

Issues Related Emergency Hospital Visit for Foreign-Residents: Consideration about Medical Care Support Systems of Foreign-Residents in Public Health

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Abstract: This study aims to find “Issues related emergency hospital visit for Foreign-Residents” in Japan from a viewpoint of tourism-industry and categorize into Major/Secondary-items by Affinity-Diagram for further consideration about Medical Care Support Systems of Foreign-Residents.

18 people from tourism-industry were collected and made 61 labels about “issues related emergency hospital visit for Foreign-Residents” in A prefecture. And those were categorized into 3 Major and 17 Secondary-items “I: Lack of preparations on the hospital-side (1: Lack of Multilanguage-displays in Hospital, 2: Lack of hospitalities, 3: Lack of knowledge about religions, 4: Language-barriers between hospital-staff and foreign patients)”, “II: Lack of preparations on the employer-side (5: Necessary information about insurance, 6: Necessary information about hospital locations, 7: Necessary information about hospital systems, 8: Necessary information about transportation systems to hospitals, 9: Lack of skills about First-Aid, 10: Necessary information about repatriations, 11: Lack of information about foreign patients background)”, and “III: Lack of preparations on the public-side (12: Lack of medical information centers in public-space, 13: Lack of wheel-chair rental service in public-space, 14: Lack of professional medical interpreting service, 15: Lack of Multilanguage-displays in public-space, 16: Lack of skills about First-Aid in public-space, and 17: Language-barriers between Emergency-Medical-Technicians and foreign patients)”.

We came to reach of understanding “Lack of preparation on the hospital-side, the employer-side, and the public-side”. By those Major and Secondary-items, there are several characteristic items which tourism-industry can only see. Moreover, it is very important for Occupational Health Nurse, Public health nurse and hospitals to have the cooperation for supporting Foreign-Residents to avoid the difficulties in communication at hospitals for further consideration about Medical Care Support Systems of Foreign-Residents. It could also be important for Public Health Nurse and Immigration Office to have the cooperation for its support. It is necessary to clarify these strategies about the Medical Care Support System for further consideration as well.

Key words: foreign-residents, public health, emergency hospital visit, medical care support system

1. Background

1.1 The Number of Foreign-Residents and Non-Japanese Visitors in Japan

According to Ministry of Justice in Japan 2011, the number of Foreign-Residents in Japan was 2,070,000. And it was 1.63% of all population in Japan (Legal Affairs Bureau, Statistics of foreign residents, 2013). In addition, on 7 September 2013, there was a big announcement for Japan that Tokyo would host Olympic Games in 2020 by International Olympic Committee (IOC). So increasing number of Foreign-Residents and Workers in Japan would be expected in near future.

On the other hand, the number of Foreign-Residents having emergency situations of sickness or accident during their stay is predicted to increase as well. So there are many previous studies about Medical Care Support Systems for them from a viewpoint of hospitals even though those hospitals and medical professions haven't had lots of actual visiting experiences of Foreign-Residents in each hospital. And Japanese hospitals and medical professions worry about the Language barrier and issue of hospital payments the most.

Moreover, issue of hospital payment is at the forefront of public attention more than Language barrier in hospital currently (I. Sawa, 2008, K.Minamitani, 2008).

1.2 Current Situation of Medical-Care-Support-System for Foreign-Residents in Japan

Since the number of Foreign-Residents having sickness or accident during their stay is expected to increase, there are lots of Multiple Language tools prepared in Japan such as handbook of how to visit hospital, medical interview sheets in each hospital and, maternal and child health handbooks, etc. And almost all of those tools are provided via paper-based or internet-downloading.

However, there should include Foreign-Residents with emergency situations and from viewpoints of "informed-consent", it is necessary for hospitals or medical professions to develop the Medical Care Support System to provide well-understandable explanation about patient sickness and treating plan to avoid difficulty in communicating.

Despite of the necessity to develop the Medical Care Support System avoiding difficulty in communication, hospitals or medical professions in Shizuoka prefecture Japan answered that there was no need to have Medical Interpreters. They also answered there were many experiences of Foreign-Residents unable to communicate in Japanese had visited their hospitals. But they all brought someone (Family, Friends or Colleagues) spoke both their language and Japanese to the hospital. On the other hand, these hospitals and medical professions answered there were difficult experiences of "handling at reception desk, informed-consent of patient sickness and treating plan, educational guidance of patient's daily life to avoid worsen condition of diagnosis, and medical interviews at consultation" (M. Maeno et al., 2010).

