



## ความท้าทายของการสื่อสารด้านการดูแลสุขภาพข้ามวัฒนธรรมในการท่องเที่ยวเชิงการแพทย์: กรณีศึกษาของ โรงพยาบาลเอกชน กรุงเทพมหานคร ประเทศไทย

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### บทคัดย่อ

วัตถุประสงค์ของการศึกษานี้คือเพื่อศึกษาอุปสรรคด้านการสื่อสารในการดูแลสุขภาพข้ามวัฒนธรรมของล่ามทางการแพทย์ ในการปฏิบัติบทบาทหน้าที่ที่มีความความสัมพันธ์กันในแต่ละบทบาท ได้แก่ การแปลภาษา ความเป็นมืออาชีพ การจัดการ และการชักจูง เพื่อเป็นกลยุทธ์ในการสื่อสารให้เกิดประโยชน์สูงสุดในการสื่อสารด้านสุขภาพทางวัฒนธรรมที่พบว่ามีความแตกต่างกันด้านภาษา วัฒนธรรม และความรู้ด้านการดูแลสุขภาพ การศึกษากลุ่มตัวอย่างโดยล่ามทางการแพทย์ที่ทำงานในสถานพยาบาลที่ให้บริการผู้ป่วยต่างชาติและอธิบายประสบการณ์ของล่ามทางการแพทย์ ผู้ป่วยต่างชาติ และบุคลากรทางการแพทย์ ในแง่ของการสื่อสารด้านการดูแลสุขภาพข้ามวัฒนธรรม ได้แก่ การแปลภาษา ความเป็นมืออาชีพ การจัดการ และการชักจูง การศึกษาครั้งนี้เป็นการศึกษาเชิงคุณภาพแบบพรรณนา ประชากรผู้เข้าร่วมเป็นล่ามทางการแพทย์ ผู้ป่วยต่างชาติและ บุคลากรทางการแพทย์ ที่ทำงานในโรงพยาบาลเอกชน กรุงเทพฯ ประเทศไทย และศูนย์การแพทย์ กลุ่มตัวอย่างได้รับการคัดเลือกโดยใช้การสุ่มตัวอย่างแบบเจาะจง โดยเครื่องมือที่ใช้เป็นแบบสัมภาษณ์เชิงลึก และข้อมูลถูกรวบรวมและวิเคราะห์โดยใช้หลักการวิเคราะห์เนื้อหาเพื่อวิเคราะห์และตีความความสอดคล้องกันระหว่างสาเหตุและผลที่อธิบายได้ด้วยข้อมูลค้นพบว่าอุปสรรคประสบการณ์การดูแลสุขภาพข้ามวัฒนธรรมนั้นมีความท้าทายล่ามทางการแพทย์ในบทบาทหน้าที่ในงานที่เกี่ยวข้องและความสัมพันธ์เชิงอำนาจที่ซับซ้อน ผลการวิจัยพบข้อค้นพบที่สำคัญกับทีมผู้บริหารโรงพยาบาลและบุคลากรทางการแพทย์ ขอแนะนำการฝึกอบรมเรื่องสมรรถนะเชิงวัฒนธรรม สำหรับความก้าวหน้าในอาชีพและส่งเสริมความเป็นมืออาชีพผ่านการออกไปอนุญาตและการพัฒนาความฉลาดทางด้านอารมณ์ ทักษะของผู้ให้บริการที่สำคัญ ซึ่งเป็นสิ่งที่จำเป็นต้องพัฒนาทักษะในเชิงรุกเพื่อลดสภาวะทางอารมณ์

**คำสำคัญ:** การท่องเที่ยวเชิงสุขภาพ, ล่าม, ผู้แปลภาษา, ข้ามวัฒนธรรม, สุขภาพ

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## The Challenge of Cross-Cultural Healthcare Communication on Medical Tourism: Case Study of International Private Hospital in Bangkok, Thailand

