

## Chapter 3

### Research Methodology

This was a qualitative research. It was carried out in two stages:

#### **Pre-Research Stage**

- (1) The researchers conducted a review of the related literature as well as the theories and concepts related to delivering medical service for foreign patients (particularly Japanese), and medical interpreting services.
- (2) The researchers conducted interviews with the manager of the human resources department, interpreters, and nurses at three private hospitals in Chiang Mai.
- (3) The researchers conducted a pilot study in collaboration with the Faculty of Medicine, Chiang Mai University, by conducting simulations of physician-patient consultations mediated by Japanese-Thai interpreters.

#### **Research Stage**

Based on the information gathered in the pre-research stage, the researchers made efforts in developing the tools and the method of data collection, according to the following steps:

- (1) The researchers organized the questions for the in-depth interview;
- (2) Three specialists evaluated the validity of the interview content;
- (3) The researchers contacted the target groups for the interviews;
- (4) The researchers conducted the interviews which were voice-recorded;
- (5) Interviews were later transcribed *verbatim* for analysis.

Next, a detailed description of each stage is provided. In the pre-research stage, the current situation of medical interpreting services in Chiang Mai is presented. In the research stage, the method of data collection and the method of analysis are explained.

## Pre-Research Stage: Medical Interpreting in Chiang Mai

### 3.1. Medical Interpreting Service in Chiang Mai

Chiang Mai is considered an international city because of the presence of foreigners, which include both tourists and long-term residents. However, medical interpreting service is offered at a much smaller scale than Bangkok. There are only six private hospitals that offer language interpreting service as shown in table 3.1.

Although Japanese is the language with the highest demand, the total number of Japanese interpreters in all hospitals in Chiang Mai does not even reach the average number of Japanese interpreters in one hospital in Bangkok.

Table 3.1. Number of Japanese-Thai interpreters at private hospitals in Chiang Mai

Hospitals	Number of Japanese-Thai Interpreters
Chiang Mai Ram Hospital	4
Rajavej Hospital	2
Bangkok Hospital	1
Sriphat Medical Center, Chiang Mai University	2
Lanna Hospital	1
McCormick Hospital	1
<b>Total</b>	<b>11</b>

(Summarized by the authors in April 2016)

While in Bangkok the number of Japanese interpreters might reach almost 20 in just one hospital (Sanguaphon, 2013:45-46), in Chiang Mai this number varies from 1 to 4 interpreters per hospital.

### **3.1.1. Hiring New Interpreters**

Chiang Mai is a small city compared to Bangkok, and it is not easy for hospitals to find qualified personnel who wish to work as a medical interpreter. It is not such a well-known profession as business interpreting is, and there is a general pre-conceived idea that 'medical interpreting' is difficult. In addition, in spite of being a job that requires extreme high responsibility, the wages are lower than the wages of an interpreter who works for a Japanese company. This may be one reason that explains the difficulties faced by hospitals in hiring medical interpreters.

In this context, the requirements for hiring an interpreter are not very strict. Basically, what hospitals look for are the following qualities and skills:

- (a) Language fluency: if an interpreter is a Japanese national, he/she should be able to communicate well in Thai. If the interpreter is a Thai national, he/she should be able to communicate well in Japanese. Certificates such as the Japanese Language Proficiency Test or a Thai Proficiency Test are not a requirement. However, hospitals conduct interviews to check the language skills of the candidates. Fluency in English is also an asset.
- (b) Service mindedness: interpreters are expected to be service minded. When they meet the patient, they should have in mind that the patient is a 'customer' to whom quality service should be provided. Interviewing the candidate is the method used by hospitals to grasp his/her personality traits.

- (c) Educational background: although many interpreters have a bachelor's degree in the field of Humanities and Social Sciences, having an educational background related to the medical field such as a degree in Nursing or Pharmacy, for example, is considered an asset.
- (d) Age and sex: there is no restriction regarding age or sex.
- (e) Nationality: some hospitals openly address their preference for Japanese nationals. This is based on the belief that Japanese patients will feel more comfortable in talking with a fellow compatriot, who can understand their way of thinking, share their cultural background, and can understand the nuances of the Japanese language that a Thai national might not be able to grasp.

### **3.1.2. Training New Interpreters**

Once the new interpreter is hired, he/she should accompany interpreters that are more experienced and learn about their job through on-the-job training, for the first three months. They start by observing senior interpreters in action, as they gain understanding of the work as well as confidence. As a result, they gradually perform interpretation independently.

