Communication with Foreign Patients Based on Medical English Textbooks

Keiko Hattori*

Department of Nursing, Nihon Institute of Medical Science, Japan

ABSTRACT
Medical English is included in the curriculum of medical schools (vocational schools, junior colleges, and universities) for medical professionals. Medical English is mostly about learning medical terminology in English, and it can be useful for medical professionals to work abroad and read foreign papers. But what is the purpose of learning medical English and what is the goal?

Keywords: Foreign patients; English language; Medical English textbooks.

INTRODUCTION
As of June 2020, the number of foreign residents in Japan has exceeded 2.5 million, and the number of foreign residents is expected to increase further. Of the 2.5 million foreign residents, approximately 730,000 are Chinese, 450,000 are Korean, 260,000 are Filipino, 260,000 are Vietnamese, and 190,000 are Brazilian (Immigration Bureau, Ministry of Justice, 2020). According to the current statistics of foreign residents, the number of foreign residents whose mother tongue is English is small.

Therefore, it can be said that the number of foreign patients whose native language is English is also small. Not all foreign patients can speak English, and even those who can speak English are not likely to be able to understand the medical terminology used in medical English conversation.

The number of foreign patients from non-English speaking countries in medical institutions is increasing, and the demand for medical interpreters is rising.

Medical professionals working in medical institutions can now communicate with foreign patients through medical interpreters (both in person and over the phone) and translation machines. In the future, it is expected that medical institutions in urban areas and areas with a large population of foreigners will have more opportunities to communicate with foreign patients through translation machines and medical interpreters. However, in Japan, there is no legal requirement for medical interpreters to be assigned to medical institutions, and the number of people who can serve as medical interpreters is currently filled by volunteers and acquaintances. In Japan, however, there is no legal framework for the assignment of medical interpreters to medical institutions, and those who can serve as medical interpreters are often volunteers or acquaintances. There are only a few medical institutions that have trained interpreters who can fulfill the role of medical interpreters [1].

Many medical universities, colleges, and vocational schools have medical English classes and curriculums for learning medical English. Being able to speak English, which is said to be the universal language, does not mean that medical treatment can be carried out smoothly.

What would be the purpose of learning medical English, even though the medical English classes at school alone would not enable one to smoothly converse with foreign patients in English? It is necessary for medical professionals to continue learning medical English vocabulary and English for research purposes. However, looking at the current development of the languages of foreigners living in Japan and translation machines, it would be better to learn not only medical English conversation, but also the culture of foreign patients and their attitudes toward illness. Medical professionals have to keep studying outside of their busy working hours in order to acquire ever evolving medical knowledge and skills, while they are busy with their daily work. Who would like to see medical professionals continue to study
not only medical knowledge but also English and become able to converse with foreign patients in English. Not only the foreign patients whose mother tongue is not English, but also the medical interpreters. Even those who use the same language cannot understand medical jargon when they are suffering from illness.

Dealing with foreign patients when it is painful to even talk about their symptoms in their mother tongue may be similar to dealing with infants or mute people. In order for foreign patients to be able to receive medical care at medical institutions without anxiety, medical professionals may need to know more about communication skills themselves and cultural backgrounds than they need to learn English.

The purpose of this study was to compare and analyze medical English conversation and to examine future issues regarding communication with foreign patients.

Research objective

To compare and analyze medical English conversation textbooks published for nurses and nursing students in Japan, and to discuss communication with foreign patients.

Research method

Book search method: For the purpose of comparing medical English conversation texts published in Japan, Amazon was used. "Medical" and "English conversation" were entered into the search field of Amazon books, and the search was conducted (May 7, 2021).

Eligibility criteria and selection method of books

From the 243 books in the search results, only those books that [2] were written in Japanese, [3] were published or reprinted in 2000 or later for the year of first edition or revised edition, [4] included nurses or nursing students as the target audience, [5] were not dictionaries or lexicons, and [6] were available for purchase from Amazon were considered.

Even if the first edition was published before 2000, those that were updated in 2000 or later were included. The reason for choosing the year of reprint and the year of publication as 2000 or later is that the system for accepting foreigners in Japan has changed since the latter half of the 1990’s, many foreigners have come to live in Japan, and the number of foreign patients has increased significantly. In addition, books that are not related to medical care, those compiled as books or dictionaries for English papers or international conferences, and books for learning medical English were excluded.

Books for nurses and nursing students to use in English conversation with foreign patients were included in this study.

