leave their current organisations, 4 (13%) are not sure and 15 (48%) think they have enough suitable options. In response to question 13, 14 (45%) participants stated that they do not feel any obligation to remain with their employer, 5 (16%) are unsure and 12 (39%) feel an obligation and/or responsibility to stay. Responding to question 14, 12 (39%) participants do not feel it would be right to leave their organisations even if it were to their advantage, 2 (6%) are not sure and 17 (55%) feel they can leave. For question 15, 5 (16%) participants stated they would feel guilty if they left their organisation, 3 (10%) were not sure and 23 (74%) would not feel any guilt for it. In response to question 16, 10 (32%) participants responded that their organisation deserves their loyalty, 8 (26%) are not sure, and 13 (42%) do not think so. Responding to question 17, 5 (16%) participants stated that they would not leave their organisation right now because they have a sense of obligation to the people in it, 5 (16%) were not sure and 21 (68%) they would leave feeling no responsibility to the people in their organisation. For question 18, 11 (36%) participants stated that they owe a great deal to their organisation, 5 (16%) are unsure and 15 (48%) do not feel they owe to their organisation.

An overall mean score of 4.08 for affective commitment indicates a moderate level of emotional attachment and identification with the organisation among interpreters. Since 48% of participants report feeling a sense of belonging and emotional attachment to their organisation, nearly half of the interpreters find meaning in their roles, which can be a crucial factor in enhancing job satisfaction. However, the relatively high percentages (between 36% and 42%) of those who feel such connections need more widespread engagement are potential areas for improvement in fostering a more robust organisational culture.

Continuance commitment, the mean score of 4.15, suggests that many interpreters may feel compelled to stay in their roles due to the perceived costs of leaving rather than a genuine desire to remain. The high percentage (71%) of participants agreeing that their continued employment is a matter of necessity indicates that many feel trapped in their positions, potentially leading to lower morale and disengagement over time. The lack of solid emotional connection (evidenced by the high percentage indicating they'd prefer to leave if they had better options) emphasises the need for organisational strategies that enhance both affective commitment and the conditions leading to continuance.

A low normative commitment mean score of 3.2 indicates significant ambivalence among interpreters regarding their obligations to the organisation. With 45% reporting they do not feel a responsibility to remain and 55% feeling it is acceptable to leave, this reflects a precarious commitment level. It is critical for organisations to address these perceptions, reinforcing loyalty and obligation through recognition and supportive practices.

The survey results show that while an important number of participants have some level of organisational commitment, especially in continuance commitment, the overall results reveal significant disengagement with the organisations. The mixed feelings about affective commitment indicate that while

some employees feel connected to their organisation, a nearly equal or more substantial proportion do not have that connection. The continuance commitment appears strong but may be driven by a lack of alternatives rather than a genuine desire to stay. This is evident from the high percentage of participants who feel staying is necessary and those who find it hard to leave but who simultaneously believe they have other options. Normative commitment, which reflects a sense of obligation to stay, is notably weak among participants. The majority do not feel a moral obligation to remain with their organisation or feel guilty about leaving, suggesting that loyalty and a sense of duty are not solid motivators for staying.

The answers and results of the **Organisational Trust Scale** summarised below were investigated (see Table 10). The Organizational Trust Inventory provides insights into the level of trust interpreters have in another department or unit within the organisation. Regarding keeping commitments, 13 (42%) participants show trust,t while 7 (23%) are not sure and 11 (35%) show distrust. Regarding negotiating honestly, 16 (51.5%) show trust, 8 (25.5%) are not sure and 7 (23%) distrust.

Table 10 Results from the Organizational Trust Inventory (OTI) disaggregated into three subscales

Participant	OTI Keeping Commitments	OTI Negotiating Honestly	OTI Avoiding Taking Excessive Advantage
1	6,25	6	6
2	4,25	4,75	6,25

3	3,25	5,25	4
4	5,25	4,5	4,75
5	1,25	2,75	5,25
6	3,25	3,25	2,75
7	4	1,5	1
8	5,75	4	6,75
9	5,25	5	5,25
10	6,5	6,25	7
11	3,5	4,25	3
12	5,25	5	6,5
13	4,75	4,25	4
14	5,25	4,5	6
15	1	1,75	3,5
16	1,5	1,75	4,75
17	3,25	3	3
18	3,5	3,75	5
19	7	6,5	7

20	7	7	5,5
21	2	2	2,25
22	6,5	7	5,25
23	2,75	2,25	2
24	5,25	5	6
25	5,25	5,5	5,25
26	4	4	4
27	4,75	4	4
28	3	3,25	4
29	4	3,5	5
30	4,25	4	4
31	6,5	6	5,25
Mean	4,36	4,24	4,65
SD	1,66	1,54	1,51
Range	1,00-7,00	1,50-7,00	1,00-7,00

In response to question 1, 15 out of 31 (48.5%) participants reported that the department they are reporting to tells the truth in negotiations, while 11 (35.5) disagree with it and 5 (16%) are not sure. In response to question 2, 17 out of 31 (55%) interpreters stated that the department they report to meets their

negotiated obligations, 5 (16%) are not sure, and 9 (29%) reported disagreeing. In response to question 3, 15 out of 31 (48%) respondents agree that the other department is reliable, 11 (36%) of them think that the department is unreliable, and 5 (16%) are not sure. In response to question 4, 6 out of 31 (20%) reported that they feel other departments step on others, 15 of them (48%) disagree and 10 (32%) are not sure. In response to question 5, 8 out of 31 (26%) participants reported that the other department seeks up the per hand, 8 (26%) are not sure, and 15 (48%) disagree. In response to question 6, 7 out of 31 (22.5%) participants believe that the other department turns their own department's problems to their advantage,e whereas 17 (55%) of the participants disagree and 7 (22.5%) are not sure. In response to question 7, 14 out of 31 (45%) interpreters reported believing another department's honesty, 9 (29%) of them disagreed and 8 (26%) were not sure. In response to question 8, 13 out of 31 (42%) interpreters agree that the department keeps its word, 13 (42%) disagree, 5 (16%) are not sure. In response to question 9, 13 out of 31 (42%) interpreters reported thinking that another department does not mislead them at the workplace 8 (26%) of them are not sure and 10 (32%) disagree. In response to question 10, 17 out of 31 interpreters (55%) reported that another department obeys commitments, 8 (26%) disagree, and 6 (19%) are not sure about it. In response to question 11, 11 out of 31 (35.5%) interpreters reported that they agree that the department negotiates joint expectations fairly, 11 (35.5%) reported disagreeing and 9 (29%) are not sure about it. In response to question 12, 6 out of 31 (19.5%) interpreters reported agreeing that the department takes advantage of the vulnerable, 16 (51.5%) disagree, 9 (29%) are not sure about other department's efforts to take advantage of the vulnerable.