Although many hospitals try to follow this process, the reality of the work environment is not that black and white. If several Japanese patients who need an interpreter comes to the hospital at the same time and there are not enough interpreters available, a newly hired interpreter might have to perform interpretation even without having completed the training or probation period.

Hospitals that have only one interpreter cannot provide on-the-job training. The interpreter has to learn on his/her own through experience. However, hospitals that have more than one interpreter can better deal with different cases in that interpreters work as a team. They all share information regarding the Japanese patients, and each one is

assigned with different cases according to their medical knowledge and/or language proficiency. Newly hired interpreters are usually assigned to the 'internal medicine department', which normally deals with common ailments and do not perform interpretation of more specialized or terminal cases. Psychiatric patients are considered the most challenging ones, not just because it demands proficiency in Japanese language, but also because it is emotionally demanding, and therefore an experienced interpreter, preferably a Japanese national, is considered more appropriate for this case.

There is no particular training regarding how to provide medical knowledge for interpreters. However, hospitals usually have a list of technical words or written material that interpreters should memorize.

It is interesting to note that interpreters at different hospitals have been organizing a handbook with medical terms and common situations met at different departments in the hospital to facilitate their work. It is unfortunate, however, that such work has been carried out in parallel, and there is no exchange of knowledge or experience between interpreters of different hospitals, unless they know each other on a personal level.

### **3.1.3. Duties and Responsibilities of the Interpreter**

In Chiang Mai, medical interpreters are called 'coordinators'. This denomination is based on the understanding that the interpreter should 'coordinate' all steps of the patient's care, from the moment the patient steps into the hospital. Some examples of these steps are: registering his/her name, meeting the nurse, consulting with the physician, going through tests, paying the hospital fees and receiving the medication. The term 'coordinator' in this case differs from the term 'coordinator' as used in Japan. In Japan, a 'coordinator' is a person who takes care of the interpreter and helps mediate the triadic relationship between physician, interpreter, and patient.

In regards to the duties and responsibilities of the interpreter, our findings in the pre-research stage revealed that in addition to interpreting in the outpatient and inpatient wards, working at the reception desk, attending and providing services over the phone,

and liaising with insurance companies, interpreters occasionally perform the following tasks:

- Contacting hospitals in Japan, in case the patient has a serious disease or a chronic disease that requires physicians to have their previous medical record from Japan in order to assess their problem properly. In this case, translation of documents, sometimes translating handwritten notes by Japanese physicians take a considerable toll on the interpreters;
- Contacting family members in Japan when a Japanese patient has a serious disease or terminal illness and he/she has no close relative or contact nearby;
- Contacting the Japanese Consulate in Chiang Mai in situations where the patient's family member cannot be contacted, or the patient has financial problems and cannot pay for the hospital fees, or it is recommended that the patient returns to Japan;
- Investigating the names and composition of drugs, because of the non-equivalence of Japanese and Thai medications;
- Translating documents for both hospitals and patients in case there are documents needed to clear insurance issues.

There are two important observations to be made regarding the list above:

- (a) Cases described above are usually related to Japanese pensioners who live in Chiang Mai alone, and do not have any close relatives or friends nearby.
- (b) In countries like the United States or Japan, where a considerable number of interpreters are dispatched to hospitals for interpreting services, coordinating agencies or institutions determine the roles and the duties of the interpreter. Translation, for example, is not a service interpreters should do. However, in Thailand and in Chiang Mai in particular, interpreters are usually full-time employees of hospitals. This status and the fact that interpreters are the only ones who are fluent in both Thai and Japanese, make hospitals assign several tasks for

them. However, it is necessary to take into consideration how such extra tasks affect their performance and efficiency. Medical interpreting is a very stressful and emotionally demanding job, and using the interpreter to 'coordinate' all aspects of providing service for Japanese patients, including problems not directly related to the illness or treatment might be an extra burden to the interpreter.

#### **3.1.4. Peculiarities of Medical Interpreting Service in Chiang Mai**

Some characteristics are unique to medical interpreting service offered to Japanese patients in Chiang Mai.

