

Chapter 1

Introduction

1.1. Background and Rationale

Physician-patient communication is a major component in providing medical care. Effective clinical process and outcome lie in the communication and interpersonal aspects of physician-patient relationship (Fong Ha & Longnecker, 2010; Putsch, 1992). It is a complex process that involves parties who need to reach an agreement about the nature of the disease and treatment in a situation where personal suffering, pain, and emotional stress permeate all levels of interaction. It gets even more complicated in our globalized world, where health care professionals need to deal with an increasing diverse clientele who speak different languages, have different socio-cultural backgrounds, as well as different health beliefs and values.

Some countries around the world, especially those with a long history in receiving immigrants such as the United States and Australia, have been providing language interpreting services for patients with Limited English Proficiency (LEP) to facilitate their communication with health care professionals for the last 40 years. Interpreters who work in the health care field are called 'medical interpreters'. In the United States, in particular, the awareness of the importance of language in the health care setting fueled extensive research about medical interpreting. Researchers of different fields including physicians, sociolinguists, and anthropologists have addressed a broad range of topics that include cultural and language barriers and unequal access to health care (Takesako, 2014).

More recently, in Asia, countries like Japan and Thailand have also introduced medical interpreting services for foreigners who lack language proficiency in Japanese and Thai respectively. Japan's context is not much different from the United States, in the sense that this service is mainly provided to immigrants composed of unskilled worker minority groups in the Japanese society. Thailand has the unique feature of medical interpreting being a service offered at private hospitals. Patients who use these services are in their majority affluent foreigners (including tourists, long-term residents, expatriates, and foreigners - holders of a medical visa) who can afford treatment at private hospitals.

In Thailand, there are a few researches focusing on the interpreter (Sanguanphom, 2013; Watanabe, 2012; Suwanakitti, 2006), the patient (Buranpongbandhit, 2008) and the health care provider's perspective (Fukahori, 2011). However, one key component in providing effective care, the teamwork between medical personnel and interpreters, has not yet been thoroughly explored. Among the studies which were conducted at major international hospitals in Bangkok, there are two worth mentioning. Sanguanphom (2013, p.78) refers to a lack of mutual understanding between physicians and interpreters, including the interpreter's lack of understanding the purpose of the physician's inquiry, while Watanabe (2012, p.34) mentions that physicians seem to overlook the complexities of interpretation. Kawauchi (2011, p.33) and Ito et. al. (2012, p.392) also point out the medical personnel's lack of understanding on the work of medical interpreters in Japan. It shows that problems surrounding the teamwork between medical personnel and interpreters is not unique to Thailand.

Therefore, this study was conducted with the purpose of better understanding the nature and dynamics of teamwork between medical personnel and interpreters. The sites of research were three private hospitals in Chiang Mai. The reasons of such choice are explained next.

Chiang Mai is an international city with a growing number of foreigners who come to the city not only for tourism, but also for long-term residence. It ranks as the third most

popular city among Japanese nationals, whose number rose from 1,543 in 2005 to 3,172 in 2016 (Consulate-General of Japan in Chiang Mai, 2016). This added to the number of Japanese tourists which is at an average figure of 4,000 at any time of the year (Thongtep, 2011). As a result, about 20 years ago, private hospitals started to provide interpreting service in Japanese language.

Table 1.1. Private hospitals in Chiang Mai that offer medical interpreting services

Hospital	Languages in which interpreting services are offered
Bangkok Hospital Chiang Mai	Japanese, Burmese, Chinese
Chiang Mai Ram Hospital	Japanese, Burmese, Chinese, English, French, German
Lanna Hospital	Japanese
Mc Cormick Hospital	Japanese
Rajavej Hospital	Japanese, Burmese, Chinese, English
Sriphat Special Medical Center, Faculty of Medicine, Chiang Mai University	Japanese

(Summarized by the authors)

As shown in table 1.1, Japanese is the language with the highest demand. There is a particular group of Japanese clientele who is worth mentioning: Japanese pensioners aged over 60, who comprise more than half of the number of long-term residents and are regular visitors to private hospitals where they can use the interpreting service. Among this population, those who were the first newcomers in the end of 1990’s (Hongsrnagon, 2005a,b) are now at an age in need of geriatric care. In serious cases, those who need end-of-life care find themselves at a crossroads in having to decide whether to receive treatment in Thailand or Japan (SCC News, June 12, 2016).

Private hospitals in Chiang Mai have been following in the steps of hospitals in Bangkok. However, there are several challenges they face:

- 1) Each private hospital in Chiang Mai has different organizational resources (both financial and human resources) to offer interpreting services.

- 2) There are a couple of private hospitals that have both private and public sections. When deemed necessary, interpreters also work at the hospital's public section where the busy work environment does not leave time for medical personnel and interpreters to get to know each other well.
- 3) Although hospitals provide some on-the-job training for interpreters, at less experienced hospitals who employ only one interpreter, the interpreter must learn by doing it on their own.
- 4) There is a constant turnover of interpreters because they don't stay long in this job area.