Regarding keeping commitments, 55% of participants think the department they are responding to meets their negotiated obligations and obeys their

commitments, and 48% believe they are reliable. 42% of participants think the other department keeps their word, and 42% think they keep their word. 36% think the other department could be more reliable. This moderate level of confidence indicates that interpreters may not consistently rely on their organisations to meet obligations. Improving transparency and strengthening communication could significantly enhance trust levels.

Regarding negotiation honesty, 42% think the other department does not mislead their department, 45% think they are honest, 35.5% think the other department negotiates joint expectations failure, and 48.5% believe they tell the truth. Although the percentages are high, the rate of the ones who disagree is also quite noticeable. 32% say they can mislead them, 29% are unsure, 29% disagree with their honesty, and % 35.5 think they do not tell the truth. This does not indicate a high level of trust in their honest negotiation. The existence of a significant number of participants who are uncertain or distrustful (around 35%) suggests a need for improved clarity and reliability in how negotiations and commitments are handled. High levels of uncertainty regarding negotiation and trust can impact the overall commitment felt by employees.

Avoiding taking excessive advantage, with 52% believing that the organisation does not take advantage of them, results in a protective layer of trust regarding interpersonal interactions. However, the rate of the ones who are unsure is noticeable in terms of seeking the upper hand and stepping on others. While many interpreters feel respected and fairly treated, the notable percentages (about 48%) who disagree or are unsure could signal apprehension towards the organisation's motives, emphasising the need for fostering a culture of fairness and support.

The results of the Organizational Trust Inventory highlight a complex and somewhat divided perception of trust within the department. The responses

indicate that trust is not uniformly distributed among the participants, with a significant part expressing uncertainty or disagreement on main trust-related issues.

Findings reveal a notable lack of confidence in the honesty of the department's negotiation practices. The perceptions of other departments' reliability are divided. Interdepartmental trust may be an issue. Findings also indicate an underlying uncertainty about interdepartmental dynamics. 45% of participants think the other department is honest in their negotiations, but 29% disagree, and 26% are unsure, indicating a lack of consensus. There is uncertainty and division in fairness perceptions as well. While most participant interpreters think the other department behaves as expected, others believe it occurs.

The results suggest that organisational trust is inconsistent and affected by several factors. At the same time, a group of participants trust the department and believe in its ethical practices; a significant part of them either distrust the other department or are unsure about its reliability, honesty, and fairness in their negotiations. The divided responses and high levels of uncertainty indicate a need for the other department to improve transparency, communication, and consistency in its talks to build a more cohesive and trustful working environment for its employees. The uncertainty in responses suggests that gaps in knowledge or communication need to be addressed to create trust and clarity within the organisation.

When the results are analysed regarding the main factors affecting job satisfaction, they reveal the satisfaction levels as follows:1. Ability utilisation: 58%, 2. Achievement: 55%, 3. activity: 45%, 4. advancement: 29%, 5. authority: 48%, 6. company policies and practices: 45%, 7. compensation: 13%, 8. co-workers: 68%, 9. creativity: 65%, 10. Independence: 52%, 11. moral values: 58%, 12. recognition: 52%, 13. responsibility: 39%, 14. security. 55%,

15. social service: 84%, 16. social status: 52%, 17. supervision-human relations. 48.5%, 18. supervision-technical: 48%, 19. Variety: 42%, 20. working conditions: 55%.

When the results are analysed regarding the main factors causing job burnout, they reveal the following levels: 1. Emotional exhaustion: 52% low burnout, 22% moderate burnout, and 26% high burnout. 2. Depersonalisation: 45% high burnout, 32% low burnout, 23% moderate burnout. 3. Difficulty in personal accomplishment, 26% low burnout, 45% high burnout, 29% moderate burnout.

When the overall results are analysed in terms of types of organisational commitment, they reveal the levels as follows: 32% affective commitment level, 32% continuance commitment level, and 13% normative commitment level.

The analysis of the results in terms of organisational trust reveals the following levels: 42% trust in keeping commitments, 35% trust in negotiating honestly, and 52% trust in not taking excessive advantage.

The results present significant findings regarding organisational commitment and trust among healthcare interpreters, providing insights into their workplace experiences. Analysing these results allows a deeper understanding of the relationships between job satisfaction, burnout, and the commitments interpreters feel toward their organisations.

Connection to job satisfaction does have significant indicators of varying commitments (affective, continuance, and normative) and trust levels directly influence job satisfaction and burnout. The moderate satisfaction against the backdrop of mixed commitment suggests that although interpreters may enjoy certain aspects of their work, they also navigate a landscape fraught with emotional and operational challenges that can contribute to burnout.

The findings suggest several actionable areas for organisational intervention:

- To enhance fair compensation and recognition to improve job satisfaction and reduce the perception of inequity.
- To foster a supportive organisational culture that actively encourages communication and reinforces trust.
- Implement training programs and provide resources to help interpreters manage their workload more effectively.
- Developing clear career paths and advancement opportunities to increase continuance and affective commitments.

Analysing organisational commitment and trust among healthcare interpreters highlights key relationships and challenges influencing these workers' satisfaction and well-being. The moderate affective and continuance commitment levels illustrate a cautious engagement with their organisations, primarily tied to their responsibilities and available options. Building a more supportive organisational culture prioritising trust and commitment can empower interpreters, improve job satisfaction, and reduce burnout.

3.3 RELATIONS BETWEEN THE SCALES AND SOCIO-DEMOGRAPHIC RESULTS

Overall, job satisfaction questionnaire results reveal that 7 of the 13 private hospital interpreters are satisfied with their jobs. 1 of 10 (10%) health tourism company interpreters are satisfied with their job. 0 of 4 public hospital interpreters (0%) are satisfied with their job. University hospital interpreters, plastic surgery clinic interpreters, and migrant health centre interpreters are also unsatisfied with their jobs. The job satisfaction survey results show that the most satisfied interpreters are those working in private hospitals compared to public

hospitals and health tourism companies. However, the number of participants from public hospitals, clinics, university hospitals, and migrant health centres involved in the survey is relatively low.

7 of 16 (23%) male interpreters are satisfied with their job. 3 of 15 (10%) female interpreters. This indicates male interpreters are more satisfied with their jobs than female interpreters. Results also revealed that English interpreters are more satisfied with their jobs than Arabic interpreters. However, interpreters other than English, like Russian and Albanian, are satisfied, while French ones are dissatisfied. However, most English interpreters are still dissatisfied, indicating that language is not deterring job satisfaction.

The correlations between the scales and results summarised above were investigated.

