

Medical Interpreters' Knowledge and Communication Skills for Effective Teamwork with Doctors and Nurses: Based on a Study of Japanese-Thai Interpreters at Three Private Hospitals in Chiang Mai

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Abstract

The objective of this study was to identify and discuss factors that can help Japanese-Thai interpreters enhance their performance when working with doctors and nurses in order to provide proper care for Japanese patients. Data were collected at three private hospitals in Chiang Mai, Thailand, via in-depth interviews with doctors, nurses and interpreters; and at the Long Stay Life Club (CLL) office with patients. The interviews were voice-recorded and transcribed *verbatim*. Analysis was carried out from a sociolinguistics and cross-cultural communication perspectives, and the results were presented in a descriptive way. The results revealed the following factors that affect the interpreter's performance: (1) medical knowledge; (2) language proficiency; (3) cross-cultural understanding; (4) understanding the differences in health beliefs and health protocols; and (5) interpersonal relationship skills. Based on these results, some recommendations for interpreters to handle these issues were presented: (1) deepen medical knowledge by understanding the medical personnel's perspective and work context; (2) pay special attention to onomatopoeic words and use certain communication strategies to express accurately the characteristics of pain and symptoms; (3) keep a flexible attitude to harmonize with the Thai work environment; (4) clarify the differences in health beliefs and health protocols between Thailand and Japan not only to the patient, but also to the doctor; and (5) use communication strategies to voice the patients' opinions without being intimidated by the doctor's position of authority.

Keywords: Japanese-Thai interpreters, Knowledge and communication skills, Teamwork with doctors and nurses, Recommendations.

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1. Background and rationale

Over the last decade, Thailand's private hospitals have become increasingly recognized in Southeast Asia for its high quality of medical service and competitive prices. According to a 2016 Private Hospital Survey, it is estimated that in 2015, the number of foreign patients who received medical care in the country reached 1.5 million. The high-potential group includes foreign patients from Arabic speaking countries; patients from Scandinavian countries; and senior citizens from Europe and Japan (Sathapongpakdee, 2016, p. 2). In order to attract and serve the foreign clientele better, major private hospitals have been providing interpreting services, with some of them offering 24-hour interpreting services in more than twenty languages.

Japan and Thailand have enjoyed good diplomatic relations over the years. This is reflected in the number of Japanese who come to Thailand for either short or long-term stay. The Tourism Authority of Thailand (TAT) reported that 1.43 million Japanese tourists visited Thailand in 2016, with Chiang Mai ranking as one of the top five destinations (Suchiva, 2017). As for the long-term residents, according to the Ministry of Foreign Affairs of Japan (2016) the number is currently at 70,337. The majority are concentrated in Bangkok and metropolitan areas with Chiang Mai (in northern Thailand), ranking as the third most popular province. It has 3,472 long-term residents with 45% of them being over 60 years old (SCC News, 2016) and regular visitors to private hospitals where they use the interpreting services.

Table 1 Private hospitals in Chiang Mai that offer interpreting service

Hospital	Languages in which interpreting services are offered	Japanese-Thai Interpreters' nationality	
		Japanese	Thai
Bangkok Hospital Chiang Mai*	Japanese, Burmese, Chinese, Korean	1	1
Chiang Mai Ram Hospital	Japanese, Burmese, Chinese, English, French, German	2	2
Lanna Hospital	Japanese	1	-
Mc Cormick Hospital	Japanese	-	1
Rajavej Hospital	Japanese, Burmese, Chinese, English	3	-
Sriphat Special Medical Center, Faculty of Medicine, Chiang Mai University	Japanese	1	1
* At Bangkok Hospital Chiang Mai, in addition to one interpreter of Japanese nationality and one of Thai nationality, a Korean national performs Japanese-Thai interpretation.			

(Updated by the author in January, 2018)

According to table 1, Japanese is the language with the highest demand. Although some hospitals have offered interpreting services for more than a decade, there are still several challenges they face: it is difficult to find qualified candidates for this profession; there is no strict criteria to evaluate the candidates' language skills and medical knowledge when hiring them; on-the-job training, when provided, is limited to new interpreters observing experienced ones in action; interpreters don't stay long in this job.

Related literature reveals that medical interpreting has been a topic of discussion for scholars from medical, anthropological

and sociological fields for many years in countries such as the United States (Putsch, 1985; Flores et al., 2003; Ohtaki et al., 2003; Angelelli, 2005; Rosenberg et al., 2007; McEvoy et al., 2009) and Japan (Serizawa, 2007; Yoshitomi, 2009; Kawauchi, 2011; Ito et al., 2012; Nishimura, 2012). However, in Thailand, it has been little explored. The few studies regarding medical interpreting service have either focused on the interpreter's perspective, like Sanguonphon's (2013) and Watanabe's (2012) work, or on patients' satisfaction, like Burapongbandhit's (2006) work. Fukahori (2011) included both the health care providers' and the patients'

perspectives in a study about health care services provided to Japanese pensioners in Chiang Mai. However, there is no previous work regarding the teamwork between interpreters and medical personnel, which is actually one core element in providing quality service. Therefore, this research looked into the nature of this teamwork, with the aim of providing Thai health care providers a thorough view of the dynamics of medical encounters with Japanese patients mediated by interpreters.

2. Objective

Considering the challenges faced by hospitals in Chiang Mai, the objectives of this study were:

- 1) To identify and discuss factors that affect the performance of Japanese-Thai interpreters at private

hospitals in Chiang Mai when working with medical personnel, namely doctors and nurses.

- 2) To offer some recommendations for interpreters to enhance their performance.

3. Methodology

3.1 Data

(1) Place, date and sample groups

Data were collected between October 2015 to March 2016 at:

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

Table 2 Doctors

Interviewee	Sex	Age	Department	Years of Employment
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 and D6 worked for at least 10 years in other private hospitals in Chiang Mai before moving to the current respective hospitals.

Table 3 Nurses

Interviewee	Sex	Age	Department	Years of Employment
N1	Female	51-60	International Patients' Ward	18
N2	Female	31-40	GI	8
N3	Female	31-40	International Patients' Depart.	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 4 Interpreters

Interviewee	Sex	Nationality	Education	Age	Years of Employment
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

Table 5 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

Note: Japanese pensioners who have lived in Chiang Mai for more than three years and used the interpreting services at one of the participating hospitals were purposely chosen for the interviews.

