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—研究報告—

## HOSPITAL PREPAREDNESS FOR FOREIGN PATIENTS : A POSTAL SURVEY OF 97 PUBLIC HOSPITALS IN JAPAN

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### ABSTRACT

A postal survey was conducted to study the use of public hospitals by foreigners, and the type of services or programs they offer and the types of problems nurses experience in caring for foreign patients. Questionnaires were sent to the directors of nursing in all public hospitals (n=157) with 300 beds or more in prefectures with over 10,000 registered foreigners in 2000. The director of nursing was asked to forward questionnaires to assistant chief nurses in the medical and surgical wards. The response rates were 61.1% for directors of nursing and 61.8% for assistant chief nurses. Nearly 100% of the hospitals were reported to have had foreign patients both at outpatient and at inpatient services. The majority of the hospitals offered services or programs related to foreign patients, such as interpreter services. A survey of assistant chief nurses revealed that almost all the respondents reported to have had an experience of caring for foreign patients, and 90% of them had problems in doing so, including communication, medical treatment, food, and medical insurance. Almost all the respondents reported the need for continuing education for nurses regarding communication, beliefs about health and religion.

Keywords: transcultural nursing, postal survey, public hospital, continuing education

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## BACKGROUND

A large influx of foreign workers occurred in Japan in the 1980s, and the number of registered foreigners had reached 1.7 million in 2001. Foreign workers mainly came from Asia and South America to join the labor market to supplement the severe shortage of labor in some industries. Increases in the number of foreigners in Japan resulted in the increased use of medical care systems. However, a search of the literature failed to identify any systematic surveys regarding the use of medical care services and the type of services offered to foreign patients in Japan.

To date, surveys or reports on foreign patients in Japan have tended to focus on particular ethnic groups in particular region or hospitals (Aoki and Utsumi, 1992; Matsui et al. 1998; Kubota et al. 1999). Similarly, surveys of nurses' experience in caring for foreign patients were also limited to certain hospitals (Bando et al., 1998; Matsumura et al. 1994). The majority of these surveys were on obstetric patients at one hospital; therefore, the extent to which medical care is used by foreigners is not well known.

Japan's experience in transcultural nursing is unique in the sense that there was a sudden influx of foreigners in a country with limited exposure to various religion and cultures. In other words, Japan may have more problems in caring for foreign patients than the United States or certain European countries that have a long history of multi-ethnic cultures. In this article, transcultural nursing is defined as nursing care or nursing education related to the care of foreign patients.

The purpose of the study was to survey the use of public hospitals by foreigners in Japan and the problems nurses encountered.

## METHODS

Based on census data for the year 2000, prefectures with over 10,000 registered foreigners were selected for the study ( $n=19$ ). Koreans were excluded from the number of foreigners because the majority of Koreans speak Japanese and are familiar with Japanese culture. The hospital directory was used to

identify all public hospitals with 300 beds or more ( $n=157$ ) in those prefectures. It was thought that foreign patients prefer larger hospitals to smaller hospitals, and the cutoff point of 300 was chosen.

Two sets of questionnaires were generated: one for directors of nursing and the other one for assistant chief nurses. The questionnaire for the directors included questions on the name of the prefecture, size of the hospital, number of foreign outpatients and foreign inpatients in 2000, type of services or programs for foreign patients, and plans to improve services or programs.

The questionnaire for assistant chief nurses included the following items: opportunities for learning transcultural nursing, educational need for transcultural nursing, experience in caring for foreign patients, specific problems in caring for foreign patients, and persons with whom nurses consulted when having problems with foreign patients. Assistant chief nurses were targeted to ask these questions as they probably have had more nursing experience than staff nurses, and they were more likely than chief nurses to be involving direct patient care.