Another phenomenon that has been noticed in Chiang Mai is the slight increase in the number of Japanese patients who go to public hospitals accompanied by family members or friends who act as ad-hoc interpreters. As Japanese residents create roots in this land, they become familiar with the local institutions, including health care, and have started to go to clinics and local hospitals that do not have interpreting services. In such situations, medical personnel who have limited experience with Japanese patients have to provide care by interacting with ad-hoc interpreters who have absolutely no training in carrying out interpretation.

In the realities of this current environment, the guidelines suggested in this study are expected to be useful for private hospitals as well as public hospitals who neither have time to orient medical personnel about dealing with Japanese patients via an interpreter nor have the financial resources to hire and train interpreters.

From a broader perspective, Thailand's policy to promote medical tourism may foster the need for more interpreting and translation services. In addition, socioeconomic changes might happen in the near future with the implementation of the ASEAN Economic Community (AEC). Therefore, a better understanding of the medical interpreting service can offer health care providers and interpreters insights into enhancing this service. This is not only for Japanese patients, but for patients of diverse nationality as well.

1.2. Research Question

Teamwork is a core element in delivering effective health care. However, little is known about the teamwork between medical personnel and medical interpreters in Thailand. In addition, the current literature reveals that although interpreters receive some on-the-job training, no training is provided for medical personnel on how to use interpreters properly. Therefore, this research aimed to shed some light on the following three questions:

- 1) What is the current situation of the teamwork between medical personnel and Japanese-Thai interpreters?
- 2) What difficulties do these professionals face when working together?
- 3) Is there anything that can be done to enhance their teamwork?

1.3. Objectives of the Research Project

The objectives of this study were:

- 1) To analyze and discuss some of the difficulties faced by medical personnel and Japanese-Thai interpreters when working together.
- 2) To provide a guideline for enhancing their teamwork.

1.4. Scope of the Research Project

1.4.1. Sample Group

In order to investigate the teamwork between medical personnel and Japanese-Thai interpreters, the researchers took into consideration the perspective of each party involved in delivering/ receiving care, that is, physicians, nurses, interpreters, and patients.

Sample data were collected at two settings:

- 1) At three private hospitals that provide interpreting service in Japanese language: the target groups were physicians, nurses, and interpreters.
- 2) At the Long-Stay Life Club (CLL) office: the target group was composed of Japanese pensioners who have lived in Chiang Mai for more than three years and received medical care in one of the participating hospitals, using Japanese language interpreting service.

Patients in this study were limited to the group of pensioners, popularly known as 'long-stayers' for the following reasons:

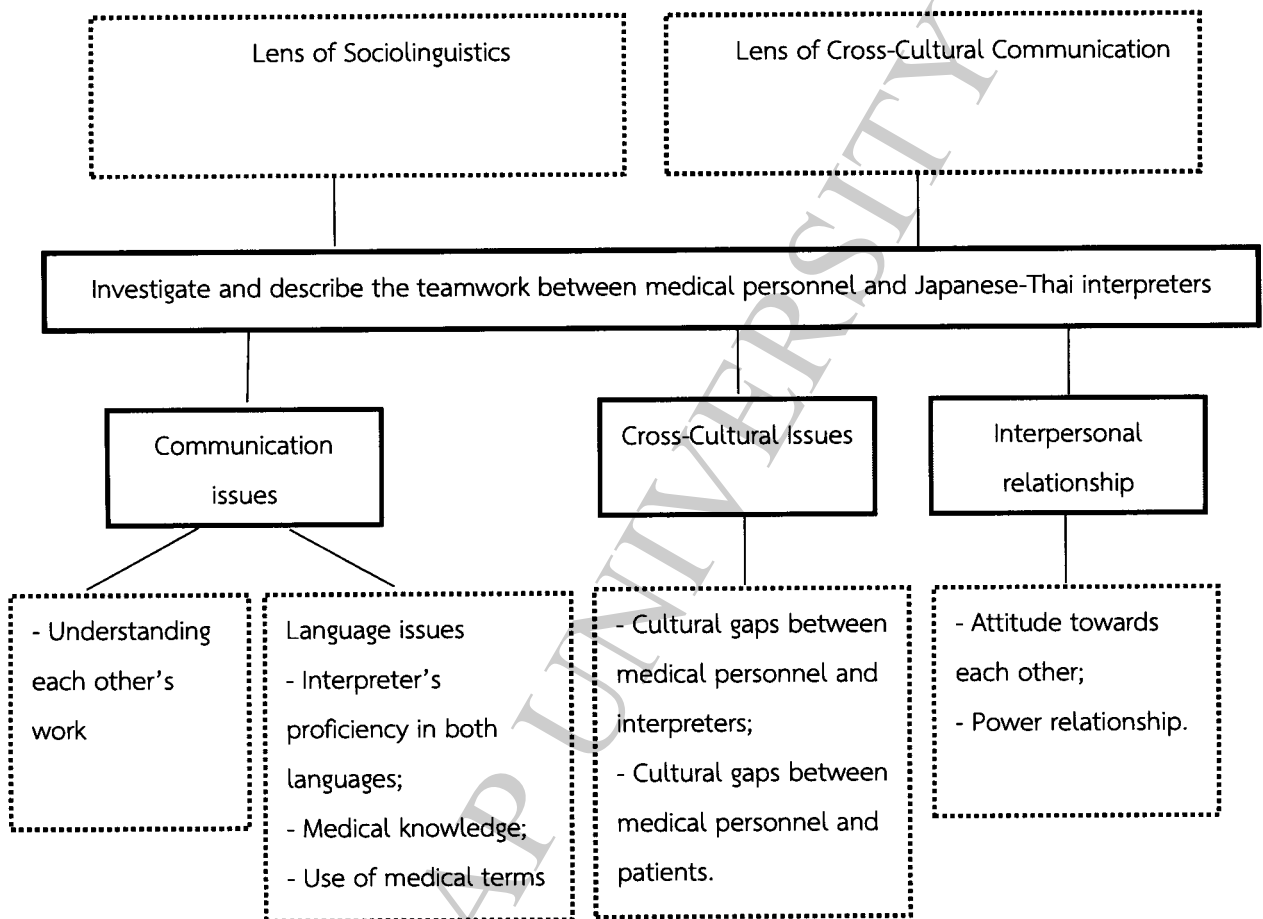
- 1) When seeking medical attention, the majority of pensioners go to private hospitals that offer Japanese language interpreting service.
- 2) The majority of them do use interpreting service.
- 3) Because of their age, they are 'repeated' visitors to hospitals, able to provide their experienced perspective about the services they have received.
- 4) Some of these pensioners have moved permanently to Thailand. This means that health issues such as where to have treatment and with whom, if they get terminally ill, is certainly one of their biggest concerns.