(2) In-depth interviews

The interview content focused mainly on the following topics: (a) medical knowledge and language skills necessary for medical interpreters; (b) difficulties in the teamwork between interpreters and medical personnel; and (c) cultural differences between Thai medical personnel and interpreters of Japanese nationality, as well as cultural differences between Thai medical personnel and Japanese patients.

3.2 Method of Analysis

All interviews were voice-recorded and later transcribed *verbatim*. At the content

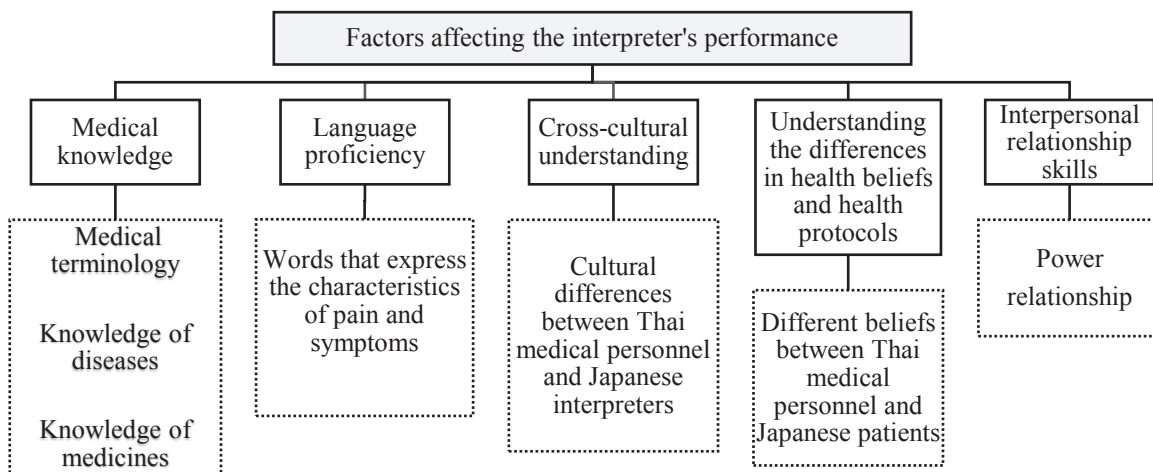
level, data were categorized into topics in each sample group and a cross-analysis was carried out. Results were presented in a descriptive way.

4. Results and Discussions

The results revealed the following factors that affect the interpreter's performance:

- Medical knowledge;
- Language proficiency;
- Cross-cultural understanding;
- Understanding the differences in health beliefs and health protocols;
- Interpersonal relationship skills.

Figure 1 Factors affecting the performance of Japanese-Thai interpreters when working with doctors and nurses



4.1 Medical Knowledge

Medical interpreters are required to have medical knowledge, including knowledge of medical terms. Topics such as “human anatomy, common diseases with its symptoms and treatments, laboratory testing and imaging scans, basic types and usages of medicines, and infectious disease” are recommended by the Japanese Ministry of Health, Labour and Welfare in the curriculum for medical interpreters (Nishikito, 2017, p. 193). However, there is no course for medical interpreters in Thailand. In addition, it is practically impossible for those new in this profession to immediately acquire the vast medical knowledge that medical personnel have. Therefore, this study focused on identifying the main topics interpreters could start with for their most immediate needs. The results revealed that (1) medical terminology, (2) knowledge of diseases, and (3) knowledge of medicines stood out as particularly important.

(1) Medical terminology

Both nurses and doctors unanimously expressed the importance of knowing medical terms for effective communication with medical personnel. It also became clear that they want interpreters to be familiar with expressions related to their work context. Therefore, when working with nurses, for example, interpreters should know expressions related to taking the patients’ vital signs and medical history.

Example 1)

N1: The interpreter should have medical knowledge about technical terms..basic terms like measuring the blood pressure, temperature, vital signs.

N1: ล่ามควรมีความรู้ทางการแพทย์ เรื่องเกี่ยวกับศัพท์แพทย์ ศัพท์พื้นฐานนะคะ การวัดความดัน อุณหภูมิ ชีพจร

Doctors, on the other hand, are specialists whose role is to diagnose and treat diseases. Therefore, the content of their talk with patients is deeper than the talk patients have with nurses. Consequently, in addition to knowing medical terminology, interpreters should also have understanding of each technical term.

Example 2)

D2: Some terms...(omission) if the interpreter understands such terms he/she can explain better to the patient. He/she can communicate better with the patient and he/she can also communicate with us and understand us better.

D2: ศัพท์บางอย่าง...(omission) ถ้าล่ามพอจะเข้าใจบ้างในบางส่วนมันก็จะอธิบายคนไข้ได้มากขึ้น หมายถึงเขาสามารถสื่อสารกับคนไข้ได้มากขึ้น และเขาก็สามารถสื่อสารกับเราได้รู้เรื่องมากขึ้น

The more medical knowledge interpreters have, the more efficient their work with medical personnel becomes.

Example 3)

N5: *The interpreter should have some medical knowledge. It helps us. It helps medical personnel work faster. It also helps understand us clearly. If the interpreter doesn't know the medical 'language' or about medicines, we can misunderstand each other. Or we might have to take our time to talk and understand each other.*

N5: ส่วนล้ามควรจะมีความรู้ด้านศัพท์แพทย์บ้าง จะช่วยให้เรา ซึ่งเป็นบุคลากรทางการแพทย์ ทำงานได้เร็วขึ้น และความเข้าใจเราจะชัดเจนขึ้น ถ้าล้ามไม่เข้าใจภาษาทางการแพทย์หรือว่า ทางยาเราอาจจะเข้าใจผิดพลาดได้ หรือไม่เรา อาจจะต้องใช้เวลาพูดคุยกันนานขึ้น

(2) Knowledge of diseases

Although doctors (D1, D2, D3, D4, D6) in general did not seem to consider knowledge of diseases a 'must', interpreters (I2, I3, I6, I7) believe that having good understanding of diseases and respective treatment procedures facilitate translation. Only memorizing names and the groups of diseases is not enough.