### Operational definition of foreigners

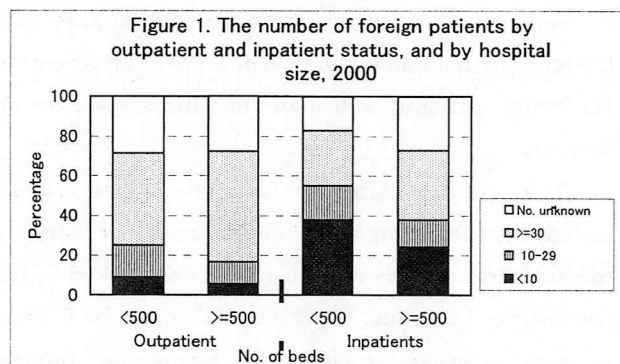
In this survey, a foreign patient is defined as a patient who is not considered to be Japanese judging from the use of language, appearance, and/or lifestyle.

All the questions were closed questions in order to attain a high return rate. Blank spaces were provided for comments. The questionnaires were pretested for content and clarity of wording. A cover letter addressed to the director of nursing was enclosed with a prepaid return envelope, asking them to distribute the questionnaires to assistant chief nurses in the medical and surgical wards. The survey was carried out anonymously and a thank-you letter with a reminder for non-respondents was sent to all the hospitals three weeks after the first mailing.

## RESULTS

The response rate was 61.1% for directors of nursing. Response rates showed no variation by region

or by hospital size. Ninety – five percent of the hospitals reported to have had foreign patients at the outpatient services, and 97.9% of them had foreign inpatients in 2000. Approximately 50% of the hospitals had at least two foreign outpatients per month, and 45% of the hospitals had one foreign inpatient per month (Figure 1).



### Type of services or programs for foreign patients

Seventy-two percent of the hospitals reported offering services or programs for foreign patients, and the type of services or program they offer is displayed in Table 1.

The most common service reported was a list of referrals for interpreter services, followed by a list of volunteers and non-governmental organizations.

Approximately a third of the hospital had signs in foreign languages or signs using pictures; nine percent of the hospitals had at least two types of signs.

Table 1. Type of services or programs related to the care of foreign patients (multiple answers)

Type of services	n	(%)
List of referrals for interpreter services	41	42.3
List of volunteers and non-governmental organizations	30	30.9
Signs in English	20	20.6
Signs in foreign languages other than English*	15	15.5
Signs using pictures	9	9.3
In service education for staff	8	8.2
Other	35	36.1

\*Portuguese, Spanish, Hangul (Korean)

The contents of continuing education reported were

foreign language classes, workshops or seminars to explain the type of services offered, Japanese insurance system and payment, and foreign cultures. Other services included an automated history taking machine capable of handling six languages. Development of a network system was reported in some areas; hospitals took turns in accepting foreign patients for emergency care.

### Plans to improve services or programs for foreign patients

Plans to improve services or programs for foreign patients were mostly related to communication and referrals (Table 2). Specific services related to communication were interpreter services for speakers of foreign languages other than English, use of volunteer interpreters, expanding the hours of interpreter services, and interpreter dispatch. Several hospitals considered hiring staff with foreign language proficiency or interpreters with medical knowledge.

Plans to improve continuing education were relatively rare; nonetheless, some hospitals planned to have workshops to improve understanding of foreigners' lifestyles and customs.

Table 2. Plans to improve services or programs (multiple answers)

Type of services	n	(%)
Interpreter services	48	57.8
Updating the list of public offices for consultation	45	54.2
Booklets listing Japanese and foreign language vocabulary and dialogues	44	53.0
Use of web sites introducing foreign cultures	17	20.5
In service education for staff	7	8.4
Others	13	15.7

### SURVEY OF ASSISTANT CHIEF NURSES

One hundred fifty seven questionnaires were returned with a response rate of 61.8%. Response rates did not vary by region or by size of the hospital.

Ninety five percent of those who responded reported to have had the experience of caring for foreign patients.

### Educational opportunities for transcultural nursing

Opportunities to study transcultural nursing were limited; less than 20 percent of the respondents had an opportunity to study caring for foreign patients. Of those, only five respondents received transcultural nursing education while in nursing school.

### The need for continuing education

Nearly all the respondents felt the need for continuing education for transcultural nursing. The most frequently reported educational need was communication (95.9%), followed by beliefs about health (65.5%), and religion (47.9%). Respondents' comments about educational need were categorized into four groups: cultures/customs, languages, food, and insurance/welfare (Table 3). The content of educational needs varied from basic knowledge of foreign customs to abstract ideas, such as beliefs about life and death.