For Foreign-Residents' support, to see Medical Care Support Systems from a different viewpoint such as Tourism-industry should also be necessary since they're familiar with them for considering its systems for Foreign-Residents is very important in very near future.

2. Purpose

This study aims to find "Issues related Emergency Hospital Visit for Foreign-Residents" in Japan from a viewpoint of tourism-industry and categorize them into Major/Secondary-items by Affinity Diagram for further consideration about Medical Care Support Systems of Foreign-Workers.

3. Method

18 people (2 people from Tourism associations, 5 people from International Hotels, 4 people from Non-Japanese supporting associations, 3 people from Travel agencies, 3 people from licensed travel guide, and 1 person from office worker at United States Marine) from tourism-industry were collected and made some labels of “Issues of Emergency Hospital Visit for Foreign-Residents”.

4 researchers with well trained of the Affinity Diagram categorized as follows.

(1) Making Labels

The 18 people from tourism-industry wrote about some issues they can imagine when Foreign-Workers have some emergency situations of sickness or accident on Post-it within 100 Japanese words.

(2) Analytical Procedure

The above labels were collected and categorized into Secondary-items and Major-items for qualitative integration by Affinity Diagram.

(3) Securement of High Reliability and Validity

Analytical decisions of Secondary-items and Major-items were made by agreement of the 4 researchers under a University professor of qualitative study supervising.

4. Ethical Considerations

I explained the purpose of this study, how to collect people from tourism-industry, method of analysis, and privacy consideration by an explanation paper. And I obtained all people’s consent with a consent form to ensure that it is not possible to identify an individual.

5. Results

18 people from tourism-industry were collected and made 61 labels about “Issues related Emergency Hospital Visit for Foreign-Residents” in A prefecture. And those were categorized into 3 Major and 17 Secondary-items as below.

“I: Lack of preparations on the hospital-side

(1: Lack of Multilanguage-displays in Hospital, 2: Lack of hospitalities, 3: Lack of knowledge about religions, 4: Language-barriers between hospital-staff and foreign patients)”.

“II : Lack of preparations on the employer-side

(5: Necessary information about insurance, 6: Necessary information about hospital locations, 7: Necessary information about hospital systems, 8: Necessary information about transportation systems to hospitals, 9: Lack of skills about First-Aid, 10: Necessary information about repatriations, 11: Lack of information about foreign patients background)”.

“III: Lack of preparations on the public-side

(12: Lack of medical information centers in public-space, 13: Lack of wheel-chair rental service in public-space, 14: Lack of professional medical interpreting service, 15: Lack of Multilanguage-displays in public-space, 16: Lack of skills about First-Aid in public-space, and 17: Language-barriers between Emergency-Medical-Technicians and foreign patients)”.

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Major Items	Secondary Items
□ Lack of preparations on the hospital-side	1; Lack of Multilanguage-displays in Hospital
	2; Lack of varieties in hospitality
	3; Lack of knowledge about religions
	4; Language-barriers between hospital staff and foreign patients
□ Lack of preparations on the employer-side	5; Necessary information about insurance
	6; Necessary information about hospital locations
	7; Necessary information about hospital systems
	8; Necessary information about transportation systems to hospitals
	9; Lack of skills about First-Aid
	10; Necessary information about repatriations
	11; Lack of information about foreign patients background
□ Lack of preparations on the public-side	12; Lack of medical information centers in publi- space
	13; Lack of wheel-chair rental service in public-space
	14; Lack of professional medical interpreting service
	15; Lack of Multilanguage-displays in public-space
	16; Lack of skills about First-Aid in public-space
	17; Language-barriers between Emergency-Medical-Technicians and foreign patients

6. Discussion

We came to reach of understanding “Lack of preparation on the hospital-side, the employer-side, and the public-side”. The Major-items of “ I : Lack of preparations on the hospital-side (Secondary items of 1: Lack of Multilanguage-displays in Hospital, 2: Lack of hospitalities, 3: Lack of knowledge about religions, 4: Language-barriers between hospital-staff and foreign patients)” had already been shown in the previous study (M. Maenoet al., 2010).