There is a meaningful correlation between scales and socio-demographic data between age (*M*=30.37, *SD*=5.93) and MBI-Exhaustion MBI-Exhaustion (*M*=1.16, *SD*=0.65) *r(*29)=0.42, $p < .05$. This shows that the higher the age, the higher exhaustion level is, which is expected among interpreters.

The results showed negative correlation between MBI-Depersonalization (*M*=1.82*, SD*=1.38), and OCS-Affective Commitment (*M*=4.08, *SD*=1.57) *r*(29) = -0.47, $p < .05$; negative correlation with MSQ *(M*=3.40*, SD*=0.99) *r*(29)=-0.51, $p < .05$; negative correlation with OTI-Keeping Commitments (*M*=4.36, *SD*=1.66) *r*(29)=-0.39, $p < .05$; negative with OTI – Negotiating Honestly (*M*=4.24, *SD*=1.54) *r*(29)=-0.37, $p < .05$.

The results show positive correlation between MBI-Personal Achievement (*M*=4.21*, SD*=1.05) and OCS- Affective Commitment (*M*=4.08, *SD*=1.57) *r*(29) =0.39, $p < .05$; positive correlation with MSQ *(M*=3.40*, SD*=0,99) *r*(29)=0.7, $p <$

.05; positive correlation with OTI-Keeping Commitments (*M*=4.36, *SD*=1.66) *r*(29)=0.66, *p* < .05; positive correlation with OTI-Negotiating Honestly (*M*=4.24, *SD*=1.54) *r*(29)=0.5, *p* < .05.

The results show positive correlation between OTI-Taking Accessive Advantage (*M*=4.65, *SD*=1.51) and OCS-Affective Commitment (*M*=4.08, *SD*=1.57) *r*(29) =0.68, *p* < .05; positive correlation with MSQ *(M*=3.40*, SD*=0.99) *r(*29) =0.51, *p* < .05; positive correlation with OTI-Keeping Commitments (*M*=4.36, *SD*=1.66) *r(*29) =0.61, *p* < .05; positive correlation with OTI-Negotiating Honestly (*M*=4.24, *SD*=1.54) *r(*29)=0.69, *p* < .05; positive correlation with OCS-Normative Commitment (*M*=3.27, *SD*=1.31) *r*(29)=0.38, *p* < .05.

The results show positive correlation between OCS-Affective Commitment (*M*=4.08, *SD*=1.57) and MSQ *(M*=3.40*, SD*=0.99) *r*(29)=0.71, *p* < .05; positive correlation with OTI-Keeping Commitments (*M*=4.36, *SD*=1.66) *r*(29)=0.7, *p* < .05; positive correlation with OTI-Negotiating Honestly (*M*=4.24, *SD*=1.54) *r(*29)=0.74, *p* < .05; positive correlation with OCS-Normative Commitment (*M*=3.27, *SD*=1.31) *r*(29)=0.53, *p* < .05.

The results show positive correlation with MSQ *(M*=3.40*, SD*=0.99) and OTI-Keeping commitments (*M*=4.36, *SD*=1.66) *r*(29)=0.86, *p* < .05; positive correlation with OTI-Negotiating Honestly (*M*=4.24, *SD*=1.54) *r*(29)=0.76, *p* < .05.

The results reveal positive correlation between OTI-Keeping Commitments (*M*=4.36, *SD*=1.66) and OTI-Negotiating Honestly (*M*=4.24, *SD*=1.54) *r(*29)=0.87, *p* < .05.

The results indicate positive correlation between OTI-Negotiating Honestly (*M*=4.24, *SD*=1.54) and OCS-Normative Commitment (*M*=3.27, *SD*=1.31) *r(*29)=0.51, *p* < .05.

The results show positive correlation between OCS-Continuance Commitment (*M*=4.15, *SD*=1.37) and OCS-Normative Commitment (*M*=3.27, *SD*=1.31) *r(*29)=0.67, $p < .05$.

Regarding healthcare interpreters, the findings given in this section offer valuable insights into the complex interactions between work satisfaction, burnout, organisational trust, and organisational commitment. The results provide light on the present condition of work satisfaction among interpreters and reveal crucial correlations that may be used to influence future interventions and organisational policies.

Satisfaction Levels by institution-type data indicate considerable differences in work satisfaction levels across various employment contexts. The fact that only 7 out of 13 interpreters working in private hospitals reported being satisfied with their jobs, in addition to the dismal satisfaction rate among interpreters working for health tourism companies (10%) and public hospital interpreters (0%), indicates that these institutions have systemic issues that could be addressed. This variation provides evidence that the environment, culture, and support systems within various kinds of healthcare organisations substantially influence the level of work satisfaction experienced by interpreters.

There are discrepancies in job satisfaction between men and women. Male interpreters (23% contentment) and female interpreters (10% satisfaction), with male interpreters reporting higher satisfaction levels, raise fascinating concerns concerning gender dynamics and the job environment. This disparity may be attributable to several factors, such as differences in how managers treat employees, differences in work duties, or differences in social recognition; thus, further research is required to comprehend the consequences of this disparity.

Consequently, this underscores the need to cultivate healthy connections and supportive work settings to reduce depersonalisation and increase engagement.

The correlations reported between MBI-Personal Achievement and various measures of organisational commitment and job satisfaction are positive. For example, the correlation coefficient ($r(29) = 0.39$, $p < 0.05$) with OCS-Affective Commitment suggests that interpreters who experience a greater sense of accomplishment in their roles also experience higher levels of commitment to the organisation. This conclusion may serve as a roadmap for companies to establish appreciation programs highlighting interpreters' efforts and triumphs.