Example 4)

I6: *I think that having some background knowledge of the disease as well as of the treatment help when we translate.*

I6: その病気になる背景だとか、その病気にどんな治療があるのかという情報も事前に勉強しておくとかやはり通訳に入ったときに役に立つと思います。

Example 5)

I2: *In the field of interpreting, I feel that ophthalmology is pretty much difficult. There are many technical terms. Not only names of tests, but there are many detailed technical terms. So, when we talk about 'glaucoma' or 'cataract' for example, if we don't know why they happen or what this condition is, it is difficult to interpret.*

I2: 眼科は通訳の間ではかなり難しい、通訳する上では難しいということ感じますね。専門用語が多いです。検査の検査名もそうですし、やはり細かいということですので、細かいその名称がありますので、後、そういった、例えば、緑内障や白内障というふうにあのそういう病気が起こるのがどういう状態なのかとある程度知らないと、通訳は難しいですね。

Nurse N4 also observed that word by word translation by an interpreter without understanding the content being translated affects the quality of translation.

Example 6)

N4: *Some interpreters who don't have medical knowledge, they can translate, but maybe they don't understand when they talk to personnel like us. For example, when talking about diseases, he/she might be able to translate words, but if he/she has knowledge about a disease, he/she will know what it is or what the surgery is like. He/she can explain for the patient to understand.*

N4: ล่ามบางคนที่เขาไม่มีความรู้ทางการแพทย์
เนี่ย เขาแปลได้ แต่บางทีเขาก็จะไม่เข้าใจเวลาที่
จะสื่อสารกับเจ้าหน้าที่อย่างเรา อย่างโรค อย่าง
อะไรอย่างนี้ค่ะ บางทีอาจจะได้เป็นคำๆ ค่ะ แต่
ถ้าคือมีความรู้ด้านโรค ด้านอะไร เขาก็จะรู้ว่า
โรคอะไร ผ่าตัดอะไรยังไง เขาก็จะรู้ ละก็จะ
อธิบายให้คนไข้เข้าใจด้วย

(3) Knowledge of medicines

Doctors in general (D2, D3, D4, D5, D6) believe that interpreters should have basic knowledge of medicines such as knowing their names and the groups they belong to. However, according to interpreters (I2, I3, I4, I5, I6) and nurses (N2, N3, N4, N5, N6, N7) ‘medicine’ was revealed to be a rather complex topic. Interpreters should have knowledge and understanding of medicines from a medical perspective; be aware that medicines can be sometimes life-threatening; and understand that Japanese and Thai medicines are not always compatible.

(a) Knowledge of medicines from a medical perspective

In example (7) below, nurse N2 mentions ‘blood thinners’ which are medicines that help dissolve blood clots. A literal translation of this word is not difficult. However, interpreters should be aware that ‘blood thinners’ are particularly relevant from a medical perspective in the sense that it can affect certain surgical procedures.

Example 7)

N2: *In our department, we perform endoscopy, so we need to at least know if the patient takes any medicine regularly...that has any risks for our procedure. For example, if we perform a colonoscopy, and it is necessary to remove a tissue for a biopsy, we need to previously get the patient’s medical history about any medicine that he/she takes regularly or any chronic disease. If the patient takes any blood thinners, and the interpreter doesn’t know the name of the medicine, he/she needs to search for information to confirm if it is a medicine that can cause complications during the colonoscopy.*

N2: *แผนกนี้ค่ะ มีการส่องกล้อง มีการทำหัตถการ อย่างน้อยเราก็ต้องทราบแล้วว่าคนไข้เนี่ยมียาอะไรที่ทานเป็นประจำบ้างเนาะ ที่ที่มีการเสี่ยงต่อการทำหัตถการของเราเนาะค่ะ อย่างสมมุติเราจะส่องกล้องลำไส้ใหญ่อะไรอย่างเนี่ยค่ะ แล้วถ้าเกิดจะต้องมีการตัดตึงเนื้อเนาะ เราจะต้องซักประวัติคนไข้ก่อนว่าคนไข้เนี่ย ทานยาอะไรมาบ้าง โรคประจำตัวเป็นอะไรเนาะค่ะ อย่างสมมุติคนไข้ทานยาละลายลิ่มเลือดมาอย่างเนี่ย แล้วถ้าเกิดล่ามไม่รู้ ไม่รู้จักชื่อยานี้หรืออะไรยังไงเนาะ ก็คือล่ามอาจจะต้องไปเสาะแสวงหาแหละ ว่ายาตัวนี้ใช้ คือเป็นยาที่ทำให้เกิด complication ตอนส่องกล้องมัยหรืออะไร ยังไงค่ะ*

(b) Medicines can be life-threatening

Laypeople tend to view medicines as a ‘remedy for a cure’. However, there are patients who develop allergic reactions

to medication which can be life-threatening. New interpreters, especially those who are not from the medical field, are not always aware of such detail. Interpreter I3 recalls when he learned that allergic reactions to medicines require caution.

Example 8)

I3: *If we are told (by the patient) that he/she is allergic to a certain medication, I think we need to have the ability to search for information about this medicine.*

I3: お薬にアレルギーがあると(患者さんに)言われた場合に、その薬について調べることができる能力というのは必要だと思います。

(c) Japanese and Thai medicines are not always compatible

The complexities involving medicines are further explained in the following examples. According to interpreter I5, in example (9), finding correspondence between Japanese and Thai medicines is not an easy task.

Example 9)

I5: *When we actually work, Japanese patients bring medicines from Japan, and we have to look for that word to understand what kind of medicine it is and why it is used for...it is deeper than just knowing if it is an antibiotic or something else.*

I5: เวลามาทำงานจริงๆ คนไข้เอายามาจากญี่ปุ่นแล้วเราก็ต้องหาคำศัพท์ยาดันั้นเป็นยาเกี่ยวกับ

อะไร ใช้เพื่ออะไร คือมันลึกซึ้งไปมากกว่าแค่ว่า antibiotic หรือว่าเป็นอะไร

Interpreter I6, in example (10), explains that there are Thai medicines that are not allowed in Japan for containing ingredients considered illegal.

Example 10)

I6: *There are also medicines that are not allowed in Japan...medicines that have 'drug ingredients'...so I try to memorize these types of medicines to explain that it is not allowed in Japan.*

I6: 日本に持ち込み不可の薬があったりするので。。麻薬成分にあたるものが入っている薬があると持ち込みは基本的に禁止になってしまうので。。それは一応覚えておいて。。ダメですよと言ったりだとか。。

Finally, Japanese medicines are notorious for the lack of information in another language. They come with Japanese information only, and the names in Japanese for the most part have no resemblance with other languages. Therefore, just looking at the name of the medicine is not enough for the interpreter to immediately translate what medicine it is or which medicine in Thailand it corresponds to, exactly because many interpreters do not come from the medical field. The strategy used by interpreters, as well summarized by doctor D1 in the following example, is looking for information on the internet or using a Japanese dictionary of medicines.