In addition, there were many items for foreign-Residents’ support in the employer-side. And Secondary-items of “5: Necessary information about insurance, 6: Necessary information about hospital locations, 7: Necessary information about hospital systems, 8: Necessary information about transportation systems to hospitals” are able to provide at “the First Orientation for New employees” to Foreign-Residents to educate about the systems of Japan related to the matter of emergency hospital visit. And Human Resources Department and Occupational Health Nurse should be responsible for those to teach. Secondary items of “9: Lack of skills about First-Aid” can only provide from Occupational Health Nurse.

Just in case, the emergency situation of repatriation for Foreign-Residents to their own countries, Occupational Health Nurse should have the information of Secondary items of “10: Necessary information about repatriations, 11: Lack of information about foreign patients background”.Moreover, it is very important for Occupational Health Nurse and hospitals to have the cooperation for supporting Foreign-Residents having emergency situations of sickness or accident to avoid the difficulties in communication at hospitals for further consideration about Medical Care Support Systems of Foreign-Residents.

As in the Major item “III: Lack of preparations on the public-side, Many cities and prefectures in Japan focus on preparing Multiple Language tools such as some handbooks for introducing how to use hospitals in Japan and Japanese insurance which should solve the difficulties of Language-barriers in hospitals. However, almost all Emergency-Medical-Technicians work in Fire Stations in Japan. And Multiple Language tools such as those some handbooks cannot solve the difficulty of secondary item 17: Language-barriers between Emergency-Medical-Technicians and foreign patients. Moreover, the results of secondary items 12: Lack of medical information centers in public-space, 14: Lack of professional medical interpreting service shows that

making Multiple Language tools such as some handbooks cannot be enough when Foreign-Residents have emergency situation as well. And Public health nurse or Department of Welfare and Health Service in Japanese cities and prefectures have to be in charge. Immigration Office in Japan should also be response for this Major item “III: Lack of preparations on the public-side. Therefore, it could be important for Public Health Nurse and Immigration Office to have the cooperation for supporting Foreign-Residents having emergency situations of sickness or accidents for its smooth operation in further consideration about Medical Care Support Systems of Foreign-Residents. Education of interpreters from the viewpoints of Emergency Medical Support should be discussed more in Japan as well.

By those Major and Secondary-items, there are several characteristic items which tourism-industry can only see. And perhaps, we couldn't have found the Secondary-item of “8: Necessary information about transportation systems to hospitals, 9: Lack of skills about First-Aid, 10: Necessary information about repatriations, 13: Lack of wheel-chair rental service in public-space, 16: Lack of skills about First-Aid in public-space” from viewpoints of hospitals or medical professions.

7. Conclusion

This study aims to find “Issues related Emergency Hospital Visit for Foreign-Residents” in Japan from a viewpoint of tourism-industry and categorize them into Major/Secondary-items by Affinity Diagram for further consideration about Medical Care Support Systems of Foreign-Residents. And we made 61 labels that categorized into 3 Major and 17 Secondary items.

We came to reach of understanding “Lack of preparation on the hospital-side, the employer-side, and the public-side”. By those Major and Secondary-items, there are several characteristic items which tourism-industry can only see. Moreover, it is very important for Occupational Health Nurse, Public health nurse and hospitals to have the cooperation for supporting Foreign-Residents to avoid the difficulties in communication at hospitals for further consideration about Medical Care Support Systems of Foreign-Residents. It could also be important for Public Health Nurse and Immigration Office to have the cooperation for supporting Foreign-Residents having emergency situations of sickness or accidents for its smooth operation in further consideration about Medical Care Support Systems of Foreign-Residents. Education of interpreters from the viewpoints of Emergency Medical Support should be discussed more in Japan as well.

References

- Sawa I. (2008). “Medical problems at Non-Japanese accommodation facilities”, in: *The 1st Symposium of Medical Problem and Medical Interpreters*, pp. 31–35.
- Minamitani K. (2008). “Current situation of Non-Japanese visits at hospitals near international airports”, in: *The 1st Symposium of Medical Problem and Medical Interpreters*, pp. 23–31.
- Legal Affairs Bureau (2013). “Statistics of foreign residents”, available online at: http://www.moj.go.jp/housei/toukei/toukei_ichiran_touroku.html.
- Maeno M., Enomoto N. and Maeno R. et al. (2010). “The problem of Foreign Language Translation and Supporting for Foreigners in clinics accepting foreigners”, *Annual Report (Web Edition) of University of Shizuoka, Junior College*, Vol. 24, pp. 13–26.