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### Abstract

The purposes of this study were to explore the challenges to cross-cultural healthcare communication experienced by medical interpreters in proposed four roles relation of conduit, professional, manager, and advocate maximal utility achievement communication strategies in language, culture, and healthcare education in cross-cultural healthcare communication and to explore the barriers to cross-cultural healthcare communication as experienced by medical interpreters working in health facilities that serve international patients and explain the experiences of medical interpreters, patients, and physicians in terms of cross-cultural healthcare communication: conduit, professional, manager, and advocate. This study adopted a qualitative descriptive. The key informants were medical interpreter, international patient, medical providers who work at International Private Hospital, Bangkok, Thailand, and the Medical Center. The sample was selected using purposive sampling. In-depth interviews were used to collect data. Data were analyzed using content analysis to interpret qualitative data. It was found that barriers cross-cultural healthcare experiences challenged medical interpreter in task relation and complex triangle power relationships. The results suggested that hospital administrative teams and healthcare professionals. Based on the major findings, it was recommended that cultural competence education and training provide insight for career progression and promote professionalization through license issuance and providing quality emotional support need to empathizing proactively develop the skills to de-escalate emotionally charged.

**Keywords:** MEDICAL TOURISM, INTERPRETER, TRANSLATOR, CROSS-CULTURAL, HEALTHCARE

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## บทนำ (Introduction)

The healthcare sector in Southeast Asia has seen an increasing tendency towards globalization, with significant connections to countries such as India, Indonesia, Malaysia, the Philippines, Singapore, and Thailand. The private sector has demonstrated a growing tendency to actively market medical tourism locations for international visitors, with the aim of enhancing Thailand's attractiveness as a popular destination for travellers. Therefore, the nation's healthcare reputation has experienced growth owing to its unique Thai-style hospitality. In accordance with Pattharapinyophon (2019), Furthermore, the hospital offers various advantages, including adherence to the standards obligated by the Hospital Accreditation of Thailand and International (such as the Joint Commission International or JCI), as well as other internationally accepted guidelines like ISO and Hazards and Critical Controls Principle (HACCP). These standards, in combination with reasonable prices and promotional offers, make the hospital an attractive choice for patients seeking selective treatments such as Cardiology, Orthopedics, Cosmetic and Plastic Surgery, Dental Care, and Eye Treatment, among other specialties. According to the study conducted by Rerkrujipimol and Assenov in 2008, The growing number of international markets has resulted in improvements to the system economy, leading to increases in the availability of health and wellness services. The global movement of patients seeking medical care and healthcare services, both invasive and non-invasive, is becoming increasingly recognized as a significant aspect of the healthcare market. The phenomenon in issue has been referred to as medical tourism. According to Lunt, Smith, and Exworthy (2011), This movement influenced the economy, culture, society, environment, and the economic activity of technology. The international market is strengthened by both international commerce and industrial interconnections. Through international investment and corporate networks that strengthen health and medical tourism, the international market could benefit greatly. (Surugiu & Surugiu, 2015) Intercultural competence is a consequence of globalization and has implications for both individuals and the larger population. Cultural variety has an influence on the phenomenon's dynamics. In a multicultural community, the challenge of understanding multiple cultures and beliefs may emerge regardless of beliefs, religion, or societal structure. (Rivière, 2009) This implies that persons from diverse backgrounds will have a difficult time socializing, understanding, and accepting one another. (Wani, 2011)



Thailand's government has been supporting medical tourism in Thailand, as stated in The Office of the National Economic and Social Development Board Office of the Prime Minister must promote and develop the medical and wellness tourism Thailand in The Twelfth National Economic and Social Development Plan (2017-2021) areas as medical hubs. The number of international travelers who visited Thailand in 2016 was 1.2 million, and they were classified into two groups: 80% of medical tourists and 20% of wellness tourists. The 20% is expatriate who is a foreign investment and a worker in Thailand such as Japanese, South-Korea, and European. (Office of the National Economic and Social Development Council Office of the Prime Minister, 2017)