Example 11)

D1: *About medicines...it's probably necessary to have quite a lot of knowledge because the medicines in Japan that they (patients) bring to use in Thailand, and the medicines that we have here, are not compatible. They (the interpreters) need to have a manual, a book of medicines in Japanese that the Japanese people use. This (kind of knowledge) is considerably necessary.*

D1: *เกี่ยวกับยานี้ก็เป็นความจำเป็นน่าจะเยอะ เพราะว่ายาที่ญี่ปุ่นที่เขาเอามาใช้ในเมืองไทย กับยาที่เรา มี บางที่ไม่ตรงกัน เพราะฉะนั้นเนี่ยเขาจะต้องมีคู่มือ หนังสือยาเป็นภาษาญี่ปุ่นซึ่งจะมียาที่คนญี่ปุ่นใช้โดยตรง ซึ่งอันนี้ก็ ก็มีความจำเป็นพอสมควรครับ*

4.2 Language Proficiency

It is known that fluency in both languages is essential for quality interpretation. In medical interpreting, the ability to express accurately the characteristics of pain and symptoms revealed to be of utmost importance. Nurses, as the first personnel that the patient meets when going to the hospital, need to understand the patient's symptoms in order to direct him/her to the proper department.

Example 12)

N2: *Each patient that comes has to go to a different department according to their symptoms. For example, if the patient is sick with a fever he/she probably has to go to the internal medicine department.*

If it has to do with ear, nose, throat and mouth he/she has to go to this department. If the patient had an accident, he/she has to go to the surgery department or the emergency room.

N2: *คนไข้แต่ละคนที่มาเนี่ย ถ้าสมมุติอาการแบบนี้ ควรจะไปตรวจที่แผนกไหน อย่างเช่นคนไข้เจ็บไข้ได้ป่วยมา อาจจะต้องไปกินยา อายุรกรรม อย่างเนี่ยค่ะ คนไข้เป็นทางหูคอจมูกปากต้องไปแผนกนั้นะ คนไข้เกิดอุบัติเหตุมาจะต้องไปศัลยกรรมหรือห้องฉุกเฉินอะไรอย่างเนี่ยค่ะ*

For doctors, an accurate understanding of the patient's condition is the key element to provide correct diagnosis and consequent proper treatment.

Example 13)

D2: *Words that express characteristics of pain...they are also considered technical terms. For example, down pain in English means a pain that is 'tight, stiff' right? Or if you say 'hot and sore' it is similar to burning sensation...these words are important because they help us diagnose the disease.*

D2: *การอธิบายลักษณะอาการเจ็บป่วยของคนไข้คือ คำศัพท์พวกนี้มันจะมี Technical Term ที่มันเฉพาะ อย่างเช่น ถ้าเป็นภาษาอังกฤษ Down Pain คือเจ็บแน่นๆ อึดอัด อย่างนี้ใช้ใหม่คะ หรือเจ็บแสบๆ ร้อนๆ มันก็จะเป็นคล้ายๆ Burning Sensation อะไรอย่างนี้ค่ะ มันก็จะช่วยในการวินิจฉัยแยกโรคได้ เพราะฉะนั้นมีความสำคัญ*

When talking about the characteristics of pain and/or symptoms, there is a particular class of words used frequently by both medical personnel and patients: onomatopoeias. Therefore, interpreters are instructed by hospitals to memorize a list of the most common onomatopoeic expressions. However, the translation of onomatopoeias is quite challenging for interpreters because they come embedded in one's culture. Japanese language for example, has an enormous amount of onomatopoeic words that express the characteristics of pain, which might be a representation of physical pain, a state of mind or a feeling. They also reflect the detailed and meticulous nature of Japanese people as explained by patient P3 in example (14).

Example 14)

P3: *Well, if it's a Japanese interpreter, he/she can understand our feelings. For example, if I use expressions like 'my knees are throbbing', a Japanese interpreter can understand, but not a Thai. And Japanese people have lots of expressions such as 'Zukin zukin' (throbbing) 'Gan gan' (echoing) even for pain, right?! And I think that it is difficult for the interpreter if he/she is a Thai.*

P3: *あのう、日本人の通訳の方だと、わりとこちらの感情が分かってくさるんですね。例えば、私なんかだったら、「いや、膝がズキンズキン痛いんです」とかね、そういうことを*

言っても分かるんですけど、タイ人の方だとそれは分かってもらえない。で、日本人って痛みでも何でもそうなんですけども、表現が色々あるでしょう「ズキンズキン」とか「ガンガン」とか、色々ありますよね。その辺はやっぱりタイ人の通訳の方だとやっぱり難しいかなと思います。

Not only onomatopoeias, but certain expressions are 'typically' Japanese. In example (15), interpreter I6 mentions the expression 'iwakan o kanjiru'. It is an expression commonly used by Japanese patients, but not easily understood by medical personnel.

Example 15)

I6: *When explaining the symptoms, Japanese people quite often say 'iwakan o kanjiru'. It is not exactly pain, it is not exactly sickness, but it is more like a discomfort... If you are a Japanese you understand, but if you translate, the doctor doesn't get it.*

I6: *病気の症状を説明する時に日本人って違和感を感じるという言葉が多いですね。痛いじゃなくて、気持ち悪いじゃなくて、でも何か違和感を感じる。。。日本人だと何となく分かるんですけども、それを訳しても分かってくれなくてお医者さんでも分からないので。。*

The examples show that interpreters of Thai nationality need to have cultural understanding of Japanese onomatopoeias and words that describe the characteristics

or state of things. The following example clearly illustrates how difficult it is to translate onomatopoeias. The Thai interpreter failed in providing a clear explanation of the word ‘hiri hiri’. This expression can have three different meanings: a ‘tingling sensation’ in the skin; sunburn pain; light numbness in the tongue when we eat spicy food, hence confusing the doctor about the patient’s symptoms.