Analysis method


RESULTS AND DISCUSSION

24 English conversation textbooks were selected from 243 search results according to the eligibility criteria. The breakdown of the 24 textbooks is as follows:

1. English Conversation Handbook for Medical Staff [5]
2. English Conversation for Hospital Staff [4]
3. English Conversation for Staff from the University of Tokyo Hospital [7]
4. English conversation for hospital staff [8]
5. English for Nursing and Medical Staff [9]
6. English and Conversation for Nursing [10]
8. Hospital English Conversation for Nurses [6]
9. Everyday English for International Nurses Practical English for Nurses [12].
11. Practical English Conversation for Nurses and Medical Secretaries [14].
14. Step Up English Conversation for Nurses [20].
15. Practical Medical English Conversation for Nurses [16].
16. Level up Nursing Eikaiwa by Christine [17].
17. English Conversation for Nurses 1000 [18].
18. English Conversation for Nurses in Hospitals and In addition to the above, there are also a number of other books on the subject. English Conversation [15].
19. Nursing English Conversation [16].
20. 1000 English Conversations for Nurses [17].
21. English Conversation Phrases for Nurses [18].
22. Nursing English Conversation for Nurses with CD [19].
24. Practical Medical English Conversation [20].

Year of publication of the text

10 of the 24 textbooks had their first printing by 2009. 12 textbooks were published between 2010 and 2021. The first editions of the remaining two books were published before 2000, but the revised and updated editions were published after 2010. Before 1985, the number of foreigners living in Japan and the number of foreigners visiting Japan for travel, work, training, or study were small [21]. As a result, the number of foreign visitors to Japan increased rapidly, and the number of foreign patients visiting medical institutions also increased. Furthermore, when
<table>
<thead>
<tr>
<th>Title</th>
<th>Year of publication</th>
<th>Author</th>
<th>Author's thoughts</th>
<th>Why Medical Professionals Need to Speak English</th>
<th>Reception</th>
<th>Phone</th>
<th>Examination</th>
<th>Hospitalization</th>
<th>Discharge from hospital</th>
<th>Accounting</th>
<th>Medication</th>
<th>Disaster</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Conversation Handbook for Medical Staff</td>
<td>2007 First edition 2015</td>
<td>Dr. Luther Link Kurt Link, Tadashi Murase</td>
<td>Necessity of informed consent to communicate Japanese medical style to patients for cultural and customary differences.</td>
<td>Support for hospital staff to learn English, toward internationalization of medicine.</td>
<td>×</td>
<td>×</td>
<td>○</td>
<td>×</td>
<td>×</td>
<td>○</td>
<td>×</td>
<td>Only doctor-patient conversations</td>
<td></td>
</tr>
<tr>
<td>St. Luke's Style English Conversation for Hospital Staff</td>
<td>2016 2nd edition</td>
<td>Medical Staff</td>
<td>They are under the guidance of American doctors and nurses. So that anxious foreign patients can receive medical care with peace of mind.</td>
<td>Support for hospital staff to learn English, toward internationalization of medicine.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>×</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Conversation for Medical Staff from Todai Hospital</td>
<td>2016 First edition 2019 8th brush</td>
<td>Medical Staff Project Team</td>
<td>We want to save the English language support in the medical field throughout Japan. Project members excluding doctors.</td>
<td>We have created an environment where we can communicate in English.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>×</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>Touching on the need to identify differences in religion or customs at points</td>
<td></td>
</tr>
<tr>
<td>Situational English for Hospital Staff</td>
<td>2017 1st edition</td>
<td>Shinobu Hattori, English, Medical Interpreter</td>
<td>Resolute in dealing with foreign patients. It leads to cross-cultural understanding.</td>
<td>To understand languages other than Japanese.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>×</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>About vegetarianism, religion and food habits in the column</td>
<td></td>
</tr>
<tr>
<td>Immediately useful in the field! English for Nursing and Medical Staff</td>
<td>2008 First edition 2019 1st brush</td>
<td>Margaret Yamanaka, English Instructor</td>
<td>You can communicate with patients more smoothly than with fluent English. From the perspective of a foreign patient.</td>
<td>The need for English education is increasing.</td>
<td>○</td>
<td>×</td>
<td>○</td>
<td>○</td>
<td>×</td>