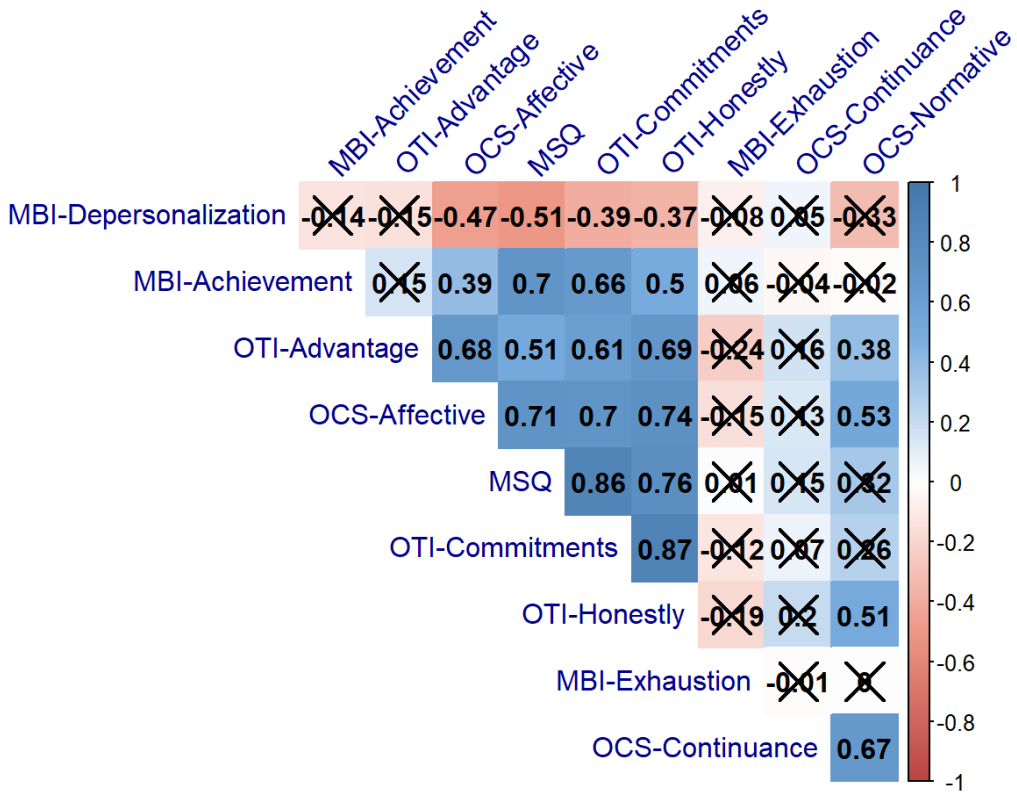
Observations of correlations between the dimensions of the Organizational Trust Inventory (OTI) and the Organizational Commitment Scale (OCS) indicate that higher trust levels within the organisation enhance overall commitment and satisfaction (for example, OTI-Keeping Commitments with OCS-Affective Commitment). This highlights the significance of trust and responsibility. Consequently, this lends credence to establishing trust in the workplace, which is paramount to cultivating loyalty and favourable views about one's employment among interpreters.

The results demonstrating favourable relationships between work satisfaction (MSQ) and organisational commitment (OCS) highlight the importance of employment resources and support in promoting job satisfaction. By increasing the resources available to healthcare interpreters and recognising their accomplishments, companies can build trust and dedication, eventually reducing the burnout levels experienced by interpreters.

In a nutshell, the findings of this research provide valuable insights into the dynamics of job satisfaction, burnout, and organisational commitment among interpreters working in the healthcare industry. Several areas need to be

improved inside an organisation, including the inequalities in job happiness that exist across various work contexts, the influence of age and gender, and the intricate interrelationships that exist between job satisfaction, trust, and commitment. It is of the utmost importance for healthcare organisations to acknowledge the elements that contribute to burnout and work discontent and to cultivate an atmosphere that places a premium on trust, support, and appreciation.

Figure 2 Correlation matrix showing the relations between measures and findings of the surveys



The numbers given in the table show correlation coefficients. Blue colored sections show positive correlations and red colored sections show negative correlations. The higher the number is, the stronger the correlation is. The ones

with X on them show that there is no meaningful correlaation between them. The ones without X show meaningful correlation.

3.4 JOB SATISFACTION FACTORS, ACCORDING TO HEALTHCARE INTERPRETERS

When asked open-ended questions about the three most important factors influencing job satisfaction, 9 out of 31 interpreters consider fair pay the most important factor. 4 stated it as a working environment, and 4 as respect. Other factors include teamwork, harmony, practicality, honesty, leadership, team organization, side benefits, the opportunity for advancement, working conditions, continuity, fair working conditions, coworkers, working hours, stress level, manager/supervisor, appreciation, problem-solving and strategy development, motivation, location, support, love, job-life balance, mental health, respect for personal space, remuneration of the effort (not performance), open communication, realistic goals, workload, obeying legal working hours, clean and quality working environment, creativity, mobbing, career opportunities, meeting new people, touching people's lives, having different job life than 9-17 working hours, being able to take the initiative, team members, organizational order, value given to employees, getting along with each other, ethical values, goal-oriented work.

Responses regarding the most important factors influencing job satisfaction among healthcare interpreters provide valuable qualitative insights into their perceptions and priorities. Analyzing these responses reveals key themes and nuances that quantitative data may need to capture fully.

Fair Pay as a Dominant Factor: The fact that 9 out of 31 interpreters identified fair pay as the most significant factor influencing their job satisfaction highlights the critical importance of compensation in employee morale. This finding resonates with broader research on job satisfaction across professions, where remuneration is often a cornerstone of employees' overall contentment in their roles. For interpreters, who may face challenges translating their skills into

competitive wages, fair pay becomes a matter of financial stability and acknowledging their professional worth.

Working Environment and Respect: The responses indicate that the working environment (4 responses) and respect **(**4 responses) are crucial factors that emphasize the social dimensions of job satisfaction. A positive working environment fosters collaboration and reduces stress, while respect from peers and supervisors enhances feelings of belonging and validation. These themes connect deeply with the relational aspects of organizational trust, suggesting that interpersonal dynamics play a significant role in interpreters' satisfaction levels.

Diverse Factors Influencing Satisfaction: The broad range of factors mentioned, including teamwork, leadership, stress level, and job-life balance**,** underscores the complexity of job satisfaction in interpreting roles. This variety points to the multifaceted nature of workplace happiness, demonstrating that interpreters value instrumental factors (like pay and working conditions) and relational aspects (such as respect and teamwork). Interpretation requires technical and interpersonal skills; consequently, the work environment must support positive relationships and effective collaboration to enhance satisfaction.

Emphasis on Well-Being: Including factors like mental health, creativity, and appreciation in the context of job satisfaction reflects a growing recognition of the importance of well-being in the workplace. This recognition aligns with contemporary discussions about employee mental health and work-life balance, seeking a work environment that nurtures professional growth and personal fulfilment

*Supportive Structures and Open Communication**:*** The mention of support, open communication, and **organizational** order indicates that interpreters view these elements as essential for enhancing their faction and managing expectations.

Transparent communication structures and support systems can reduce burnout and improve job satisfaction, allowing interpreters to voice concerns, seek help, and feel heard.

Recognition of Professional Value: Factors such as respect for personal space, ethical values, and value given to employees suggest that interpreters desire recognition and validation of their contributions. Acknowledging the unique challenges of interpreting work can contribute significantly to job satisfaction, fostering a sense of pride and commitment to their roles.

3.5 IMPLICATIONS

The study, conducted among healthcare interpreters in healthcare settings, indicates several key areas of strength and potential improvement for healthcare organizations. The high levels of satisfaction with independence, social status, organizational values, job security, social service, ability utilization, creativity, working conditions, coworkers, recognition, and sense of accomplishment suggest that healthcare organizations are successfully creating a supportive and fulfilling work environment for interpreters working in this setting. These positive aspects likely contribute to overall job satisfaction and retention in their jobs, which is crucial in maintaining a stable and effective workforce for healthcare institutions.