Table 3. Educational needs in caring foreign patients identified by assistant chief nurses

Categories	n	Specific educational needs
Cultures/customs	24	<ul style="list-style-type: none"> <li>•Hygiene practice related to bathing</li> <li>•Customs related to elimination</li> <li>•Birth and childrearing</li> <li>•Religious ceremonies</li> <li>•Perception of life and death</li> <li>•Time management/concept of time</li> <li>•Foreign patients' attitudes toward medical care</li> <li>•Nurses' social status in patients' home countries</li> </ul>
Languages	16	<ul style="list-style-type: none"> <li>•English</li> <li>•Patients' native languages</li> <li>•Medical terminology</li> <li>•Vocabulary related to signs and symptoms</li> </ul>
Food	10	<ul style="list-style-type: none"> <li>•Taboos related to food</li> </ul>
Insurance/welfare	5	<ul style="list-style-type: none"> <li>•Insurance systems/welfare systems for foreigners</li> <li>•Advice on payment system</li> </ul>

### Type of problems encountered by nurses

Nine percent of the respondents did not report any

problems, while 54 % reported to have had three or more problems (Figure 2). For those who reported to have had problems, nearly all the assistant chief nurses reported to have had problems with communication, and the majority had problems with medical treatment, food, and medical insurance (Figure 3).

Figure 2. Number of problems nurses reported to the care of foreign patients

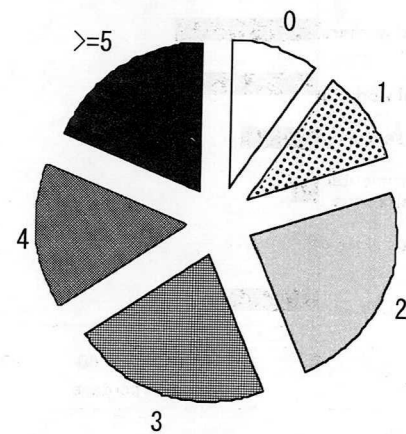
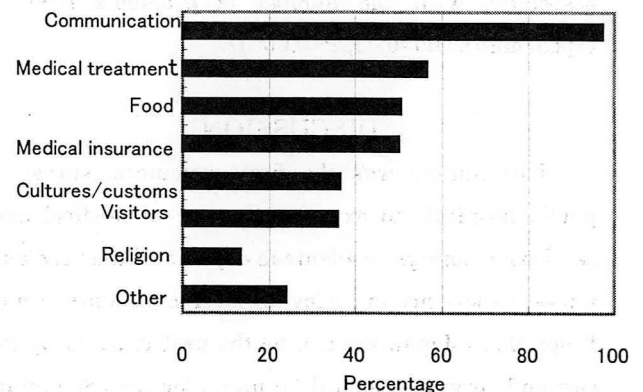
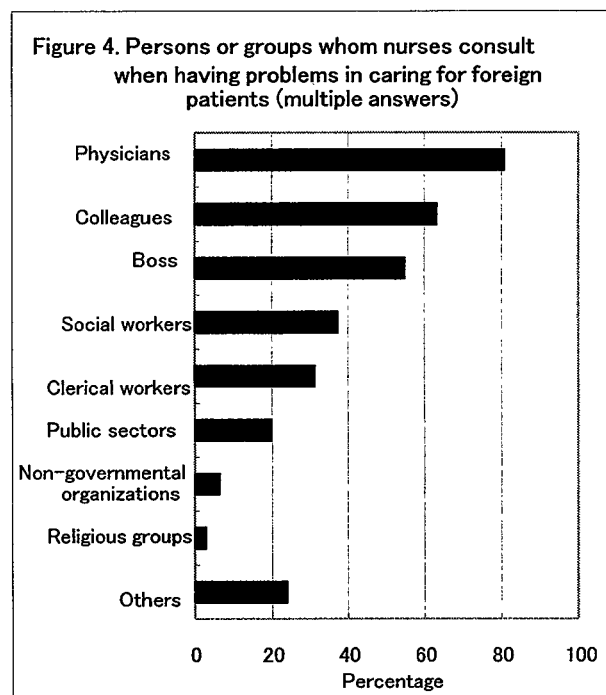


Figure 3. Percentage of nurses who experienced various problems in caring for foreign patients (multiple answers)



Persons with whom assistant chief nurses consulted when having problems

Physicians were the first choice for consultation when assistant chief nurses experienced problems in caring for foreign patients, followed by colleagues and superiors (Figure 4).