Many international patients in the international private hospital come from different cultures, religions, and socioeconomic systems. Language is therefore essential for effective cross-cultural healthcare communication. Effective communication is required to ensure patient safety and compliance, detection and diagnosis, and health promotion. According to research on cross-cultural healthcare communication barriers, a language barrier, low health education, anxiousness, general attitudes, gender attitudes, and health beliefs make it difficult for healthcare practitioners to comprehend the patient's context. (Taylor, Nicolle, & Maguire, 2013) Medical interpreters have their own cultural values and beliefs as well. Those associated with cross-cultural healthcare communication have been described as limitations to the exchange of information between a healthcare provider and an international patient, alongside misunderstandings caused by inadequate health knowledge, different cultural behavior, and language barriers. (Hultsjö & Hjelm, 2005) The concept of cross-cultural health care communication is understanding the value of culture in communication which critical for cultural competency in a medical interpreter, who must be competent at communicating effectively.

In a multicultural society, this is the role of medical interpreters, international patients, physicians, and medical staffs have relationships through face-to-face communication across cultures. The researcher conducted observations in order to investigate untrained medical interpreters who may experience challenges in effectively communicating guidelines in international healthcare.



### **วัตถุประสงค์ของการวิจัย (Objective)**

1. To explore the barriers to cross-cultural healthcare communication as experienced by medical interpreters working in health facilities that serve international patients
2. To explain the experiences of medical interpreters, patients, and physicians in terms of cross-cultural healthcare communication: conduit, professional, manager, and advocate

### **แนวคิดทฤษฎีที่เกี่ยวข้อง (Literature Review)**

The study provides an overview of previous research on knowledge sharing and cross-cultural healthcare communication with a multicultural environment in the age of globalization. Using cross-cultural healthcare communication model examines the relationship between the medical interpreters, international patients, and medical providers by using The Cross-Cultural Health Care Program (CCHCP) in medical interpreter role as conduit, advocate, manager, and professional.

### **Globalization**

The relationship between globalization and culture involves the many kinds of cultures existing worldwide, which are under the influence of Western dominance, such as the establishment of a new international transnational community, border lessness, and freedom of choice. Culture shapes what behaviors are desirable or forbidden for members of the culture norms for persons in social structure roles as well as the main goals and principles in one's life values. (Wani, 2011) significantly but not immediately. (Mclaren, 1998)

### **Cultural competence in the delivery of healthcare services**

Cultural awareness is approached the most detailed about intercultural competence. From the study of intercultural communicative competence (ICC) claim that the key to cultural awareness is ability to evaluate critically of recognition of one's biases, prejudices, and assumptions with aware of the influence of one's own cultural and of one's own cultural. This awareness with conscious understanding influences individuals to impose their behaviors, beliefs, and values, and its importance in communication. It is the meaningful of etic view and emic view to specific health condition under the culture value as ill, disable, facing death, or facing to another human



condition. “ Because culture is focused on the total or holistic lifeways of human” that interconnectedness of the state of harmony between body, mind, and spirit with combination of traditional context integrated with knowledge. (Leininger & McFarland, 1999)

Poor functional health education is common among patients who have low educational attainment, among old patients and racial or ethnic minorities. It associated with a poor understanding of one’s condition and its management with impacts health outcomes are not clear, it is likely that ineffective information flow in the health care context plays a role. (Schillinger, Bindman, Wang, Stewart, & Piette, 2004). This barrier also has a significant effect on clinical performance, medical decision making, medication management, and patients’ understanding of and access to services. They may be unable to complete documents correctly and may be uncomfortable to ask for assistance. This may leave with unresolved questions or may sign a paper that would not understanding. Many patients claim that their doctor did not explain their medical situation to them in simple terms. (Safeer & Keenan, 2005)