In sum, our choice towards this group was based on the reasoning that they could provide insightful data for this study.

1.4.2. Conceptual Framework

This is a qualitative research, and knowledge regarding the research topic was deepened through literature review related to medical interpreting in Thailand and abroad.

The teamwork between medical personnel and Japanese-Thai interpreters was investigated from the lens of sociolinguistics and cross-cultural communication.



1.5. Expected Benefits

1.5.1. Short-Term Benefits

The immediate benefits expected are:

- Providing hospitals with a better understanding of the teamwork between medical personnel and Japanese-Thai interpreters.

- Clarifying some of the difficulties they face when working together.
- Offering recommendations on how to enhance their teamwork.

1.5.2. Long-Term Benefits

Long-term benefits expected are:

- Offering insights into other languages in which interpreting services are provided.
- Offering insights for reviewing the content of the academic curricula such as the Japanese language curriculum that offers the course “interpretation”.
- Offering insights for including the teaching of ‘cultural competence’ in nursing and medical education. Some examples are courses such as “History Taking from Patients” and “Doctor-Patient Communication”, respectively. ‘Cultural competence’ is a skill necessary for almost all professions across the world that has been increasingly characterized by multi-cultural societies.

1.6. Definition of Terms

Private Hospital: is a privately-operated hospital and usually owned by a company. It has its own management policies.

Medical Interpreter: is a private hospital employee, usually full-time, who has the responsibility of mediating the conversation between medical personnel and patients who cannot speak Thai or English. Many hospitals in Chiang Mai use the term “coordinator” to designate the professional status of the interpreter.

Medical Personnel: is a broad term used to designate all health care staff. However, in this research this term is used to refer to nurses and physicians that are involved in delivering care to Japanese patients.

Physician: is a general term to refer to medical doctors.

Doctor: has the same meaning of physician. In this study, however, this term is used in the data analysis and discussion sections to facilitate identification. Abbreviations are used: “D” to indicate ‘doctor’ and “P” to indicate ‘patient’.

Nurse: refers to those who have taken care of Japanese patients, by working together with a Japanese-Thai interpreter.

Patient: refers to a Japanese person who has received care in one of the private hospitals participating in this research, by using the interpreting service. In this study, patients were limited to pensioners living in Chiang Mai as long-term residents.

Cross-Cultural Communication: refers to communication between people from different cultures and how they endeavor to communicate across cultural differences. For example, when Thai medical personnel communicate with Japanese patients, words can be interpreted in different ways because of cultural differences. Beliefs regarding a certain disease or treatment may also differ from culture to culture.

Cultural Competence: refers to the ability to understand, accept and deal with cultural differences of the person we are interacting with. For medical personnel, it is the ability to treat effectively any patient from different cultural backgrounds (Serizawa, 2007, p.141). If medical personnel can identify and understand certain traits that are culture specific in the patient’s behavior, attitude, way of thinking and so on, he/she can deliver care that is culture sensitive and appropriate to that particular patient.