The vast majority of assistant chief nurses consulted more than one person. Ninety percent of the respondents consulted two persons or more; 63% of the respondents consulted three or more persons. The number of persons nurses consulted was moderately associated with the number of problems reported (Spearman's  $\rho=0.41$ ,  $P<0.0001$ ).

## DISCUSSION

This survey was the first systematic survey of public hospitals to examine the use of medical care services by foreign residents in Japan and the problems nurses experience in caring for foreign patients. Public hospitals in Japan are run by the prefecture or by the city and serve as general hospitals for the community accepting all types of insurance. The survey results showed that use of medical care services by foreign residents is not uncommon in prefectures with a sizable number of foreigners.

Public hospitals showed a varying degree of preparedness for providing medical care to foreigners.

Some hospitals have no formal interpreter services, while others had sophisticated machines capable of translating six languages when taking a patient's history. These individual efforts have some limitations and community networks of hospitals are already in place in some areas.

Regardless of the preparedness of the hospital or region, nurses experience a wide variety of problems and expressed a strong need for continuing education.

However, opportunities for continuing education seem to be quite limited. Continuing education has to be enhanced for staff nurses and nursing administrators as well because nursing administrators are much less likely than physicians to be consulted for transcultural problems.

In spite of the limited educational opportunities for transcultural nursing, nurses' responses show high sensitivity to foreign cultures. Some nurses expressed the need to know how patients perceive life and death presumably to meet patients' spiritual needs, which is far beyond merely seeking ways to communicate to provide basic care. Japan has been considered to have a homogeneous culture, mainly due to its isolated geographical location and restrictive immigration policy.

This is in contrast to the United States where a transcultural nursing model was developed in the 1950s and cultural competency is implemented in the baccalaureate nursing curriculum (Leininger 1995).

We have received numerous comments from nurses about their experiences and are in the process of writing them up.

## Implications for future research

There is no professional organization addressing the health problems of foreigners or problems related to the care of the foreigners in Japan. It will be helpful to form a multi-disciplinary professional society to study and discuss the health care problems foreigners face in Japan. This could also serve as a forum to exchange ideas about innovative ways to serve foreign clients.

Collaboration with nursing societies from Asia and South America will facilitate the development of curricula and contribute to the better understanding of

foreign cultures related to care, such as nurses' social status, and health beliefs.

### Limitations

Hospitals in the areas where a sizable number of foreigners reside were selected so as to gather information effectively. Public hospitals in prefectures with a smaller number of foreign residents may face different types of problems, such as limited availability of interpreter services. These areas need to be included in future research.

Only public hospitals were included in this survey because public hospitals have a welfare system for non-insured patients. Nevertheless, private hospitals do have to accept patients without medical insurance in their emergency departments. Yokohama and associates (1994) reported that the Tertiary Care Center at Tokyo Women's University intensive care unit have had 796 foreign patient admissions in the previous five years, and that the three major reasons for admission were attempted suicide (35%), injury (24%), and traffic accidents (15%). Seventy-six percent of foreign patients had self-pay status and 92% of them were Asians. Serious mental health problems seem to exist in the community. A community-wide survey is necessary to capture the whole range of problems in the foreign resident community.

In summary, this survey revealed that the use of medical care by foreign residents was common, and the preparedness of the hospitals to accept foreigners showed a wide variation. The vast majority of the nurses surveyed have had experience of caring for foreign patients and reported various types of problems such as communication, food, and culture. A strong need for curriculum development and for continuing education was identified.

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