##### About hospitals that offer interpreting service:

- (a) In Bangkok, 24-hour interpreting service is offered at major international hospitals, while in Chiang Mai there is no such service yet. Interpreters work from 8:00 to 17:00 during weekdays, and from 8:00 to 12:00 on Saturdays. If an emergency arises, or a patient who cannot communicate in Thai or English goes to the hospital at a time when interpreters are off duty, interpretation service is offered over the phone. It means that interpreters must be prepared to any emergency even when they are not present in the hospital. Bangkok Hospital is able to deal with such cases by providing 24-hour over-the-phone interpreting service through their headquarters' on-call service, in Bangkok.
- (b) In Chiang Mai there are two hospitals, Rajavej Hospital and Lanna Hospital that although privately operated, are not exclusive for privately insured or privately financed patients; both have a section for patients under the Thai social insurance scheme. If a Japanese patient covered by Thai social insurance needs medical care, but cannot communicate in Thai or English, she/he is allowed to use the language interpreting service with no extra-charge. From the patient's perspective, it is good news that language interpreting service is not limited to affluent foreigners, and

that Japanese patients who live and work in Thailand with a social status similar to an ordinary Thai citizen, can have equal access to medical care in spite of their language limitations. However, from the interpreter's perspective, working at the public section crowded with patients means that they have to work within limited time frame. In addition, medical personnel and interpreters do not have much opportunity to get to know each other well.

- (c) There are two hospitals, Bangkok Hospital and Chiangmai Ram that can literally be called 'international hospitals', not only because of their luxurious looks, but because both have the JCI accreditation, which assures their medical service as having international quality standard.

About interpreters:

- (d) Similar to the situation at private hospitals in Bangkok, English is generally understood by medical personnel at private hospitals in Chiang Mai. Medical interpreters of English language, rather than having to mediate the communication between medical personnel and patients, greatly help the latter with paperwork, especially insurance issues.
- (e) There is one interpreter in a private hospital in Chiang Mai who cannot speak Thai. However, she is fluent in English. Therefore, she communicates with medical personnel in English, and with patients, in Japanese. The question here is how effective communication actually is considering that English is not the mother tongue of both the interpreter and medical personnel.
- (f) More than half of the total number of interpreters in Chiang Mai are Japanese nationals, because of the hospitals' preference for interpreters of Japanese nationality.



### About patients:

(g) There are basically two categories of Japanese patients in Chiang Mai who use interpreting service: the first is the group that has financial resources or are covered by different types of health insurance that allow them to receive medical care at private hospitals. This group is mainly comprised by Japanese tourists, Japanese exchange students, employees of Japanese companies, some expatriates<sup>7</sup> and the Japanese pensioners. Among this group, Japanese pensioners are considered regular clients and the ones who mostly use the language interpreting service. Since private hospitals charge different medical fees, some higher than others, pensioners also choose hospitals according to their financial status.

The second group is composed of elder Japanese who live anonymously. They comprise a particular group of persons who, for several reasons, have cut relations with family members in Japan, and do not wish to keep social relations in neither Japan nor Thailand. They neither are registered in the General Consulate of Japan in Chiang Mai, nor participate in social activities by the Japanese community. However, when they get sick, they usually end up going (or are taken by neighbors) to private hospitals because of the language interpreting service. Among this group, the payment of medical fees become a problem if the patient cannot present some proof that they are covered by a health insurance company, and/or do not have any family member the hospital can contact.

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<sup>7</sup> Expatriates who have lived in Chiang Mai for a long time are a special category in that there are those who use the interpreting services and those who do not. Expatriates who are not fluent in the Thai language rely on interpreting services. However, those who can speak Thai fairly well for having lived here for several years do not use the interpreting service. There are also expatriates who are married to Thai citizens. These ones rely on their Thai spouses who serve as ad-hoc interpreters.

- (h) There are some cases of Japanese patients who go to public hospitals where there is no interpreting service. If the patient cannot communicate in Thai, these hospitals use whatever resources are possible to deal with these patients: gestures, online dictionaries, simple English words, ad-hoc interpreters, contacting the consulate or some volunteer organization, or even 'borrowing' interpreters from private hospitals if an emergency requires such course of action.

