

Submitted: 12 June 2023  
Accepted: 2 August 2023  
Published online: 2 January, TAPS 2024, 9(1), 58-60  
<https://doi.org/10.29060/TAPS.2024-9-1/PV3064>

# Towards developing health communication education in globalising East Asia

Rintaro Imafuku, Chihiro Kwakami, Kaho Hayakawa & Takuya Saiki

*Medical Education Development Center, Gifu University, Japan*

## I. GLOBALISATION IN EAST ASIA

Globalisation, a complex and multifaceted phenomenon, encompasses not merely an increasing people's mobility and economical trades, but sometimes, their political and ideological struggles, and cultural identity formation issues, too. While North American and European countries have had a long history of accepting a large number of immigrants, while Asia experienced 74% growth of hosting international migrants from 2000 to 2020, which was most remarkable (McAuliffe & Triandafyllidou, 2021). For example, Japan's proportion of immigrant population increased from 1.3% in 2000 to 2.2% in 2021, with Chinese migrants constituting the largest group, followed by Vietnamese, Koreans, Filipinos, and Brazilians. Similarly, in 2021, immigrants accounted for 3.4% of Korea's total population in 2021, compared to 0.5% in 2000. These immigrants came from China, Vietnam, Thailand, Uzbekistan and other countries (McAuliffe & Triandafyllidou, 2021).

These changes in culture and population dynamics have significantly impacted on people's health and healthcare in East Asia. One of the most challenging issues in such globalised Asian societies is managing intercultural communication between health professionals and migrant patients. Given this context, as languages become a key issue, health professionals are expected to accommodate patients' communication needs. Moreover, while responding to the rapid internationalisation, health professionals in Asia need to embrace the belief that individuals are members of multiple, diverse, local and non-local networks, thus promoting global citizenship. In fact, the question is: How should Asian health

professionals address the intercultural communication situations in healthcare?

## II. COMMUNICATION STRATEGIES IN INTERCULTURAL SETTINGS

Many previous linguistic studies have discussed that in Asia, English serves as the lingua franca – a common language adopted among people who do not share a native language. Singaporeans, for instance, use English as an intra-national communication medium, while in East Asian countries, somewhat different contexts would have existed, particularly in relatively 'monolingual' speech communities. Given that, most immigrants in East Asia are not native English speakers, in many cases where English does not function as their medium of communication for them. In other words, English is not the sole solution for intercultural communication issues, particularly in East Asian countries. However, some health professionals in Japan viewed English as the panacea for intercultural communication issues, regardless of the patients' native language, which highlighted the need to consider another communication management strategy in an intercultural setting (Imafuku et al., 2022).

A host country's plain language, which is defined as clear and concise language accommodation, can be an effective medium of communication (Imafuku et al., 2022). For example, a national survey in Japan demonstrated that many immigrants could understand simple Japanese in daily life, even though their proficiency was limited. Assuming that the speakers

tailor their communication to the interlocutors' language proficiency levels and cultural backgrounds, plain language in spoken communication can be achieved by using short and simple sentences, active voice which emphasises the doer of an action, and personal pronouns which makes it easier for the listeners to picture themselves in the message. Furthermore, speakers must avoid ambiguous expressions and fillers that fill pauses with words, such as "um", "ah", "er" and so forth. Visual aids, such as charts, pictures and writing down messages, are also helpful for listeners to process the information in conversations.

Language translation devices, application software, and artificial intelligence (AI) technologies can be useful resources for managing intercultural communication in healthcare. For example, ChatGPT has the potential to assist and enhance health communication in hospitals. In particular, as these AI tools rely on patterns in huge amounts of existing text data, they excel at automating routine tasks, generating document summaries and translating simple texts of factual information. However, the users also need to be aware of the potential drawbacks of these tools, which may lack the ability to interpret patients' communication signals by patients, such as tone, prosody, and non-verbal cues, potentially resulting in misunderstandings and miscommunications, especially with immigrant patients. This absence of human interaction, including the consideration of patients' thoughts, emotions, patience, and empathy, emphasises the need for health professionals to critically evaluate and appraise the use of these AI tools for use in intercultural communication (Santandreu-Calonge et al., 2023).

In addition to the linguistic and sociolinguistic aspects, different cultural values and religious beliefs may create barriers in intercultural communication between providers and patients (Zhao, 2023). For example, patients may have diverse perspectives on confidentiality, gender, trust in health professionals and privacy concerns, which greatly impact on interactions in healthcare. Zhao (2023) suggests that patients with certain cultural backgrounds view the family as a collective unit, and would trade off their privacy for family support. However, sharing patients' information with their family members can pose an issue of confidentiality issues for health professionals. In this case, the patients' beliefs about family support and ties are closely intertwined with confidentiality in healthcare. In other words, effective intercultural communications will be enhanced by health professionals gaining a better socio-cultural understanding of immigrant patients.