The conceptualization of the “ interpreter as manager of the cross-cultural/ cross-language mediated clinical encounter” defines the primary function of the role as the facilitation of the communication process between two people who do not speak the same language to make possible the goal of the encounter. Since the goal of the clinical encounter shared meaning between what the patient presents and how the provider interprets. The facilitation of the communication process requires more than linguistic translation but it especially when the cultural concept of meaning for patient and provider are very different. The medical interpreter achieves this not only by providing appropriate linguistic translation from one language to another, but also by actively assisting. It also required overcoming communication barriers based in cultural, class, religious, and other social variations. (Avery, 2001)

These roles of medical interpreter follow by The Cross-Cultural Health Care Program (CCHCP) for communicative goals and their corresponding strategies that play in health care settings such as conduit, advocate, manager, and professional. It has been engaged in nonprofit training and consulting organization of cultural competence health care systems founded in 1992. They



mission is “to serve as a bridge between communities and health care institutions to advance access to quality health care that is culturally and linguistically appropriate” After training will get a certificate recognized Bridging the Gap (BTG) and Cultural Competency interpreter training programs. This offers training in cultural competency and medical (CCHCP) Seattle, WA 98116 interpretation, and has interpretation and translation services. Customized cross-cultural training from United State.

Conduit is transferring complete information. Reinforcing provider-patient relationship, interpreting in a first-person singular style, and using verbal and nonverbal strategies to claim an invisible role. The conduit role is sanctioned by the code of ethics. For example, in American Medical Interpreters Association, Diversity Rx, California Health Interpreters Association, and Massachusetts Medical Interpreters Association have been collaborating over the past decade to enhance the professional status of medical interpreting who give positions the interpreter largely as a conduit by transmitting messages between parties reliably and without distortion. The conduit model provides prescriptive guidelines for interpreting behaviors. It does not accurately describe actual interpreter practice. (Dysart-Gale, 2005) This model is still popular in the communication model by first, interpreter traditionally has been expected to claim an invisible role. This model allowed interpreters to deny any personal interference with their work. Second, the conduit model appears to be a straightforward way of interpretation and requires minimal train that medical interpreter send the message without judgment. Lastly, the provider and patient will have confidently assumed that the message that medical interpreter interpret is truth and still have full control over the information exchanged. This model role as everyone has a robot. (Hsieh, 2009) The problematic behaviors of other speakers, providing a framework to interpret and evaluate performances, managing optimal, exchange of information enhancing the speakers’ understanding of information, and managing the content and flow of information to be culturally appropriate and to provide optimal care. Interpersonal challenges reported by healthcare interpreters as a patient are asking interpreters to perform tasks outside their role. Interpersonal dynamics create pressures on the interpreter. (NSW Health Care Interpreter Services (NSW HCIS), 2014) Medical Interpreter is person who need specific skills such as level of fluency for linguistic skill, using positive language and adaptability for customer service skills and cultural competence skills to