<td>○</td>
<td>○</td>
<td>Questions about religion and examples of patient answers, Infant</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows the results and discussion of the classification of the 24 textbooks into "year of publication," "author," "author's thoughts," "reception," "telephone," "examination," "hospitalization," "discharge," "accounting," "medicine," "disaster," and "other."
<table>
<thead>
<tr>
<th>English and Conversation for Nursing</th>
<th>2003 1st edition</th>
<th>Manako Kawasaki; General physician, translator; English instructor Maria Kawasaki; sister of the author</th>
<th>Language barrier issues, requiring extra time and effort from the medical side. I want you to break the language barrier without fear of failure, even if your English is poor.</th>
<th>Contacting family in a foreign country, Childbirth, Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>English for Nurses</td>
<td>2011 1st edition</td>
<td>E.H.Jego; English medical interpreter, linguistic research</td>
<td>To practice nursing care for patients with different cultures. Because it was edited based on corpus linguistics.</td>
<td>A few words about caring for patients, restrictions due to religion or beliefs in columns, &quot;take care&quot; embassy list</td>
</tr>
<tr>
<td>Hospital English for Nurses</td>
<td>2013 1st edition</td>
<td>Koeko Noda; Doctor of linguistics, English teacher</td>
<td>To provide foreign patients with a safe and comfortable experience of Japanese medical care.</td>
<td>Teaching Diabetics in the Hospital, Caring for Paraplegics, Assisting Patients with Broken Bones, Dealing with Pediatric Patients</td>
</tr>
<tr>
<td>Everyday English for International Nurses Practical English for Nursing</td>
<td>2013 1st edition</td>
<td>Joy Parkinson; Translator Tsukihito Nishimura; Applied Linguistics Kayoko Hirai; English Education Yoshihiro Wajimoto; Translator</td>
<td>Learn about the nature of holistic care in nursing. To understand the nature of healthcare in the UK.</td>
<td>[Cases] Dyspnea, stroke, medication guidance, constipation, daily living, dementia, pain, Questions needed for nursing planning based on the Activities of Living Model of Nursing (Roper, 1996).</td>
</tr>
<tr>
<td>Essential English for Nurses</td>
<td>1996 1st edition</td>
<td>Paul F. Zito &amp; Masako Hayano ZITO; translator</td>
<td>For doctors and nurses working in institutions that have to deal with patients from culturally or linguistically different backgrounds.</td>
<td>Schematic drawings of the body, skeletons, vocabulary, and a scale conversion chart.</td>
</tr>
<tr>
<td>Textbook of Nursing English</td>
<td>2018 5th edition</td>
<td>Naginatsu Yamada; Nurse Sadako Kuroda; English Conversation Instructor</td>
<td>To make it easier, more polite, easier to remember, and easier to reach the hearts of others.</td>
<td>Author's one-point explanation for easier understanding</td>
</tr>
<tr>
<td>Conversation, Student Edition</td>
<td>2010 1st edition</td>
<td>Naginatsu Yamada; Nurse Sadako Kuroda; English Conversation Instructor</td>
<td>By learning a foreign language, students develop the ability to accept differences.</td>
<td></td>
</tr>
<tr>
<td>Book Title</td>
<td>Year</td>
<td>Edition</td>
<td>Author(s)</td>
<td>Focus and Content</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Practical English Conversation for Nurses</td>
<td>2010</td>
<td>First 1</td>
<td>Hisae Niki; English Instructor, Yoko Morihana; M.D. Flaminia Miyamasu; Medical English Instructor</td>
<td>Vaccine, medical terminology vs. common words.</td>
</tr>
<tr>
<td>3rd Edition</td>
<td>1981</td>
<td>1st</td>
<td>&quot;Takeshi Ueki; Anthropologist Doreal Toun; Nurse, translator of medical articles</td>
<td>American Standard English with a focus on medical terminology</td>
</tr>
<tr>
<td>Step Up English Conversation for Nurses</td>
<td>2006</td>
<td>1st</td>
<td>Minoru Makita; Interpreter, English teacher</td>
<td>English-speaking doctors, but it helps patients if the nurses who are closest to them 24 hours a day can speak English.</td>
</tr>
<tr>
<td>Practical Medical English Conversation for Nurses</td>
<td>2008</td>
<td>1st</td>
<td>Akihito Ito; Doctor Kei Ito; Nurse (native English speaker)</td>
<td>For those who are serious about learning medical English for research or clinical study abroad.</td>
</tr>
<tr>
<td>Level Up Nursing Eikaiwa by Christine</td>
<td>2001</td>
<td>1st</td>
<td>Chinen Christine Lee; English teacher, Kazako Sako; English literature scholar, translator, English teacher</td>
<td>The main character is a nursing student, and the story is about going to various departments in rotations with a resident doctor.</td>
</tr>
</tbody>
</table>