### III. MOVING FORWARD: EDUCATIONAL DEVELOPMENT

Educational development is key to effectively addressing the challenges faced by health professionals in East Asia's globalisation wave. English has been taught as an 'international academic language' in Asian medical schools and serves as the medium of instruction in certain countries and Asian institutions. In other words, English can be a means of facilitating intercultural communication in Asian healthcare, particularly for foreign visitors from Western countries.

Additionally, for more successful language accommodation, plain language should be systematically taught in health communication courses in East Asia's medical education. A growing body of evidence from Western countries indicates that incorporating plain language training into medical education has positive implications for oral and written communication skills. By using the host country's plain language for practical training of intercultural communication in the curriculum, medical students in East Asia should be given more opportunities to interact with migrant citizens with different cultural backgrounds.

In addition to the effective use of plain language as an option of communication management strategies, this opportunity will also broaden the students' worldviews and cultural understanding in the current globalised societies. Specifically, our institution, Gifu University, has incorporated learning opportunities through interactions with migrant citizens from Vietnam, Philippines and Brazil into first year medical education. This can serve as a springboard to cultivate the medical students' global citizenship by learning diverse cultural values through conversations with the migrants in Japan.

Translation software and AI technologies are increasingly being utilised in the intercultural communication settings. Although these devices and tools are helpful, they can also be a double-edged sword for healthcare professionals as communicators. Health professionals and educators should recognise that human interaction is the foundation of communication. Relying excessively on such tools without critical evaluation may cause serious communication problems with migrant patients and their family members. In Japan, information technology has been newly set as a learning objective in the 2022 revision of the Model Core Curriculum for Medical Education (Medical Education Model Core Curriculum Expert Research Committee, 2022). Further educational development is necessary to train health professionals to fully understand the principles of the information science and technology, and effectively apply them in clinical practice. Specifically, in the field

of health communication education, the educators must address the challenges posed by rapid globalisation by developing programs that enable learners to understand the advantages and disadvantages of AI-mediated communications and effectively utilise the information technologies in the intercultural settings.

Finally, from the perspective of medical education research, more internationally published research on intercultural health communication from Asian countries is necessary. The rich descriptions and analysis of the interactions between healthcare providers and migrant patients in the current globalised Asian countries can offer different perspectives on medical education for an international readership. Additionally, for further educational development, it would be worthwhile to explore AI-mediated communication in intercultural situations, as this is a relatively new research area.

#### Notes on Contributors

Rintaro Imafuku contributed to this manuscript's conceptualisation, wrote its first draft, and revised its subsequent draft. Chihiro Kawakami, Kaho Hayakawa and Takuya Saiki contributed to the conceptualisation and critically revised the first draft. All the authors discussed and contributed to the final manuscript.

#### Funding

This study was supported by the JSPS KAKENHI [Grant number: 20K10374].

#### Declaration of Interest

The authors declare no competing interests.

#### References

- Imafuku, R., Nagatani, Y., & Shoji, M. (2022). Communication management processes of dentists providing healthcare for migrants with limited Japanese proficiency. *International Journal of Environmental Research and Public Health*, 19(22), Article 22. <https://doi.org/10.3390/ijerph192214672>
- McAuliffe, M., & Triandafyllidou, A. (2021). *World migration report 2022*. International Organization for Migration (IOM). <https://publications.iom.int/books/world-migration-report-2022>
- Medical Education Model Core Curriculum Expert Research Committee. (2022). *Model core curriculum for medical education in Japan 2022*. Ministry of Education, Culture, Sports, Science and Technology. [https://www.mext.go.jp/content/20230315-mxtigaku-000026049\\_00003.pdf](https://www.mext.go.jp/content/20230315-mxtigaku-000026049_00003.pdf)
- Santandreu-Calonge, D., Medina-Aguerrebera, P., Hultberg, P., & Shah, M.A. (2023). Can ChatGPT improve communication in hospitals? *Profesional de la información*, 32(2), Article e320219. <https://doi.org/10.3145/epi.2023.mar.19>
- Zhao, X. (2023). Challenges and barriers in intercultural communication between patients with immigration backgrounds and health professionals: A systematic literature review. *Health Communication*, 38(4), 824–833. <https://doi.org/10.1080/10410236.2021.1980188>

---

\*Rintaro Imafuku  
1-1 Yanagido Gifu, Gifu, Japan  
+81-58-230-6469  
Email: imafuku.rintaro.f9@f.gifu-u.ac.jp