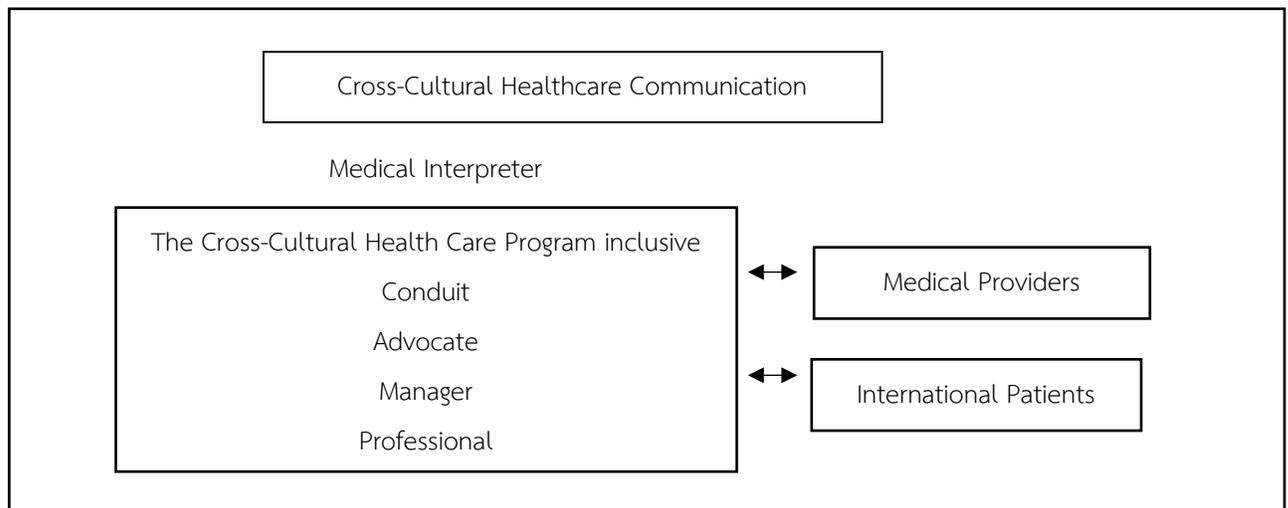
provide and support international tourists as niche market tourists who limited language proficiency. The driving factors that play a role in medical tourists in Thailand as medical interpreter supportively management must challenge. Because of the training and education implement continuous focus training programs about medical procedure performance. The highlighted increased health tourists access to healthcare services by the quality of human resources management role is an advantages strategies part of the contribution of medical tourism. (Pocock & Phua, 2011) Medical interpreter received training in the hospital so-called on-the-job training. They are teaching the skills to new interpreters by performing a specific job in the working environment that involves a combination of observing and hands-on experience under the senior medical interpreter. In Thailand had attempt to provide training for medical interpreters by university but it has not become an established regular course, however, noticeable problem in this untraining medical interpreter in cultural competency and cross-cultural training are practically non-existent in hospital. (Nishikito, 2015)

**กรอบแนวคิดการวิจัย (Conceptual Framework)**

Many researchers have been exploring medical interpreters that provided translation and interpretation services to many of whom are of limited language in the hospital. Previous literature has discussed and reflexive approach to inform inclusively:

Blay, N., et al. (2018), Green, B., et al. (2017), Hsieh, E. (2006), Hsieh, E. and E. M. Kramer (2012),

The conceptual framework was developed as follows:





### **วิธีการดำเนินการวิจัย (Methodology)**

The researcher collected all data recorded and analyzed conduct the research in a manner to attain data saturation. After finishing every participants such as 10 Medical interpreters, 5 International patients and 5 Medical providers. The researcher will read all transcripts and coding the data for dominant themes and categories. Data analysis begins with listening to participant verbal descriptions. The transcribed data were compared with tape-recorded data, again and again, to make sure the participant description and statement are unaltered. This study has been follow a descriptive research analysis. The purposive sampling has been used for sample size calculation. Private hospital in Bangkok Thailand 55 hospitals where have medical interpreters, therefore, the researcher purposively included only the participants from those hospitals.

### **ผลการวิจัย (Result)**

#### **Background data of medical interpreter**

Result of background data of medical interpreter participants were obtained from 10 subjects: 10 females and 1 male. The first language spoken by the respondents was: 9 of respondents was Thai and 1 respondent was Chinese. For all of them education is bachelor's degree. The average age 29 years old. The work experienced of medical interpreter between 7 months – 4 years. Most of them are Thai. All of them have language certificated with language level was comprehend two languages as spoken and written as level Education, Bachelor's degree.

#### **Background data of international patient**

Result of background data of international patients were obtained from 5 subjects: 4 females and 1 male and 3 Australians, 1 New Zealand and 1 Singaporean. Most of the international patients included in this study went through the plastic surgery medical procedure as for the period of collecting data. However, there are some international patients who received another medical treatment.

#### **Background data of medical provider**



Result of background data of medical interpreter participants were obtained from 5 subjects: 4 females and 1 male and 1 Physician, 2 registered nurses and 2 nursing assistants. For all of them work with international hospital who experienced at least 3 months' work in international hospital.