However, the relatively low satisfaction rates concerning responsibility level, remuneration, company policies, authority, technical supervision, human supervision, task variety, activity, and opportunities for career development (48%) highlight significant areas needing attention. These findings in the study imply that while interpreters feel valued, appreciated, recognized, and supported in their current roles, they may experience disappointment followed by frustration regarding their financial compensation and prospects for professional growth and

advancement. Addressing these concerns could involve reevaluating pay scales, offering more competitive and fair salaries, and creating more evident, accessible pathways for career advancement. These aspects could enhance job satisfaction, reduce turnover, and attract more qualified individuals.

In summary, while healthcare interpreters generally feel positive about many aspects of their jobs, targeted improvements in compensation and career development opportunities are essential to bolster job satisfaction further and ensure the interpreter workforce's long-term sustainability.

When the results of the burnout survey are analyzed, it is indicated that while participants manage their work and maintain a positive outlook, the emotional drainage and great effort put into work reported by many is a red flag for organizations. Organizations might need to address workload and work-life balance to prevent interpreters from feeling exhaustion in severe burnout levels. Strategies could include better resource allocation and ensuring that workloads are sustainable.

A strong sense of personal accomplishment and low depersonalization are positive indicators, and organizations should build on this by continuing to foster a supportive work environment that recognizes and values their employees' contributions. This can help to create and maintain high levels of reported job satisfaction and effectiveness while also preventing the risks of burnout.

The findings of organizational commitment suggest that organizations may need to focus on enhancing both affective and normative commitment if they wish to retain employees more effectively. Strategies could include fostering a stronger sense of belonging and emotional attachment and cultivating a culture of loyalty and mutual obligation. Additionally, addressing concerns that lead to a high

sense of necessity rather than desire to stay might help improve organizational commitment.

The results of the organizational trust survey show that nearly half of the employees have no doubts about the integrity and dependability of their department; however, a relatively high percentage of the participants who disagree could undermine cooperation and lead to a lack of cohesion in achieving organizational goals and hesitation to be fully engaged or invested in their work. These results suggest that the organization needs to take proactive steps to strengthen trust across departments. This could involve enhancing transparency, improving communication, and consistently meeting commitments. Without addressing these trust issues, the organization risks fostering an environment of scepticism and disengagement, which could negatively impact overall performance and employee morale.

The survey results among healthcare interpreters, which identified fair pay as the most important factor for job satisfaction, are significant for healthcare institutions aiming to enhance employee satisfaction and retention. The prominence of fair pay underscores the necessity for healthcare institutions to ensure competitive and equitable compensation structures. Adequate remuneration addresses interpreters' financial needs and conveys recognition of their skills and contributions, directly impacting their overall job satisfaction.

The survey showed that for participant interpreters, fair pay is the most important factor affecting job satisfaction, followed by working environment and respect. Among other factors are teamwork, harmony, practicality, honesty, leadership, team organization, side benefits, the opportunity for advancement, working conditions, continuity, fair working conditions, coworkers, working hours, stress level, manager/supervisor, appreciation, problem solving and strategy development, motivation, location, support, love, job-life balance, mental health,

respect for personal space, remuneration of the effort (not performance), open communication, realistic goals, workload, obeying legal working hours, clean and quality working environment, creativity, mobbing, career opportunities, meeting new people, touching people's lives, having different job life than 9-17 working hours, being able to take the initiative, team members, organizational order, value is given to employees, getting along with each other, ethical values, goal-oriented work.

To address these factors, healthcare institutions should adopt a comprehensive approach to improve job satisfaction among interpreters. The high levels in the aspects present in the survey questions do not correspond to high levels, like 90% for interpreters working in healthcare settings. Therefore, aspects affecting the job satisfaction levels of interpreters must be improved and these include implementing competitive compensation in which pay scales are regularly reviewed and adjusted to ensure they are fair and competitive within the industry; promoting work-life balance by offering flexible work schedules; enhancing communication and responsiveness; establishing clear communication channels and responsive support systems to address interpreters' concerns promptly; fostering a positive work environment encouraging a collaborative and respectful workplace culture, recognizing and appreciating employees' efforts, and providing professional development opportunities; supporting professional and personal growth offering training and development programs, fair opportunities for career advancement, and respecting personal boundaries; fostering trust, and treating interpreters with care and respect.

By addressing these diverse factors, healthcare institutions can significantly improve job satisfaction among healthcare interpreters, improving retention, morale, motivation and overall performance, ultimately benefiting both the interpreters and the patients they serve.

CONCLUSION AND SUGGESTIONS

Progress in the healthcare industry and the increased need for international patients have required hiring more interpreters, thereby increasing the need for interpreters with superior training. As a result, many translators strive for favourable working circumstances and satisfactory job fulfilment.

Our objective was to examine and determine the factors contributing to job satisfaction among interpreters working in healthcare settings, including job burnout, organizational commitment, and trust. This would be accomplished with respect to remuneration, advancements, oversight, additional perks, conditional incentives, working environment, colleagues, the type of tasks, communication, and general contentment.

Through a comprehensive analysis of key factors that contribute to job happiness in healthcare settings, including both public and private organizations, we aimed to devise strategies to enhance the job satisfaction of interpreters in healthcare settings in Türkiye.

The findings indicate that healthcare interpreters working in private hospitals generally report higher job satisfaction levels than those in public hospitals. While a specific percentage of interpreters in private settings express satisfaction, participants from public hospitals show significantly lower satisfaction levels. This disparity suggests that private hospitals' work environment and organizational culture may offer better job satisfaction conditions. In contrast, public hospitals may pose challenges that impact interpreters' overall contentment.

As Türkiye is a country where mass migration has continued daily in recent years, it naturally has a significant refugee population that requires public interpreting

and healthcare interpreting services. In this respect, the provision of interpreting services within the institutional framework of private institutions can be seen as a positive step forward for Türkiye. However, significant progress still needs to be made in the country's institutionalization and professionalization of healthcare interpreting. Based on the findings, this master's thesis provides specific recommendations.

The study reveals several areas of concern regarding job satisfaction parameters. Many interpreters express dissatisfaction with compensation, reporting that salaries do not meet their expectations. Working hours may also play a significant role, with interpreters feeling overworked or lacking flexibility. In terms of office facilities and working conditions**,** some interpreters report inadequate support and resources. While in-house training opportunities are acknowledged, they may not be uniformly available or sufficient. Interactions with staff members vary; some participants feel supported, while others report challenges in teamwork and communication. Overall, while some parameters, such as recognition by coworkers and the ethos of social service, contribute positively to satisfaction, significant dissatisfaction remains in areas related to working conditions, salary, and the availability of training.