Finally, there are two more information provided by hospitals that we describe here. They are not directly related to Japanese patients, but they are significant for reflecting the social context of Chiang Mai, and having affected the provision of medical interpreting service:

- (i) Chinese patients, mostly tourists, increased tremendously in the last three years, and therefore, private hospitals have added interpreting service in Chinese, as well. According to the January 12, 2013 issue of *The Nation*, the number of Chinese in the city grew from 70,000 to 80,000 tourists in the year 2012 after the release of the Chinese movie "Lost in Thailand", which was mostly shot in Chiang Mai.
- (j) Burmese patients must be divided into two categories: affluent patients, who come to private hospitals with a Medical Visa, and unskilled workers who make use of public hospitals either under the Thai universal health coverage scheme, or paying for the expenses out of their own pocket in case they don't enjoy the legal work benefits. Affluent Burmese use the services at private hospitals that offer interpreting service in Burmese. As for the unskilled workers, they make use of public hospitals. Many have limited Thai language skills, and in such cases, ad-hoc interpreters such as friends or family members help mediate the communication between medical personnel and Burmese patients.

Summarizing the information above in regards to interpreting service offered to Japanese patients, it can be said that not all Japanese patients in Chiang Mai are affluent clients. The group that most use interpreting service is the group of Japanese pensioners, especially because of their age, which naturally brings health issues. The sample group that accepted to participate in this study are Japanese who are registered in the Japanese Consulate in Chiang Mai, and live an active life. Most of them have some minor chronic condition which requires regular visits to hospitals, but are in overall good health, are socially active, and have financial conditions to seek medical care in a private hospital.

### **Research Stage: Method of Research**

#### **3.2. Method of Data Collection**

Data consisted of in-depth interviews. The researchers created a guideline for a semi-constructed interview with open-ended questions, so that participants could freely express their opinions and provide the interviewer the chance to ask new questions if necessary.

The data collection process consisted of:

- (1) Organizing the interview content taking into consideration the literature review, the pilot study organized at the faculty of medicine, and the objectives of this research;
- (2) Improving the interview content after its evaluation by three specialists;
- (3) Contacting hospitals and the CLL office in order to ask for permission and make appointments for the interviews;
- (4) Conducting individual interviews with physicians, nurses, interpreters and patients;

- (5) Conducting interviews by using a voice-recorder. Each interview had the average duration of 20 minutes;
- (6) Transcribing the interviews *verbatim* to use as data for analysis.

### **3.2.1. Content Validity of the Interviews as Data Collection Tool**

Three specialists evaluated the content of the interviews in order to verify if it suited the objectives of this research. Evaluation was carried out from 3 perspectives:

- (1) From the Japanese language and culture's perspective, by an associate professor from a university in Bangkok specializing in Japanese language and culture;
- (2) From the health care provider's perspective, by a physician who has experience in treating foreign patients, including Japanese;
- (3) From the interpreter's perspective, by a Japanese-Thai interpreter with work experience in a major international hospital in Bangkok.

### **3.2.2. Place of Data Collection**

Data were collected at two different places:

- (1) Three private hospitals in Chiang Mai that offer medical interpreting service for Japanese patients: the sample group consisted of physicians, nurses and interpreters.
- (2) CLL office in Chiang Mai: the sample group consisted of Japanese pensioners.

Names of the participating hospitals are not mentioned in this research in order to respect their privacy. However, all participating hospitals have at least a decade of experience providing interpreting service. All data collected were considered as one sample set, and there were no comparisons made between hospitals. This is because this research is mainly concerned with communication and cross-cultural issues that medical

personnel and interpreters have to deal with on a daily basis when working together. Such issues are faced by the personnel at any hospital, regardless of the slight differences in the administrative system of the language interpreting services of each hospital.

### **3.2.3. Period of Data Collection**

Data were collected as described below:

- (1) At hospitals: from October to December, 2015.
- (2) At CLL office: October 2015 (Stage 1)  
March – April 2016 (Stage 2)

Patients were interviewed twice because interviews with medical personnel at the private hospitals revealed that nurses, in particular, wished to have a better understanding of Japanese patients and the Japanese culture. This led the researchers to organize a new set of questions for patients in order to respond to their request.

### **3.2.4. Sample Group**

In order to investigate the teamwork between medical personnel and Japanese-Thai interpreters, the researchers selected all related parties involved in the process of delivering and/or receiving medical care via a Japanese-Thai interpreter. Therefore, the sample group consisted of: 1. Physicians, 2. Nurses, 3. Japanese-Thai language interpreters, and 4. Patients. An average of 2 physicians and 2 nurses were interviewed per hospital. As for Japanese-Thai language interpreters, because their number varies considerably from hospital to hospital, we decided to interview all interpreters of the participating hospitals.

Patients selected for the interviews were purposely chosen from the group of pensioners. All of them have lived in Chiang Mai for more than 3 years, and have received medical care in one of the participating hospitals by using the services of a Japanese-Thai interpreter.