Example 16)

I5: *I’ve met Japanese who used ‘hiri hiri’ which is used when your skin has problems with static electricity. Sometimes when we translate, the doctor doesn’t understand the type of pain and wonders if it is really what the patient wants to say.*

I5: เคยเจอคนญี่ปุ่น hiri hiri แปลว่า เหมือนไฟฟ้าสถิต บางทีแปลไปก็เหมือนอาจารย์...ก็แบบ..มันเป็นแบบนี้หรือเปล่า หมอเขาไม่ค่อยเข้าใจว่ามีเจ็บแบบนี้ด้วยหรือ

A similar situation may happen with Japanese interpreters regarding Thai words. Therefore, when dealing with words that cannot be translated literally, both Thai and Japanese interpreters might have to use techniques such as rephrasing or exemplifying.

4.3 Cross-Cultural Understanding

Doctors and nurses did not mention any cultural differences that affected their teamwork with interpreters. However, interpreters (I2, I3, I6, I7) of Japanese nationality revealed to be making considerable efforts to

adjust themselves to the Thai culture. Their remark was about the Thai socio-cultural behavior of ‘saving face’. Japanese interpreters felt bothered by certain attitudes of Thai medical personnel such as excessive confidence, and being evasive to recognizing mistakes and apologizing.

Example 17)

I3: *And when some patients ask “does this medicine have side effects?”, the doctor simply answers “no”. I suppose it means “almost no side effect”, but if the doctor says “there isn’t any side effects”, then I have to translate that way. But I sometimes wonder if it is really true.*

I3: で、中には「お薬副作用ありますか」と、お医者さんは簡単に「ありません」ということもありますけど、「ほとんどありません」ということなんだろうけど、先生「ありません」と言ったら、こっちも「ありません」と通訳しなくちゃいけないんですけども、本当かなと思うことはあります。

Patient P2 also mentioned having noticed the confident attitude of Thai medical personnel.

Example 18)

P2: *(Thais) are quite direct in speaking. Of course that being ambiguous is not good either, but even in situations when it would be necessary to check for accuracy, they are too confident in taking decisions.*

It is like when you ask a Thai for directions on the street and they simply answer with such confidence.

P2: (タイ人は)あんまりそのズバツと、あやふやでも困るけど、「あまりよく分からない、もう一度確認しなきゃいけない」ことも、よくタイ人の人が道を聞くと、どっちですか、こっちだと、あのハツと言われても。それと同じように、そのあまりにも判断がですね、まあ自信がある。

The Thai culture of 'saving face' is also reflected in the attitude of being evasive to admitting lack of knowledge, mistakes and apologizing.

Example 19)

I7: *Thais cannot say "I don't know".*

I7: タイ人は「分からない」ということが言えない。

Example 20)

I6: *Well...Don't you agree that Thais don't like to apologize? They don't recognize their mistakes and only keep justifying their actions. Even in situations that we see they should be apologizing, they don't. So, as a staff of the hospital, I apologize to the patient instead. Not only me, but the other interpreters as well. It's always like that. And if we ask for explanations, they just try to get away with a lie, and it is so clear that they are lying. In Japan, it is not acceptable at all.*

I6: あのう。。。タイ人っておおよそあまり謝らないじゃないですか。自分の罪を認めない、言い訳ばかりするんじゃないですか。いや、これはね、謝るべきところなんだというところでも自分では絶対謝らないので、もう私病院のスタッフ、同じ病院のスタッフとして私が代わりに謝るということも、もう私だけじゃなくて、他のスタッフもそうなんですけれども、そういう事ばかりになります。で、その説明を求めても嘘、バレバレの嘘をついて逃げようとする。それが絶対日本で許されませんし、ありえないと思う事なんです。

It must be observed that being evasive to admitting mistakes or lack of knowledge are complex issues. Interpreters feel such attitude by medical personnel as a Thai cultural trait of 'saving face'. However, it might be also related to the serious implications of admitting mistakes. Mistreatment, which may be rare but can actually happen, has serious consequences for the personnel's and the hospital's reputation.

In this situation, interpreters did not offer any recommendations on how to overcome such obstacles. Interpreter I2's explanation in the next example may summarize their situation.

Example 21)

I2: *(The medical staff) probably don't have enough understanding. And I haven't explained the differences with Japanese. I think that even if I explain, they won't*

understand, so I haven't said a word. I try to make the patients understand the situation in Thailand. In other words, we are foreigners who are living here in the Thai culture. So, it's useless to talk about the Japanese 'way'. I don't think people can change, so I try to make the patients understand about Thais – that includes me. If I say something, I'm afraid it will make my relationship with the Thai staff worse, and it will get more difficult to work. I am actually getting tired of it (laughs).

- I2: (医療チームは)十分な理解をもっていないと思います。そうしたら、私たちも日本人はこうこうだからとはやはり説明してないですね。説明したとしても、理解されないかなと思いますので、だから、まったくしてない。本当にこのタイの状況のことを患者さんに理解してもらおう。まあ、言ってみれば、私たち外国人として、ここはタイの文化に来て、暮らせてもらってるので、ここでじゃ、日本のやり方をとってきてもきっと通じない。人変えられないと思うので、だから外国人、私たちも含め、患者さんもタイで住む者として、こういうものですという理解をしてもらって。。。もらうと。きっともしそれを言ってしまうと、今度タイ人のスタッフともこうギクシャクしてしまうと、もっと仕事やり辛くなる、やり辛いと思います。今も飽きそうですけど(笑い)。

Thai interpreters, on the other hand, did not mention this type of obstacle when working. They most likely share the same

cultural and social values as the medical personnel.

4.4 Understanding the Differences in Health Beliefs and Health Protocols

Cultural differences were also noticed between medical personnel and Japanese patients, with interpreters making efforts to bridge their gap. The differences were more clearly felt in the communication between doctors and patients regarding health beliefs and health protocols, as well as treatment styles.

On the doctor's side, the results revealed that Thai doctors have a positive impression of Japanese patients. They could even identify personality traits that characterize Japanese patients as follows:

- Japanese patients like to have detailed information about the disease and/or treatment (D1, D2, D5). Their eagerness for knowledge makes them well informed about their condition (D4).
- Japanese patients are very respectful to doctors (D1, D3, D5), they are humble and polite (D6), soft spoken (D5) as well as reserved (D2).
- Japanese patients are obedient (D2, D4, D5, D6) in the sense that they follow the doctor's instructions and are able to keep discipline (D2).

- Japanese senior patients are independent (as opposed to Thai senior patients who are very dependent on their adult children) and take good care of their health (D2, D4).