The comprehensive study on healthcare interpreters in Türkiye highlights strengths and areas for improvement within healthcare organizations. While there are high levels of job satisfaction related to independence, social status, job security, and other positive aspects, the findings also reveal significant challenges, particularly concerning compensation, career development, and organizational trust. These unaddressed issues could lead to increased burnout, reduced job satisfaction, and weakened organizational commitment, ultimately affecting employee retention and patient care quality. By focusing on enhancing fair pay and career advancement opportunities and fostering a culture of

transparency and trust, healthcare institutions can create a more supportive and fulfilling work environment. This approach will benefit interpreters and contribute to the healthcare system's effectiveness and sustainability.

Several factors were identified that positively affect job satisfaction. These include recognition of contributions**,** opportunities for professional development, and the sense of personal accomplishment associated with their work. Many interpreters find satisfaction in the meaningfulness of their roles, particularly when they feel they positively impact patients' lives. Conversely, factors adversely affecting job satisfaction include low salaries**,** lack of advancement opportunities, significant workload**,** and inadequate **supervisor support.** Role ambiguity**,** where interpreters feel uncertain about their responsibilities, can also contribute to dissatisfaction. Addressing these negative factors—such as improving compensation and providing clear role definitions—may enhance job satisfaction among healthcare interpreters in İstanbul.

Job satisfaction among healthcare interpreters is a multifaceted construct influenced by various factors. Understanding and addressing these factors is essential for healthcare organizations to retain qualified interpreters, improve language access, and promote equitable healthcare. By prioritizing interpreters' well-being and job satisfaction, healthcare organizations can improve patient outcomes, foster a culture of inclusivity, and uphold their commitment to providing quality care to all patients, regardless of language barriers.

The present master's thesis research, which investigated the job satisfaction of healthcare interpreters working in healthcare institutions, may open up possibilities for further research in healthcare and community interpreting settings.

Further studies with more participants and healthcare facilities can provide a more comprehensive analysis of healthcare interpreters' overall job satisfaction and give insights into the factors affecting them.

One may cover a broader range of healthcare interpreters, including more participants, to compare setting conditions and factors affecting job satisfaction.

Another could be to explore job satisfaction and burnout among interpreters working in other community settings in Türkiye. Different studies can be conducted to compare the working conditions of various types of community interpreting.

Interview-based studies could be used to collect interpreters' statements about their job satisfaction and assess their impact.

Curricula of translation and interpreting departments of universities in Türkiye can be developed to cover detailed aspects of health care interpreting in addition to community interpreting in general.

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APPENDIX1. ETHICS BOARD WAIVER FORM

Tarih: 03/06/2024 11:54
Sayı: E-66777842-300-00003570250
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HACETTEPE ÜNİVERSİTESİ SOSYAL VE BEŞERİ BİLİMLER ARAŞTIRMA ETİK KURULU

TOPLANTI TARİHİ	**TOPLANTI SAYISI**
21 Mayıs 2024	2024/10

İlgi : 31.05.2024 tarihli ve E-12908312-300-00003566696 sayılı yazınız.

Enstitünüz Mütercim Tercümanlık Anabilim Dalı İngilizce Mütercim Tercümanlık Tezli Yüksek Lisans Programı öğrencilerinden **Begüm KAÇAR**'ın, **Dr. Öğr. Üyesi Alper KUMCU** danışmanlığında yürüteceği ***"Sağlık Alanında Çalışan Sözlü Çevirmenlerin İş Tatmini: İstanbul'daki Kamu ve Özel Hastaneler"*** başlıklı tez çalışması Üniversitemiz Sosyal ve Beşeri Bilimler Araştırma Etik Kurulunun **21 Mayıs 2024** tarihinde yapmış olduğu toplantıda incelenmiş olup, etik açıdan **uygun bulunmuştur**.

Bilgilerinizi ve gereğini rica ederim.

Prof. Dr. İsmet KOÇ

Kurul Başkanı

APPENDIX 3. INFORMED CONSENT AND SOCIO-DEMOGRAPHIC INFORMATION QUESTIONNAIRE

Sağlık Çevirmenlerinin İş Tatmini

Bu araştırma, Hacettepe Üniversitesi, İngilizce Mütercim ve Tercümanlık Bölümü'nde yüksek lisans öğrencisi olan Begüm Kaçar tarafından Dr. Öğr. Üyesi Alper Kumcu danışmanlığında yürütülmektedir. Araştırmanın amacı devlet hastanelerinde ve özel hastanelerde/sağlık kuruluşlarında çalışan çevirmenlerin iş tatmininin mevcut durumunu araştırmaktır. Bu çalışmanın katılımcılarını özel hastane/sağlık kuruluşlarında ve devlet hastanelerinde/kuruluşlarında çalışan çevirmenler oluşturmaktadır.

"Sağlık Alanında Çalışan Çevirmenlerin İş Tatmini" isimli bu araştırmaya katılımınızı onayladığınız takdirde araştırmanın katılımcısı olacaksınız. Tez sahibi tarafından size iletilen bu ankette demografik bilgileri edinmek amacıyla doldurulacak ön formun ardından, iş tatmini, tükenmişlik, örgütsel bağlılık ve örgütsel güveni ölçmeye yönelik Minnesota İş Tatmini Anketi, Maslach Tükenmişlik Envanteri Anketi, Örgütsel Bağlılık Ölçeği Anketi, Örgütsel Güven Envanteri Anketini tamamlamanız istenecektir.

Bu çalışma için Hacettepe Üniversitesi Sosyal ve Beşeri Bilimler Araştırma Etik Kurulu'ndan onay alınmıştır (Onay sayısı: 00003570250).

Çalışma süresince ve sonrasında kimlik bilgileriniz tezi yürüten tez sahibi ve danışman dışındaki hiç kimseyle izniniz dışında paylaşılmayacaktır. Bu çalışma kapsamında elde edilecek olan bilimsel bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler tamamen anonim olarak ve bilgisayarda şifreli bir dosyada tutulacaktır.

Bu çalışmaya katılım tamamıyla gönüllülük esasına dayalıdır. Anket için yaklaşık 20 dk. sürecek bu uygulamada yer alan hiçbir aşama, kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, uygulamaları nedenini açıklamaksızın yarıda bırakıp araştırmadan çıkmakta serbestsiniz. Böyle bir durumda vermiş olduğunuz bilgilerin araştırmacı tarafından kullanılması ancak sizin onayınızla mümkün olacaktır.