Table 3.2. Sample group for in-depth interviews<sup>8</sup>

<b>Group 1: Medical Personnel who work with interpreters</b>	Number
1. Physicians (Doctors) (D)	6
2. Nurses (N)	7
<b>Group 2: Japanese-Thai language interpreters</b>	Number
1. Interpreters (I)	7
<b>Group 3: Japanese patients who have used interpreting service</b>	Number
1. Patients (P)	7
Total	27

Table 3.3. Physicians

Interviewee	Sex	Age	Department	Employment Length (years)
D1	Male	60 +	Internal Medicine	20
D2	Female	31-40	Internal Medicine	9
D3	Male	51-60	Surgery	25
D4*	Male	51-60	Internal Medicine	6
D5	Female	31-40	Internal Medicine	11
D6**	Male	60 +	Orthopedics	1.6

\*D4 worked for more than 10 years in another private hospital in Chiang Mai before moving to the current hospital.

\*\*D6 made his career in a university hospital and also worked for 10 years in a private hospital in Chiang Mai before moving to the current one.

<sup>8</sup> The number of interviewees was a little lower than expected (the original plan was to interview 8 persons for each group). However, since there was consistency in our findings a slight reduction in the number of interviewees should not affect the results.

Table 3.4. Nurses

Interviewee	Sex	Age	Department	Employment Length (years)
N1	Female	51-60	International Patients' Ward	18
N2	Female	31-40	GI	8
N3	Female	31-40	International Patients' Dept.	11
N4	Female	51-60	ER	10
N5*	Female	41-50	Hemodialysis, ICU, ER	2
N6	Female	31-40	OPD	11
N7	Female	31-40	IPD	14

\*N5 worked for 21 years at an international hospital in Bangkok before moving to the current one.

Table 3.5. Interpreters

Interviewee	Sex	Nationality	Education	Age	Employment Length (years)
I1	Male	Japanese	High School	Less than 30	3 months
I2	Male	Japanese	High School	31-40	1
I3	Male	Japanese	Bachelor	41-50	14
I4	Female	Thai	Bachelor	31-40	11
I5	Female	Thai	Bachelor	31-40	1.6
I6	Female	Japanese	Bachelor	31-40	5
I7*	Female	Japanese	Bachelor	31-40	3

\* I7 asked not to be voice-recorded. Therefore, we took notes of her interview, typed the answers, sent it back to her, and had the content checked.

Table 3.6. Patients

Interviewee	Sex	Age	Profession	Length of stay (years)
P1	Male	60+	Retired	3 years
P2	Male	60+	Retired	7 years 8 months
P3	Female	60+	Housewife	3 years 8 months
P4	Female	60+	Retired	4 years 6 months
P5	Male	60+	Retired	3 years 6 months
P6	Female	51-60	Retired	14 years 9 months
P7	Male	60+	Retired	5 years

### 3.3. Interview Content

The interview consisted of two parts:

Part 1: general information regarding the interviewee such as age, education, length of employment or stay in Thailand;

Part 2: specific questions regarding Japanese-Thai interpreting service or the teamwork between medical personnel and interpreters.

Details of the questions for each sample group are described below.

#### 3.3.1. Questions for Medical Personnel

**Part 1:** age, sex, department in the hospital, length of employment, number of Japanese patients per day.

**Part 2:**

Questions about the interpreter

- (1) What is the interpreter status? (For example: is the interpreter a co-worker or a subordinate?)
- (2) How important is the interpreter and how does he/she facilitate your work?



- (3) What kind of medical knowledge an interpreter should have? (For example: knowledge of medical terms, knowledge about medicines, knowledge about words that express pain such as 'pinching pain', 'sore', 'burning', etc.)
- (4) What differences do you notice when communicating with an interpreter who is a Japanese national and an interpreter who is a Thai national?
- (5) What kind of obstacles do you face when working with an interpreter? Do you have any suggestions that might help facilitate your work with the interpreter?
- (6) What do you do when an interpreter cannot be immediately available but you have to communicate with a patient who can speak almost no Thai or English? (For example, use online dictionary in the cell phone, illustrated medical books, gestures, etc.)