As for the patients, many recognize that medical care in Thailand is of high standard (P1, P2, P4, P7). However, they feel differences in health protocols and health beliefs that make them reluctant in receiving care in this country (example 22). Interpreters (I1, I3, I4, I5, I7) also perceive these differences and understand the need to fill the gap between doctors and patients whenever necessary (example 23).

Example 22)

I1: *The patients, they feel insecure because sometimes the treatment is not what they are used to, so they get worried. There are patients who ask questions like 'is it really necessary to this point?'. (Omission) It's probably fear...fear of the unknown, of not being used to...*

I1: 治療が慣れた、されたことのない治療なので、不安だったり、心配だったり、ほかにはそこまで治療が必要なのかと疑問をもったりされる患者もいます。(Omission)おそらく恐怖による、その恐怖。慣れていない、分からない、うん、に対する恐怖だと思います。

Example 23)

I4: *Sometimes there are cultural differences... Thais will say that this is how we treat... but the patient has a conflicting view, they say that Japanese doctors don't say that. But we try to explain that even vaccination in children is different in Thailand and Japan, that this is how we do in Thailand...this is how it is done in Japan. We ask if they are okay with the Thai way. Some accept, others say they will go back to Japan. Most of our patients are long stayers or those who work at Japanese companies. They have to stay here for a long time, right? And they can't choose, so they do as we suggest. But we also try to explain the details like 'this vaccine can serve as a replacement' or 'the Japanese doctor said the vaccine should be taken after 6 months, but the doctor here says after 3 months and there is no problem. If they say something, then we also explain about the effects and the differences so that the patient understands and can accept what is related to the Thai law.*

I4: วัฒนธรรมไม่เหมือนกันบางครั้ง คนไทยบอกจะรักษาแบบนี้นะ แต่บางครั้งก็อาจจะมีบ้างที่ขัดแย้งมา ที่หมอญี่ปุ่นไม่ใช่เป็นแบบนี้นะ แต่เราก็พยายามจะอธิบายว่าแม้กระทั่งการฉีดวัคซีนของเด็กมันไม่เหมือนกัน เราก็จะพยายามอธิบายว่าไทยกับญี่ปุ่นไม่เหมือนกัน เพราะฉะนั้นไทยจะฉีดเป็นแบบนี้ ญี่ปุ่นอาจจะเป็นแบบนี้ ถามว่าคุณจะสามารถยอมรับที่ของเราได้ไหม

เราก็จะอธิบายของเราแบบนี้ บางคนก็อาจจะยอมรับได้ บางคนก็บอก ไม่ได้ เราจะกลับที่ญี่ปุ่น ถ้า...ส่วนมากที่จะเป็นพวก long stay หรือพวกที่เขาทำงานที่นิคม เขาอยู่นานใช้ไหมเลือกไม่ได้ เขาก็โอเคตามนั้นเลือกไม่ได้ เราก็พยายามอธิบายถึงรายละเอียดของมันน่าจะวัคซีนตัวนี้ มันสามารถที่จะแทนกันได้ หรือคุณหมอที่ญี่ปุ่นบอกว่าหกเดือนนะ แต่คุณหมอไทยบอกว่าสามเดือนก็ได้ไม่มีปัญหา แล้วเราก็จะพยายามอธิบาย หลังจากอธิบายเสร็จ เราก็จะอธิบายผลที่ตามมาว่า มันเป็นเรื่องไรยัง ไม่แตกต่างอะไรยัง อธิบายให้คนไข้เข้าใจและยอมรับในส่วนที่เป็นกฎของไทย

Differences regarding treatment styles were revealed to be clearly felt by patients (P2, P3, P4, P5, P7) who expressed their preference for Japan's naturalistic and preventive approach in contrast to the Thai corrective approach of treatment.

Example 24)

I3: Regarding patients who are taking 'kampo' (Chinese herbal medicine), we can search for information about which one they are taking it, but there aren't doctors in Thailand specializing in 'kampo'. So, although we can find information about it, the doctor cannot take any decisions. (Omission) It might be off topic, but in Japan doctors are used to combining 'kampo' and western medication, but here it's absolutely unknown...

I3: 漢方を飲んでいる方について、漢方薬のお医者さんタイにいませんから、何の薬飲んでいるのを調べることはできません。調べても、先生、答えようも判断のしようもないです。(Omission) 話ずれますが、漢方について日本のお医者さんだと、ある程度これは漢方と西洋のものを並行してやること結構あるんですけども、こちらはまったくないので。。

Example 25)

P3: I still think that there are differences in health care between Japan and Thailand. Thailand takes a 'corrective approach'. It's like if you feel pain, they find ways to reduce the pain. But in Japan, you first have to know the cause of the pain, and only then, start with the treatment. I think this makes a big difference. Actually, at the moment, my knees hurt. But I don't feel like going to the hospital. For example, if you say you have pain in the knees, the doctor says that I should take a hyaluronic acid injection. And if you get better, it is like your case is solved. But if we don't know why it hurts, for example, if it is because of my weight, or because of lack of exercise, and if we don't make efforts to get better, the pain is eventually going to come back. This is something I can't agree with.

P3: でもやっぱり、基本的に日本の医療とタイの医療は違うと思うんですね。タイの医療は対症療法っていうのかな、痛いところを痛く

なくしてくれる。でも、日本の場合には、何が原因で痛いのかということを追究して治療が始まるわけですね。その辺の差って大きいんじゃないかと思うんです。私、今、膝が痛いんですよ、実は。だけど、病院にかかりたくないのね。例えば、膝が痛いって言うと思わずヒアルロン酸の注射をすとか言うわけですよ。で、それで治っちゃったら終わりでしょう。でも、何が原因で膝が痛いのかね、例えば、体重が重いからだよとかね、運動不足だよとか、何かその原因をちゃんと指摘してもらってそれをなくすように自分が努力しないと、痛みってのはまた必ずやってきますよね。その辺がね、ちょっと。。。

Being placed between the doctor and the patient, the interpreter revealed to be making efforts in explaining these differences to gain the patient's understanding. However, doctors seem not to be thoroughly aware of such differences. In the following example, interpreter I3 observes that patients' preference in receiving care in Japan sometimes upsets the Thai doctor. In serious cases, such as a cancer diagnosis which requires surgery, the doctor needs to spend a considerable amount of time with the patient to explain the details of his/her condition. However, at the end, when the patient refuses treatment, the doctor feels as if his/her efforts were seemingly in vain.