Bu çalışmaya katıldığınız için şimdiden teşekkür ederim. Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Begüm Kaçar ile (E-posta: begumkacar90@gmail.com, telefon: 0544 437 78 89) iletişim kurabilirsiniz.

E-posta:

Yukarıdaki bilgileri okudum ve katılmam istenen bu çalışmanın amacını ve kapsamını, gönüllü olarak üzerime düşen sorumlulukları anladım. Araştırmaya kendi isteğimle katılmayı ve verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Kabul ediyorum seçeneğini işaretleyerek çalışmaya gönüllü olarak katıldığınızı belirtmiş olursunuz.)

Kabul ediyorum.

Kabul etmiyorum.

Katılımcı Bilgileri

Doğum tarihiniz: Gun, ay, yıl

Cinsiyetiniz

Kadın

Erkek

Diğer

Öğrenim durumunuz

İlkokul/ortaokul

Lise

Üniversite (lisans)

Üniversite (yüksek lisans)

Üniversite (doktora)

Diğer

Mezun olduğunuz lisans bölümü

Mütercim ve tercümanlık/çeviribilim

Dil/kültür ve edebiyat

Yabancı dil eğitimi (örn. İngilizce öğretmenliği)

Dilbilim

Turizm rehberliği

Üniversite mezunu değilim.

Diğer

Çalıştığınız şirket/kurum/kuruluş adı

Çalıştığınız kuruluş türü

Devlet hastanesi

Özel hastane
Sağlık turizm şirketi

Diğer

Çalıştığınız kuruluşun bulunduğu il

İstanbul

Ankara

İzmir

Bursa

Antalya

Konya

Adana

Muğla

Aydın

Diğer

Sağlık çevirmeni olarak çalıştığınız toplam süre (ay olarak)

Mevcut işyerinizde çalıştığınız süre (ay olarak)

Çalıştığınız kuruluştaki unvanınız

Çeviri yaptığınız dil

Birden fazla yabancı dille çalışıyorsanız en çok çeviri yaptığınız dili işaretleyiniz.

İngilizce

Arapça

Almanca

Fransızca

İspanyolca

İtalyanca

Romence

Rusça

Flemenkçe

Farsça

Diğer

Çeviri yaptığınız sağlık alanı

Birden fazla seçeneği işaretleyebilirsiniz. Burada belirtilenler dışında belirli bir sağlık alanında çeviri yapıyorsanız diğer seçeneğini işaretleyiniz ve bu alanı yazınız.

Estetik, plastik ve rekonstrüktif cerrahi

Saç ekimi

Diş tedavisi

Göz tedavileri

Tüp bebek (IVF) tedavileri

Ortopedi ve spor yaralanmaları

Onkoloji (Kanser tedavileri)

Belirli bir alanım yok/tüm alanlarda çeviri yapıyorum.

Diğer

İstihdam türünüz

Lütfen istihdam türünüzü en iyi açıklayan seçeneği işaretleyiniz.

Tam zamanlı

Yarı zamanlı

Serbest (freelance)

Gönüllü (ad-hoc)

Aylık geliriniz

Aylık sabit bir geliriniz yoksa ve/veya geliriniz değişkense ortalama gelirinizi aralık vermeden belirli bir değer olarak (örn. 25000) yazınız.

Ekibinizdeki toplam tercüman sayısını (siz dahil) yazınız.

APPENDIX 4. THE MINNESOTA JOB SATISFACTION QUESTIONNAIRE

Minnesota İş Tatmini Ölçeği (MSQ)

Aşağıda işinizin çeşitli yönleri ile ilgili cümleler bulunmaktadır. Her cümleyi dikkatle okuyarak işinizin o cümlede belirtilen yönünden ne derece memnun olduğunuzu işaretleyiniz.
İşinizin o yönünden çok memnunsanız "5"
İşinizin o yönünden memnunsanız "4"
İşinizin o yönünden memnun olup olmadığınız konusunda kararsızım "3".
İşinizin o yönünden memnun değilseniz "2"
İşinizin o yönünden hiç memnun değilseniz "1"

1. İşimle sürekli meşgul olabilme fırsatı

2. İşimde kendi kendime çalışma fırsatı

3. Zaman zaman farklı şeylerle meşgul olma şansı

4.Toplumda, işim sayesinde bir yer edinme olanağını bulma

5. Amirlerin çalışanlarına karşı gösterdiği davranış biçimi

6. Amirimin karar vermede yeterli olması

7. Vicdanıma ters düşmeyen şeyleri yapabilme olanağı elde edebilmem

8. Sürekli olan bir işe sahip olma şansı (güvencesi olan bir iş)

9. Başkaları için bir şeyler yapabilme şansı

10. Diğer insanlara ne yapacaklarını söyleme fırsatı

11. Yeteneklerimi kullanabilme imkanı bulma

12. İş kurallarının uygulamaya konulma tarzı

13. Yapılan işe karşılık aldığım ücret

14. İşte ilerleme şansı elde etme

15. İşimde kendi kararımı verme özgürlüğü

16. İşimi yaparken kendi yöntemlerimi deneme imkanı bulabilmek

17. Çalışma koşulları

18. Çalışma arkadaşlarımın birbirleri ile olan ilişki düzeyi

19. Yaptığım iyi işten dolayı aldığım övgü

20. İşimden edindiğim başarı duygusu

APPENDIX 5. THE MASLACH BURNOUT INVENTORY

Maslach Tükenmişlik Envanteri (MBI)

Aşağıdaki ankette işinizle ilgili tutumlarınızı yansıtan ifadeler yer almaktadır. Sizden istenen her bir ifade ile istenen durumu ne kadar sıklıkla yaşadığınızı belirtmenizdir. Lütfen her bir cümleyi dikkatle okuyarak hangi sıklıkta hissettiğinizi size uyan seçeneğe işaret koyarak belirtiniz.

-Belirtilen durumu hiçbir zaman hissetmiyorsanız "0"
-Belirtilen durumu yılda birkaç kere hissediyorsanız "1"
-Belirtilen durumu ayda bir hissediyorsanız "2"
-Belirtilen durumu ayda birkaç kere hissediyorsanız "3"
-Belirtilen durumu haftada bir kere hissediyorsanız "4"
-Belirtilen durumu haftada birkaç kere hissediyorsanız "5"
-Belirtilen durumu her gün hissediyorsanız "6"

1. İşimden soğuduğumu hissediyorum

2. Bütün gün insanlarla uğraşmak benim için gerçekten çok yıpratıcı.,

3. Yaptığım işten yıldığımı hissediyorum.

4. İşimin beni kısıtladığını düşünüyorum.

5. İşimde çok fazla çalıştığımı hissediyorum.