The text is intended for nurses, there are chapters on nursing techniques, home care, day services, elderly care, and special care.
<table>
<thead>
<tr>
<th>Title</th>
<th>Edition</th>
<th>Author(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Conversation for Nurses 1000</td>
<td>2016</td>
<td>Satomi Hayashi; Nurse, Ph. D. in nursing from the United States.</td>
<td>The minimum amount of English required to provide medical and nursing care as smoothly as possible.</td>
</tr>
<tr>
<td>English Conversation for Nurses in Hospitals</td>
<td>2003</td>
<td>Kyoko Iida; Interpreter, Doctor of Health Sciences; Editor: Katsuo Akagi</td>
<td>To acquire English as a lingua franca in an increasingly globalized society.</td>
</tr>
<tr>
<td>Nursing English Conversation</td>
<td>2001</td>
<td>Hiroo Nakamura: Pedagogy, faculty member of nursing university.</td>
<td>The anxiety of foreign patients is great. We hope that foreigners in Japan will be able to receive medical and nursing care with peace of mind.</td>
</tr>
<tr>
<td>Useful from Today! English Conversation Phrases for Nurses</td>
<td>2009</td>
<td>Haruko Hishida; English teacher, Keiko Fukaya; English studies</td>
<td>We have collected phrases that can be said in English from nurses who have interacted with foreign patients in the field.</td>
</tr>
<tr>
<td>Nursing English for Nurses with CD</td>
<td>2010</td>
<td>Junko Yamamoto; English education</td>
<td>To ensure that my skills and sincerity as a nurse will be internationally accepted.</td>
</tr>
</tbody>
</table>

Foreign patients and medical insurance, Differences between Japan and foreign countries in columns.

Interviews and questionnaires with active nurses for writing and production

Temperature taking, nursing assistance (toileting, whole-body wiping, meal assistance)

The differences in common sense between Japan and other countries.

End of life, bereaved family, Restricted diet, Religious

Expressions of sympathy, Visitors, dealing with patients' families
the decision was made to host the 2020 Tokyo Olympics, the number of foreign visitors to Japan increased even further, and with it, the number of foreign patients visiting medical institutions. As the number of foreign patients visiting medical institutions increased, so did the number of problems related to the treatment of foreign patients. Looking at medical English conversation textbooks, many of them mention that the number of foreigners is beginning to increase. It can be said that this is related to the remarkable increase in the number of foreign trainees and tourists. At that time, medical institutions in Japan were busy securing human resources and handling admissions and discharges, as the government had been directing them to shorten the length of hospital stays in preparation for Japan's super aged society. Although the population of foreigners was gradually increasing, the only medical institutions that saw foreign patients were university hospitals and large hospitals in the city center, and hospitals that accepted foreigners in areas where many foreigners lived. The mainstream of medical institutions that were accepting foreigners was that English speaking doctors responded to foreign patients' consultations in English. However, in response to this increase in the number of foreigners, there was no significant publication of medical English conversation textbooks. This seems to be related to the "language problem" of foreigners. Regarding the "language problem" of foreign patients, Nishimura [22] stated that in many cases, English speaking medical personnel in Japanese medical institutions speak to foreign patients in medical English, and that many foreign patients suffer from poor health, and even if they want to see a medical institution, they may give up seeing the doctor because they cannot communicate. In addition, there are many foreign patients who are native English speakers. In addition, trying to communicate in English with non-native English speaking patients will increase the distress of the foreign patients and affect their diagnosis. Due to the problem of foreign patients not being able to speak English even if there are medical professionals who are fluent in English, we believe that no medical English conversation textbooks were published for the increasing number of foreign patients.

By author

The authors of the texts were categorized as A: doctors, B: nurses and medical staff, C: scholars and university teachers, D: interpreters and translators. Of the 24 medical English conversation textbooks, A: doctors had 3, B: nurses and medical staff had 7, C: scholars and university teachers had 2, and D: interpreters and translators had 12. The most common were medical English conversation textbooks published by authors who were familiar with English. However, before publishing the textbooks, the authors received cooperation from medical professionals regarding conversations actually used in medical institutions. As for the authors' thoughts, A and B said that medical English conversation is necessary for smooth medical treatment from the standpoint of medical personnel and for medical personnel to be able to speak English in the medical field. On the other hand, C and D were familiar with English, but were not medical professionals, and therefore, from the standpoint of foreign patients, many wanted medical staff and foreign patients to be able to speak English smoothly. We found that the authors had different purposes in creating medical English conversation. We believe that medical staff needed the textbooks to improve their own English conversation skills, but from the standpoint of foreign patients, they wanted medical staff to be able to speak English at a level that was easy to understand.