### **Cross-cultural healthcare Experiences and Barriers**

The data obtained from the individual interviewees on the awareness multicultural environment. Individual or identifiable private information used to protect anonymity and confidentiality. In analyzing the data, the data was being transcribed, translated, and identifying patterns of expressions. To create order out of the different patterns and commonalities of participant expressions. Three themes emerged from participant narratives. The barrier of cross-cultural healthcare communication emerged health education, language or linguacultural, and religion and culture. From the findings, it was discovered that some medical interpreters have experienced pressure while working about health education barriers with as medical interpreter gave information as

“In the case of male genitourinary tracts, I am not familiar with it, so I asked my colleague to help at that time by using Line or Wechat. It is about the next process for medical treatment or preparing the patient but in the worst case is change the medical interpreter. But before I leave the translation service with the patient. I need to explain the reason and understand.” (CA001)

Another experienced, who is older, for medical interpreter that are not assure about the health information as well. They will get help to process as

“I will advise my manager to help me. In my team, they always shared patient information. I will learn from another medical interpreter about vocabulary, protocol, or suggestion” (CA006)

Medical interpreter gave the information that they need standby for translation service with medical provider as follows:



“Nurse will need to communicate with patient for do treatment as injection, collect the blood or wound dressing so it also needs medical interpreter stay with nurse for help interpret.” (CD001)

The medical provider also shared the opinion to support the problematic as medical terminology that they lend a helping hand.

“I help medical interpreter by explained the medical terminology” (CD004)

The barrier of cross-cultural healthcare communication, language or linguacultural barrier that exists as the discovery by information from participants. For language barrier, some informants give information about how they help the international patient under the watch for solve the language barrier problem.

“Solving the immediate problems is undoubtedly so I will use common words, gestures or body language” (CA004)

The language which interaction in communication highlighted for communication between them. The primary of their role as the facilitation of the communication process. For the international patient’s side who shared the opinions that support the main medical interpreter function role is do the translate service and send the message between them

From the finding, many medical interpreters look to practice the nonverbal signals for international, which English is the foremost, patient who cannot speak international language well as

“I had experienced a Korean Case. He cannot speak English and I cannot speak Hangul. I use body language to communicate” (CA006)



For cross-cultural communication, the dimension of religious and culture barriers. The tension between medical interpreter, medical provider and international may occur in some cases. The power distance between unequal relationships. It found the power dynamic issue of social hierarchy between service recipient and service provider. For the information received, medical interpreter who gatekeeper for communication cannot do primary of their role and the problem solving that the brighten way from informant as their shared.

“It may be tension between Islam practitioners so I concern about tension between conversation so I may avoid this case. Because improving the appearance of part of the body is prohibited. But it is the right of patients to do their body, so I ask permission from my manager.” (CA003)

For the most concern about comfortable or uncomfortable in unstructured situations. To support team communication, interpreters are responsible for providing face-to-face interpreting with patients and relied on most frequently for taking down patient health history. The bridge position made assist patients and families during healthcare process. For less uncomfortable situations and more understanding the international patient as professional medical interpreter who effective collaboration.

“Medical interpreter will tell the patient’s background to me such as culture, or personal information that help me more understand patient. Sometimes it makes me more relax” (CD004)

Medical provider experience supported up the behavior of individual-level masculinity-femininity. It shows socialization behaviors. Individual practice was impacted by culture shaping. The power dynamic between culture and religion is more complicated. The power dynamic is brought into the relationship. This reveals that physicians have dominance and power in the healthcare system. As seen in the participant's shared experience.



“ In Arab culture must ask permission from her and family such as touch her face for injection. This culture is not allowed man to touch their body, but the doctor can do.”  
(CD003)

In cultural sensitivity and awareness is working. Medical interpreter practices with respectfully and acceptances.

“ Some women Arab still strict the culture but accidently that get male medical interpreter. In the consultation, which need open the face to doctor, male medical interpreter will interpret behind the curtain.” (CD001)

People who are away from home may encounter interaction with culturally diverse backgrounds. The barrier undermines trust issues that occurs as human error or misunderstanding. Medical interpreters cross the bridge of trust and can build an effective friendship. In international view, they shared experiences about it.