6. Doğrudan doğruya insanlarla çalışmak bende çok fazla stres yaratıyor.

7. Yolun sonuna geldiğimi hissediyorum.

8. İşim gereği bazı kimselere sanki insan değillermiş gibi davrandığımı fark ediyorum.

9. Sabah kalktığımda bir gün daha bu işi kaldıramayacağımı hissediyorum.

10. İşim gereği karşılaştığım insanların bazı problemlerini sanki ben yaratmışım gibi davrandıklarını hissediyorum.

11. İş dönüşü kendimi ruhen tükenmiş hissediyorum.

12. İşim gereği karşılaştığım insanlara ne olduğu umurumda değil.

13. Bu işte çalışmaya başladığımdan beri insanlara karşı sertleştim.

14. Bu işin beni giderek katılaştırmasından korkuyorum.

15. Bu işte birçok kayda değer başarı elde ettim.

16. Çok şeyler yapabilecek güçteyim.

17. İşim gereği karşılaştığım insanların ne hissettiğini hemen anlarım.

18. İşim gereği karşılaştığım insanların sorunlarına en uygun çözüm yollarını bulurum.

19. İşimdeki duygusal sorunlara serinkanlılıkla yaklaşırım.

20. Yaptığım iş sayesinde insanların yaşamına katkıda bulunduğuma inanıyorum.

21. İşim gereği karşılaştığım insanlarla aramda rahat bir hava yaratırım.

22. İnsanlarla yakın bir çalışmadan sonra kendimi canlanmış hissederim.

APPENDIX 6. THE ORGANIZATIONAL COMMITMENT SCALE

Örgütsel Bağlılık Ölçeği (OCS)

"Kesinlikle katılmıyorum" şeklindeki cevabınız için "(1)"

-“Katılmıyorum” şeklindeki cevabınız için “(2)”

-"Kısmen katılmıyorum" şeklindeki cevabınız için "(3)"

-“Ne katılmıyorum, ne katılıyorum” şeklindeki cevabınız için “(4)”

-“Kısmen katılıyorum” şeklindeki cevabınız için “(5)”

-"Katılıyorum" şeklindeki cevabınız için "(6)"

-"Kesinlikle Katılıyorum" şeklindeki cevabınız için "(7) seçeneğinin altındaki kutucuğu işaretleyiniz.

1. Meslek hayatımın geri kalan kısmını bu kurumda geçirmek beni çok mutlu eder.

2. Bu kurumun problemlerini gerçekten kendi problemlerim gibi görüyorum.

3. Kurumuma karşı güçlü bir aidiyet hissetmiyorum.

4. Bu kuruma karşı duygusal bağlılık hissetmiyorum.

5. Bu kurumda kendimi “ailenin bir parçası” gibi görmüyorum.

6. Bu kurumun benim için çok özel bir yeri vardır.

7. Şu anda bu kurumda çalışıyor olmam, hem kendi isteğimden hem de şartların bunu gerektirmesindendir.

8. Çalıştığım kurumdan ayrılmayı isteseydim dahi şu anda bu bana çok zor gelirdi.

9. Şu anda kurumdan ayrılacak olsam, hayatımda birçok şey alt üst olur.

10. Bu kurumdan ayrılmamı düşündürecek seçenekler oldukça azdır.

11. Eğer bu kuruma kendimden çok şey katmamış olsaydım, başka yerde çalışmayı düşünebilirdim

12. Bu kurumdan ayrılacak olsam, uygun alternatiflerim az olur.

13. Bu kurumda çalışmaya devam etmek için yöneticilerime karşı bir minnet borcu/sorumluluk hissetmiyorum

14. Eğer bu kurumdan ayrılmak benim yararıma olsa dahi şu anda buradan ayrılmanın doğru olmadığını düşünüyorum.

15. Çalıştığım kurumdan şu anda ayrılacak olsam kendimi suçlu hissederim.

16. Bu kurum benim sadakatimi (bağlılığımı) hak ediyor.

17. Bu kurumdaki insanlara karşı bir minnet borcu/sorumluluk hissettiğim için şu anda bu okuldan ayrılmam

18. Bu kuruma çok şey borçluyum.

APPENDIX 7. THE ORGANIZATIONAL TRUST INVENTORY

Örgütsel Güven Envanteri (OTI)

Lütfen, çalıştığınız departmanı ve bağlı olduğunuz üst yönetim birimini düşünün. İfadelerde yer alan "biz", bölümünüzde çalışan kişileri , "onlar" ise diğer üst departmanı veya birimi temsil eder. Örneğin "Uluslararası Hasta İlişkileri Departmanı"nda çalışan bir kişi için "Hasta İlişkileri Departmanı"ndaki kişiler "onlar" niteliğindedir. Lütfen kendi departmanınızdaki personelin diğer departmana yönelik görüşlerini en iyi tanımlayan seçeneği işaretleyiniz.

-"Kesinlikle katılmıyorum" şeklindeki cevabınız için "(1)"

-“Katılmıyorum” şeklindeki cevabınız için “(2)”

-"Kısmen katılmıyorum" şeklindeki cevabınız için "(3)"

-“Ne katılmıyorum, ne katılıyorum” şeklindeki cevabınız için “(4)”

-“Kısmen katılıyorum” şeklindeki cevabınız için “(5)”

-"Katılıyorum" şeklindeki cevabınız için "(6)"

-"Kesinlikle Katılıyorum" şeklindeki cevabınız için "(7) seçeneğinin altındaki kutucuğu işaretleyiniz.

1. Görüş alışverişimizde doğruyu söylediklerini düşünüyoruz.

2. Müzakere yapılan konularda yükümlülüklerine uyduklarını düşünüyoruz.

3. İtimat edilebilir olduklarını düşünüyoruz.

4. Diğerlerini ezerek başarıya ulaştıklarını düşünüyoruz.

5. Üzerimizde hakimiyet elde etmek istediklerini düşünüyoruz.

6. Problemlerimizden faydalandıklarını düşünüyoruz.

7. Görüş alışverişlerimizde dürüst davrandıklarını düşünüyoruz.

8. Vaatlerini yerine getireceklerini düşünüyoruz.

9. Bizi yanlış yönlendirmeyeceklerini düşünüyoruz.

10. Taahhütlerinden kaçmaya çalıştıklarını düşünüyoruz.

11. Ortak beklentileri adilce müzakere ettiklerini düşünüyoruz.

12. Kişilerin zayıflıklarından avantaj sağladıklarını düşünüyoruz.

APPENDIX 8. JOB SATISFACTION FACTORS ACCORDING TO HEALTHCARE INTERPRETERS

Sağlık Çevirmenlerine göre İş Tatminini Etkileyen Faktörler

Lütfen size göre iş tatminini etkileyen en önemli 3 faktörü önem sırasına göre yazınız.