#### Questions about the patient

- (7) What are some of the behaviors or characteristics of Japanese patients that you feel are different from Thai patients? (For example: when the patient greets or listens to you, when the patient explains the symptoms, asks questions, the patient's gestures, the patient's compliance with your recommendations).
- (8) How differently you behave with Japanese patients? (For example: when you explain about a disease or treatments, when you have to inform about a life threatening disease, etc.)

#### Questions about training for medical personnel and interpreters on working together

- (9) Would you participate in a seminar about 'how to work with interpreters' or 'dealing with Japanese patients (or foreign patients)? If seminars can be organized, what topic would be of your interest? If you think seminars are unnecessary, please explain why.

### 3.3.2. Questions for Interpreters

**Part 1:** age, sex, education, length of employment, number of Japanese patients per day.

#### **Part 2:**

##### Questions about the interpreter

- (1) How do medical personnel see you? (For example: do you feel they treat you like a co-worker, or a subordinate?)
- (2) What kind of medical knowledge should an interpreter have? (For example: medical terms, knowledge about diseases, words that express pain such as 'pinching pain', 'sore', 'burning', etc.)
- (3) What kind of obstacles do you face when working with medical personnel? Do you have any suggestions on how to improve your teamwork?
- (4) Do you have any suggestions on how medical personnel can communicate with a Japanese patient when you cannot be immediately present? (For example: using online dictionary in the cell phone, illustrated medical books, gestures, etc.)
- (5) Do you feel any cultural differences when communicating with medical personnel? (question for interpreters of Japanese nationality)

##### Questions about the patient

- (6) What are some of the behaviors or characteristics of Japanese patients that you feel Thai medical personnel are not used to? (For example: when the patient greets or listens to the personnel, when the patient explains the symptoms, asks questions, the patient's gestures, and the patient's compliance with medical personnel's recommendations).
- (7) Can you tell the cultural differences when Japanese patients communicate with Thai medical personnel? (For example: Japanese patients might want to

ask about 'kampo' which is a herbal type of treatment, but Thai personnel might have no knowledge about it; Thai medical personnel are quite direct in speaking about diseases or treatment, but Japanese patients might not be used to such conversation style).

### 3.3.3. Questions for Patients

**Part 1:** age, sex, profession, objective of stay, length of stay, number of times that used the services of an interpreter, date of the last visit to the hospital using an interpreter

**Part 2:**

#### Questions for Stage 1

- (1) What kind of knowledge do you expect from an interpreter? (For example: Japanese proficiency, medical knowledge, knowledge about Japanese culture, understanding the Japanese way of thinking, understanding the patient's feelings, etc.)
- (2) Which do you prefer: an interpreter who is a Thai national or a Japanese national? Why?
- (3) Did you have any problems when using an interpreter? Please give an example.
- (4) Did you face any situations when the interpreter was not available? What did you do in that situation?
- (5) What do you think is the position of the interpreter in the hospital? (Is he/she part of the medical team, or is a subordinate in relation to the medical personnel, etc.)

#### Questions for Stage 2

*About Health*

- (1) Please talk about your daily habits in keeping yourself healthy.

- (2) Please talk about your hygiene habits in your daily life. What do you think of the hygiene at Thai hospitals? (What about Japan?)
- (3) What is your view about death?

*About Daily Life and Habits*

- (4) Please talk about your daily dietary habits. (What do you eat every day?)
- (5) What kind of ties do you want to have with family and friends if you have to be hospitalized? (For example: wish them to be close to you?)
- (6) Please express your opinion about 'privacy' (For example: if you are hospitalized do you want the hospital to contact family and friends?)
- (7) If you have ever been admitted to a hospital in Thailand, please describe your experience. (What about the experience of being admitted to a hospital in Japan?)

*About Communication Issues*

- (8) It is typically Japanese to say things in an indirect way which Thai medical personnel might not be used to. Have you ever had any misunderstandings when communicating with Thai personnel? (Do you think that interpreters who are Thais do understand such Japanese peculiarities?)
- (9) How do you feel about the eye contact with medical personnel when speaking with them? Do you prefer direct eye contact or prefer avoiding eye contact?
- (10) How do you feel regarding the 'spatial' distance between you and the medical personnel when talking to them?
- (11) How do you feel when medical personnel need to 'touch' you or parts of your body for physical examination or treatment?

### 3.4. Method of Data Analysis

All voice-recorded data were transcribed *verbatim*. At the content level, data were categorized according to the interview questions or topics, and a cross-analysis of the data was carried out from the perspectives of each sample group.

In the next chapter, the results are presented in a descriptive way.

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