“ She was supporting me as bring the nurse to do wound dressing, follow up the appointment, or stay with me in the consultation room. When I stay alone in Thailand, I do not friend here so she like a new friend.” (CB001)

### **สรุปและอภิปรายผลการวิจัย (Discussion and Conclusion)**

The purposes of this study were to explore the challenge of cross-cultural healthcare communication in medical tourism: a case study of international private hospital in Bangkok Thailand. Qualitative data were collected through in-depth interview with medical interpreters, medical providers, and international patients. It was found that language or linguacultural barriers happened during communication, which are highly relevant to inadequate functional health education. The medical interpreter shows that role of communication bridge and informative guideline in healthcare approached. In part of culture barriers found the challenge of diversity cultural food consumption during stay in the hospital, additional, unequal power relationship.



A challenge is limited knowledge of medical terminology. In the healthcare system, the ability to gather an accurate medical history is a crucial clinical competence for medical interpreters. Literature review reveals that the power of language and words was co-constructed and influenced by different degrees of power. (Nimmon & Stenfors-Hayes, 2016) The result presented untrained medical interpreter in healthcare communication barriers as a language's effect on professionalization, which in the part communication environment in linguistic complexity can significantly contribute to subjectivity, verbiage, sentence structure, and knowing versus believing in the situation. (Zuczkowski, Canestrari, Riccioni, & Bongelli, 2014)

This is conducted not only by giving appropriate linguistic translation from one language to another, but also by supporting once needed for overcoming communication barriers based on cultural, class, religious, and other social differences. (Mattila, 2000) Previous research in cross-cultural studies criticized the power distance dimension, which represents power inequality and authority interactions in culture by seeking to affect hierarchy and diverse relationships. (Soares, Farhangmehr, & Shoham, 2007) It can be claimed, based on previous experience that limitations in language ability and cultural barriers increase the risk of healthcare outcomes, such as the risk of misdiagnosis and inappropriate treatment, which can be life-threatening, and decrease patient satisfaction with hospital healthcare services. (Hadziabdic & Hjelm, 2013)

The task relationship of a medical interpreter in cross-cultural healthcare communication. The findings obtained from the informants who performed as medical interpreters in private hospitals in Thailand were highlighted in this discussion. The Cross-Cultural Health Care Program (CCHCP) in health care settings was mentioned continuing to follow the medical interpreter's task relations as the responsibilities of medical interpreter. This paradigm includes communication and coordination purposes such as conduit, advocate, manager, and professional. According to the interview data, communication enhances the interaction between medical professionals, international patients, and medical interpreters in the healthcare setting.

Conduit for the data the medical interpreters manage roles as the conduit model which is a linguistic action that is sufficient in medical interpreters' practices because of providing emotional



support contradicts the conduit model. (Hsieh, 2008) From the perspective of the medical provider, emotional support provided by the medical interpreters is an essential part of their powerful connection with the international patient, which is humanitarian and professional. (Hsieh & Hong, 2010) Selective research shows that providing positive emotional support in healthcare can contribute sustainably to multiple indices of personal and relational well-being. Furthermore, this support will help patients recover more quickly from a variety of illnesses and injuries and may even prolong their life expectancy. (Burlison, 2003) Medical interpreters appear to be advocates and gatekeepers who disregard cross-cultural differences. (Hale, 2014) In advocacy implement for communication is having the intention of supporting good health outcomes but in this issue have interfere communication and must avoid taking on advocacy role because it is in part of risk to the safety, health, well-being, or human dignity of the service. (Mikkelson, 2016)