Example 26)

I3: *Sometimes the doctor at the surgery department goes into a sulk when explaining to a cancer patient "this is what the surgery is like". Because probably the patient will go back to Japan. For those who have a family in Japan, if we think about the post-surgery situation, it is better that the patient goes back to Japan. If it is not an emergency, in Japan is better because of the language, and the family who is nearby. But I think it is not funny for the doctor to provide explanation and the patient just leaves (omission) In some cases, like at the urology department or otorhinolaryngology department, the surgeon who will perform the surgery is the one who should explain, but it's likely that after the explanation the patient will simply go. Once the patient knows the diagnosis, he/she checks for several information, so the consultation takes a long time, and in the end, they just say they won't have the surgery..but it's their right, isn't it?*

I3: *まあ、外科の先生は時々拗ねてて、あのうガンの患者さんで、「こういう手術だ」と説明しています。たぶん、大体は日本に帰っちゃうから。あのう、ご家族のお見えになる方の場合、まあ、確かに手術の後の状況を考えた場合、緊急でなければ日本へ帰って治療した方がまあ言葉も通じるし、家族も近くにいるし便利だということで、まあ、外科の*

先生説明するだけ説明して空振り楽しくないんだろうなってことありますけど。。

(省略)場合によって、泌尿器科とか耳鼻科とか、その手術担当する先生に説明してもらわなきゃいけないんですけれども、でも、まあ説明だけで行っちゃうんだろうなっていうことはありますけれども。で、病気が見つかったら、その患者さんやっぱ色々調べますから、かなり長い時間、診察時間かかるんですけれども、手術はしません、ということが。。はい。ただ、それは、でも患者さんの権利ですから、当たり前ですけれどもね。

4.5 Interpersonal Relationship Skills

The results revealed that nurses and interpreters have a close relationship. Nurses (N1, N2, N4, N5, N6, N7) see interpreters as members of the same team. They help each other and collaborate in taking care of the patient.

Example 27)

N6: *As for the interpreters, we see them as co-workers, as part of our team.*

N6: เรามองว่าในส่วนของล่ามเนี่ย ก็เหมือนกับเป็นเพื่อนร่วมงาน เป็นคนในทีมเรา

Example 28)

N7: *When we take care of the patient, we know that we need to work as a team, I mean, the interpreter is a member of our team. They are important as coordinators. When it comes to a patient who speaks Japanese, sometimes it is*

difficult for us to communicate, so the interpreters are important, they play their part in caring for the patient.

N7: ในการดูแลคนไข้ จะต้องทำงานเป็นที่มอยู่แล้ว เขาก็คือ เหมือนหนึ่งในทีมของเรา โดยที่เขาจะมีความสำคัญคือ ในแง่เรื่องการประสานงาน เพราะว่าถ้าเกิดคนที่พูดภาษาญี่ปุ่น บางทีการสื่อสารเราอาจค่อนข้างจะยาก เราถือว่าเขามีความสำคัญเป็นส่วนหนึ่งในการดูแลคนไข้เลย

As for the doctors, all of them also reported considering the interpreter a co-worker. However, the interpreters' (I1, I2, I5, I6, I7), and patients' (P4, P5, P6) comments revealed that doctors are perceived as being in a position of authority.

Example 29)

I5: *When I first came here I didn't feel (I had a co-worker relationship with the doctor). It's like the way they perceive us, like we are not from the medical field...so, they don't understand us as well as they would if we were from the medical field. It takes some time until they can accept us.*

I5: ตอนเข้ามาในช่วงแรกๆ คิดว่าไม่ใช่ค่ะ เพราะว่า...เขาเห็นว่าเราไม่ได้จบมาจากทางด้านการแพทย์ด้านการพยาบาล เขาก็...รู้สึกว่าเขาเข้าใจเราน้อยกว่าคนที่ทำงานด้านนี้โดยตรง เขาก็ยังไม่ยอมรับเท่าไร คิดว่า...ก็ต้องใช้เวลานิดหนึ่ง

Example 30)

I7: In Thailand, there is still that way of thinking that there was in Japan 20 years ago. The doctor is like a 'god' and that attitude of 'you must believe the doctor' is even stronger here than in Japan.

I7: 20年前の日本のような考え方がタイにあります。医師は神様であり、「医師を信じろ」というような考えがこちらでは日本以上です。

This authority influences the interpreter's behavior, which consequently affects the process of interaction between the doctor and the patient. Patient P4 reported noticing that the Thai interpreter she met, did not translate a question she wanted to ask the doctor, because asking that question was taken by the interpreter as defying the doctor's authority. Instead of translating the patient's question to the doctor, the interpreter told the patient to follow the doctor's instructions.

Example 31)

P4: When I asked "Are these exams really necessary?" regarding the exams suggested for the following appointment, the answer was "Yes, it is". The interpreter said that it was necessary according to the doctor, but I wanted to confirm because from my experience, I didn't think they were really necessary. But I think that for Thais, what the doctor says is absolute, more than for a Japanese. So, the interpreter words came with the

nuance of 'you must respect what the doctor says'.

P4: こちらが「本当にその検査は必要ですか？」って、あのう、いろんな検査をね、次にするときに聞いたときに、先生に聞くんですけど、「はい。必要です。」って。やっぱり、病院の先生のいう事はすぐに必要ですって通訳さんは言うんですけど、確認するんですけど、でも、あのう、自分のいろんな経験からして、本当に必要かなっていうのがあるんですよ。だけど、多分タイ人って言うのは病院の先生の言うことは絶対的なんです。日本人よりもね。だから、先生の言っていることは当然、あなたは守ったほうがいいですよっていう、そういうニュアンスで伝えられます。

Measures should be taken to help interpreters voice the patient's intentions to the doctor without being afraid of their authority, such as rephrasing the patient's question. Instead of literally translating the patient's question 'are the exams really necessary?' which might sound as doubting the doctor's recommendations, maybe changing the question to 'what are the exams for?'

5. Conclusions and Further Considerations

5.1 Recommendations for Interpreters

Based on these results, some basic recommendations are presented for interpreters who are new in their practice. The recommendations mainly focus on topics that interpreters should pay attention to when working with doctors and nurses.

Medical Knowledge

Medical terminology, knowledge of diseases and medicines are particularly important when working as a medical interpreter.