Each of the authors has written about their thoughts regarding the choice of "English" for conversations with foreign patients. English is the most spoken language in the world as a second language, but many foreigners living in Japan do not understand English. Recently, there is data showing that conversations using easy Japanese are more effective in communicating with foreigners [23]. As for why English, some textbooks expressed the idea that by learning English conversation based on the recognition that English is the correct common language, such as "There are
patients who do not speak their native language, but there are many who speak English," or "Learn English as a lingua franca," one can talk with people in the static load. Some textbooks were designed to be used as tools for cross cultural communication, such as "accepting differences by learning a foreign language," "changing the environment to accommodate foreigners," and "acquiring cross cultural understanding. In addition, there were texts that stated that "English" was necessary to improve one’s skills and language proficiency. As Japan is an island nation, we do not realize how much we need English, a universal language, as a language tool. Because we rarely use English in our daily lives, Japanese people do not feel the need for it. We can see that the idea of using English in conversations with foreign patients has become the mainstream in Japan at the moment. Either for the sake of medical professionals or for the sake of foreign patients, the authors’ thoughts on medical English conversation can be felt.

Items and contents

If the author compares the three a: Physician textbooks, all three books do not have items on telephone support, accounting, and disasters. The absence of these items can be attributed to the fact that doctors do not have experience with any of these items. However, in the section on reception, some texts include a section on reception even though the author is a doctor. Since the doctor in this text has experience as an English teacher and his sister, who co-authored the text, is not a medical professional, it is possible that the receptionist item was included based on other medical English texts.

Only three of the 24 books had a section on "disasters," two of which were written by medical staff and one by a medical interpreter. In the "Disaster" section of the report, the authors show in English how medical staff should respond to a disaster in a hospital. Japan is prone to natural disasters such as earthquakes and typhoons. I think it was the author’s idea to include in the medical English textbook how to guide foreign patients to evacuate in such cases.

There were seven textbooks that touched on religious and cultural differences. 6 of the texts were written by authors who were not medical professionals. Many of them were not about religion or eating habits as an item, but rather as a column with information. In particular, there are huge differences between cultures in terms of where and when to pray in religion and what to eat in hospitals, so the books were full of useful information for medical professionals to know so as not to be a burden to patients. English instructors, interpreters, and translators have included columns on religious and cultural differences in medical English conversation textbooks to help foreign patients avoid problems in the medical field from the standpoint of foreign patients. Even if you speak English fluently, it is difficult to communicate with foreign patients in the medical field without knowledge of their cultural background. A medical professional who knows the cultural background of foreign patients will be able to communicate with them more smoothly than a medical professional who can only speak English fluently.

I included other things that are specific to the text. Some of the authors, who are nurses, included a section on nursing skills. Step-up English for Nurses, authored by an English teacher, included items that were not related to medical English conversation, such as an overseas travel section.

As shown in the table, the content of the texts differed depending on the background of the author. Medical staff members created the textbooks in the hope of preventing problems for hospital staff, so it can be said that the textbooks were designed for medical staff. However, when the authors are medical interpreters or English instructors who are not medical staff, they include sections on the religion and eating habits of foreign patients, suggesting that they are more interested in foreign patients. It was found that the different purposes and positions of the authors of the medical English textbooks reflected their thoughts and feelings in the textbooks, which in turn influenced the content.

CONCLUSION

There was a difference in the content of the text depending on the occupation of the author. It is necessary to learn English as a global language. However, it is not enough for medical professionals to be able to use English conversation to communicate smoothly with foreign patients. Knowing the cultural background of the foreign patient, thinking from the foreign patient’s point of view, and being close to the foreign patient will make communication smoother.

REFERENCES

3. Situational English Conversation for Hospital Staff, Shinobu Hattori, Medical View, 2017
5. English Conversation Handbook for Medical Staff, Luther Link, Tadashi Murase, Kenkyusha, 2015:11-19
6. Hospital English for Nurses (Mediago Books) - Be a star of hope for foreign patients! With 2 CDs, Koeko Noda, Synergy, 2013.
7. English Conversation for Medical Staff from the University of Tokyo Hospital with MP3 CD-ROM, English Manual Publication Project Team, University of Tokyo Hospital, Berre Publishing, 2016.
9. English for Nursing and Medical Staff (Mediago Books) English for Nursing and Medical Staff (with CD), Margaret Yamanaka, Asahi Press, 2008.