Manage as the manager as a successful medical interpreter not only needs to function as a conduit, but also conduct another task. (Hsieh, 2006) Performing responsibilities unrelated to interpretation practices is the co-diagnostician task of a medical interpreter involved in the diagnostic and treatment process of a patient, additionally, physicians and interpreters having overlapping roles and services. (Hsieh, 2007) Literature supports this investigation as a task undertaken by various medical interpreter functions, such as clinical functions, therapeutic allies, patient empowerment, and metalinguistic negotiators. (Aranda, Gutiérrez, & Li, 2021) Professional, who that trained to interpret in a variety of health care settings, medical interpreter from the language by under interpreters' standards and code of ethics including beneficence, fidelity, and respect. (Loach, 2019) In the case of a language barrier, a family member interpreter has more advantages, such as familiarity, comfort, and accessibility, but research has found that the use of professional medical interpreters improves clinical care and enhances patient satisfaction. (Seidelman & Bachner, 2010)

Power relationship among medical interpreter, medical provider, and international patients in the multicultural healthcare by observation with participants at a private hospital where health professionals communicate with complex triangle power relations that the medical interpreter is shaped by the presence of a third party, the same as a previous study that represents as a co-



diagnostician; furthermore, the client-provider relationship is extremely complicated. (Jimenez, 2004) Physicians and patients seem to have a challenging time communicating, and a patient's perspective of a medical interpreter is not that of an invisible conduit. The doctor considers the medical interpreter as a therapeutic relationship. (Rosenberg, Leanza, & Seller, 2007) In a multicultural environment, sociodemographic factors regarding cultural background by gender are meaningful in power dynamics, according to a research study that discovered that patients tend to impede and keep up longer face- to- face interaction with patients once considering communication, and that conflicts arise when they do not experience similar healthcare perceptions. (Beisecker, 1990. Emotional intelligence, which includes knowing how to act in a manner that meets the demands of patients, is highlighted. This includes emotional communication, empathy, compassion, sensitivity, impulse control, and stress management, all of which could affect a patient's trust in a medical provider. (Cherry, Fletcher, and O'Sullivan, 2013)

### **ข้อเสนอแนะจากการวิจัย (Conclusion and Recommendation)**

The finding of the study showed the barriers to effective communication result from insufficient and unsure information. The study has highlighted several researchable aspects that could be pursued further research as the relationship between medical interpreter, medical provider and international patient is considered the training program in the cross- cultural healthcare communication should be made available to medical interpreter and medical provider who have close relationship with international patient in the private hospital. The lack of a formalized and training need to be addressed on government level with input the training in policy to fulfill their cultural competency in multicultural environment for drive the medical tourism in Thailand. In addition, the frameworks were analyzed by content analysis:

The Barriers in globalization's cultural diversity are culturally different groups of individuals who prioritize their own culture. In cross-cultural healthcare communication has challenged language, cultural competence, and poor health education interfere medical interpreter and medical provider service. In the language barrier, medical terminology, and vocabulary relevant to language



proficiency are crucial to professional quality. To provide linguistically relevant health care services by accurately delivering information and maintaining confidentiality within the environment of a complex triangle of power. As conduits, medical interpreters have a greater responsibility of involvement with management, advocates, and professionals regarding emotional awareness.

In multicultural healthcare environments, intercultural competence is important. Active learning represented the cross-cultural education and awareness approach to shapes medical interpreters. The study revealed that the social hierarchy between service recipient and service provider involves a power dynamic. Values and beliefs are associated with cultural identity and an understanding of the role to act or to react. Intercultural competence empowers and inspires individuals to approach cross-cultural healthcare services with courage. To achieve the objective, the administrative section developed a strategy to provide orientation with important skills and knowledge for strengthening their competencies. Because medical provider and medical interpreter is intensively interdependent in healthcare service and awareness of human errors.

It is also recommended the further study should be conducted using a mixed-methods approach to obtain a comprehensive understanding of the topic. Since there are number of international patients coming for a treatment in the private hospitals in Thailand, the trend is growing up, therefore, it's recommended this similar study should be conducted in the hospital in other provinces. The international patients who undergone treatment, surgery, or wellness retreat in Thailand have many nationalities, it's recommended this similar study should be conducted with further language. The medical interpreter service in the private hospital should engage a trained cultural interpreter compared with training medical interpreter.



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