- Medical terminology: interpreters should study medical terms by associating them to the context in which they are used. Nurses' duties, for example, include taking the patients' medical history and vital signs. Therefore, interpreters should keep in mind what medical terms they will use when talking to nurses in their work context. When interpreting for doctors, the content of conversation is more complex. Therefore, interpreters can improve their medical knowledge by using different sources such as medical books and medical dictionaries as well as electronic media. As long as they are careful with the reliability of the online sources, there is a vast amount of online information they can gather in Japanese, Thai and English.
- Knowledge of diseases: memorizing names and groups of diseases is not enough for quality interpretation. Understanding the disease, including treatment procedures, facilitate translation.
- Knowledge of medicines: it is important to have knowledge and

understanding of medicines from a medical perspective. For example, in addition to knowing that 'blood thinners' are medicines that dissolve blood clots, interpreters should know that this kind of medicine affects certain surgical procedures. In addition, understand that medicines don't always mean a 'remedy for a cure'; it can also be life-threatening. Finally, think of techniques such as looking at online information or dictionaries of medicines to find out the compatibility between Thai and Japanese medicines.

In addition to these strategies, hospitals could also implement short-courses for interpreters as suggested by Sanguanphom (2013) to help interpreters increase their medical knowledge, as well as upgrade their work performance to a more professional level. Putsch (1985, p. 3345) recommends doctors to clarify the purpose of their questioning patients to interpreters. This could help interpreters to have a better understanding of the medical perspective.

Language Issues

Knowing words that express the characteristics of pain and symptoms in both Thai and Japanese languages are of utmost importance. An accurate understanding of the patients' condition helps nurses decide which

department the patient should be sent to. Doctors also base their diagnosis on the symptoms the patient is experiencing. Therefore, correct and accurate translation are essential. However, there might be some obstacles when interpreters translate expressions of pain and symptoms:

- Both medical personnel and patients use a lot of onomatopoeic words. Although interpreters usually have a list of these words in both Thai and Japanese, it is not always easy to find a perfect match between the two languages. Therefore, it is recommended that interpreters have a cultural understanding of onomatopoeias and words that expresses the characteristics of pain and symptoms in both languages. In addition, when translating these words, it might be necessary to use certain techniques such as rephrasing and exemplifying instead of performing a literal translation to achieve mutual understanding.
- Certain expressions may reflect cultural traits of the person who is speaking making translation difficult. In Japanese language, the expression 'iwakan o kanjiru' (feel discomfort) may sound 'vague' to the doctor, who cannot grasp the actual symptoms the patient is experiencing. In such situations it

might be necessary to encourage the patient to be more specific and clearer about his/her symptoms.

Cross-cultural Understanding

When people of different countries work together, it is natural that cultural differences surface in their daily interaction. For interpreters of Japanese nationality, it is not easy to accept the Thai socio-cultural behavior of 'saving face', which comes in different forms: attitude of confidence, being evasive to admitting mistakes and/or apologizing.

As well observed by interpreter I2 in example (21), it is not realistic to expect Thai personnel to change their socio-cultural behavior. Therefore, if Japanese interpreters can be flexible and adapt themselves to the Thai work environment, they might feel less stressed. One possible suggestion is for hospitals to have a coordinator who can provide emotional support to interpreters (Ito et al., 2012, p. 392). In Japan, the coordinator is a person assigned by the agency that dispatches interpreters to medical institutions. He/she helps solve any misunderstandings or problems that may arise between medical personnel-interpreter-patient. At private hospitals in Thailand, a head-nurse or the international department coordinator could play this role. It may facilitate the interpreters' work.

Differences in Health Protocols and Health Beliefs

Doctors and patients do not always share the same health beliefs and values regarding diseases and treatment. Being placed in between these two, the interpreter needs to bridge any possible gaps. Patients can clearly feel the differences in health protocols and treatment procedures, as well as differences in health beliefs and values because they are in the position of receiving and analyzing information provided by the doctor. Whenever that happens the interpreter makes efforts to explain the differences between Japan and Thailand to gain the patients' understanding. However, doctors might not be completely aware of the conflicting views patients have unless the patient openly addresses these issues. Therefore, making such differences clear to the doctor and not only the patient may facilitate the interpreters' work.

Interpersonal Relationship with Doctors

Doctors are generally perceived as being in a position of authority. This position might sometimes intimidate the interpreter, even subconsciously. The interpreter might hesitate to openly translate a patient's question or opinion to the doctor if it seems to defy the doctor's authority. For example, in a situation where the patient seems to doubt the real need of certain exams or procedures, the interpreter could rephrase the question by

asking the doctor what the exams are for. Detailed information may help the patient to come to a decision on their own by keeping the attitude of respect towards the doctor.

5.2 Further Considerations

5.2.1 Limitations of this study

There are a few limitations of this study that must be acknowledged:

- 1) The number of interviewees for each group was a small sample group. In addition, the interviews with patients were limited to Japanese pensioners, because they are the clientele that most use the interpreting service at private hospitals in Chiang Mai. Therefore, Japanese patients' perspective on health beliefs and values presented in this study reflect the view of this particular group of elderly Japanese.
- 2) The number of Thai interpreters who collaborated with this work was limited because of the hospitals' inclination in hiring interpreters who are native Japanese. A bigger sample group could offer a better understanding of the interpreter's work, since the challenges faced by interpreters who are Thai may somewhat differ from the challenges faced by interpreters who are Japanese.

3) The data collected offered researchers a general picture of the dynamics of the teamwork between medical personnel and Japanese-Thai interpreters, from the testimony of each group of interviewees, that is, data were provided to the researcher through the eyes of each interviewee, which is different from witnessing what goes on inside a consultation room. For a deeper understanding of the communication via an interpreter, it would be necessary to have access to real data such as video-taped or voice-recorded material of a doctor-patient or nurse-patient conversation mediated by an interpreter.

5.2.2 Additional Suggestions

It may be enriching to extend the study to public hospitals that have Japanese patients. A trend that has been noticed lately in Chiang Mai is the slight increase in the number of Japanese who go to public hospitals. 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 hospitals that do not have interpreting services. They usually go accompanied by family members or friends who act as ad-hoc interpreters. However, ad-hoc interpreters, in general, have

limited medical knowledge and no training in carrying out interpretation. A study of this sort may provide new insights into interpreter-mediated conversations which may increase in a multicultural and multilingual society such as Chiang Mai.

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