29th JASMEE Conference
Jul 11 – 12, 2026
Kansai Medical University, Faculty of Medicine

Challenges in Information-Giving during Medical Interviews:

A Survey of 302 Foreign Residents on the Need for Direct Communication

Jun Iwata[1], Rie Sato[1], John Telloyan[1], Lynne Murphy[1], Shudong Wang[2], Marshall Higa[3], Veronica Milos Nymberg[4]

[1] Faculty of Medicine, Shimane University
[2] Center for Foreign Language Education, Shimane University
[3] Institute for Foreign Language Research and Education, Hiroshima University
[4] Faculty of Medicine, Lund University, Sweden

JSPS Grant-in-Aid No. 25K00476

Context: A Growing Patient Population

3.4M+

Foreign residents in Japan (2024)

Language Barriers	System Unfamiliarity	Education Gap
• Lower adherence • Reduced satisfaction • Elevated risk of adverse events	• Complex referral pathways • Insurance confusion • Digital barriers	• MEE focuses on rapport-building and history-taking, with less emphasis on explanation and planning

Flores G. (2005); Diamond LC & Jacobs EA (2010)

Research question:

Does current Medical English Education (MEE) address the actual needs of foreign patients?

Study Aims

1. Identify which aspects of clinical communication are associated with the highest and lowest satisfaction among foreign residents
2. Assess the extent to which translation technology has substituted for direct verbal communication
3. Inform evidence-based recommendations for Medical English Education curricula in Japan

Methods: Mixed-Methods Online Survey

Design

Cross-sectional sequential explanatory mixed-methods

Period

Nov 17 – Dec 21, 2025

Participants

302 foreign residents in Japan (5 languages)

Instrument

8-item, 5-point Likert scale
+ free-text responses

Recruitment

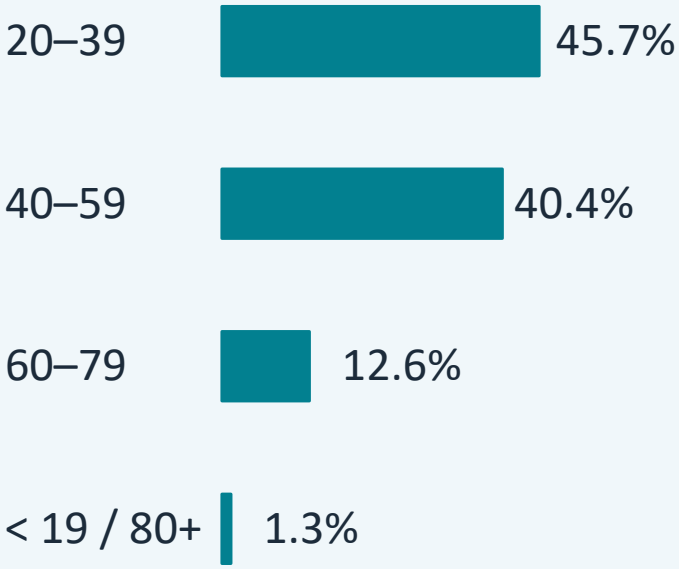
Community organizations, universities, and social networks

Ethics

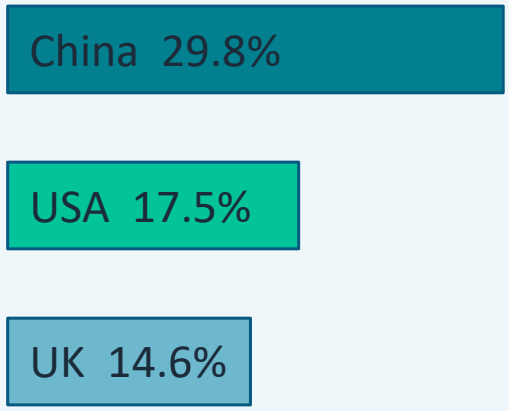
Anonymous; voluntary

Who Responded? Participant Profile (n = 302)

Age Distribution



Top Countries of Origin



Key Characteristics

74.5% Resided > 3 years

51.0% Male

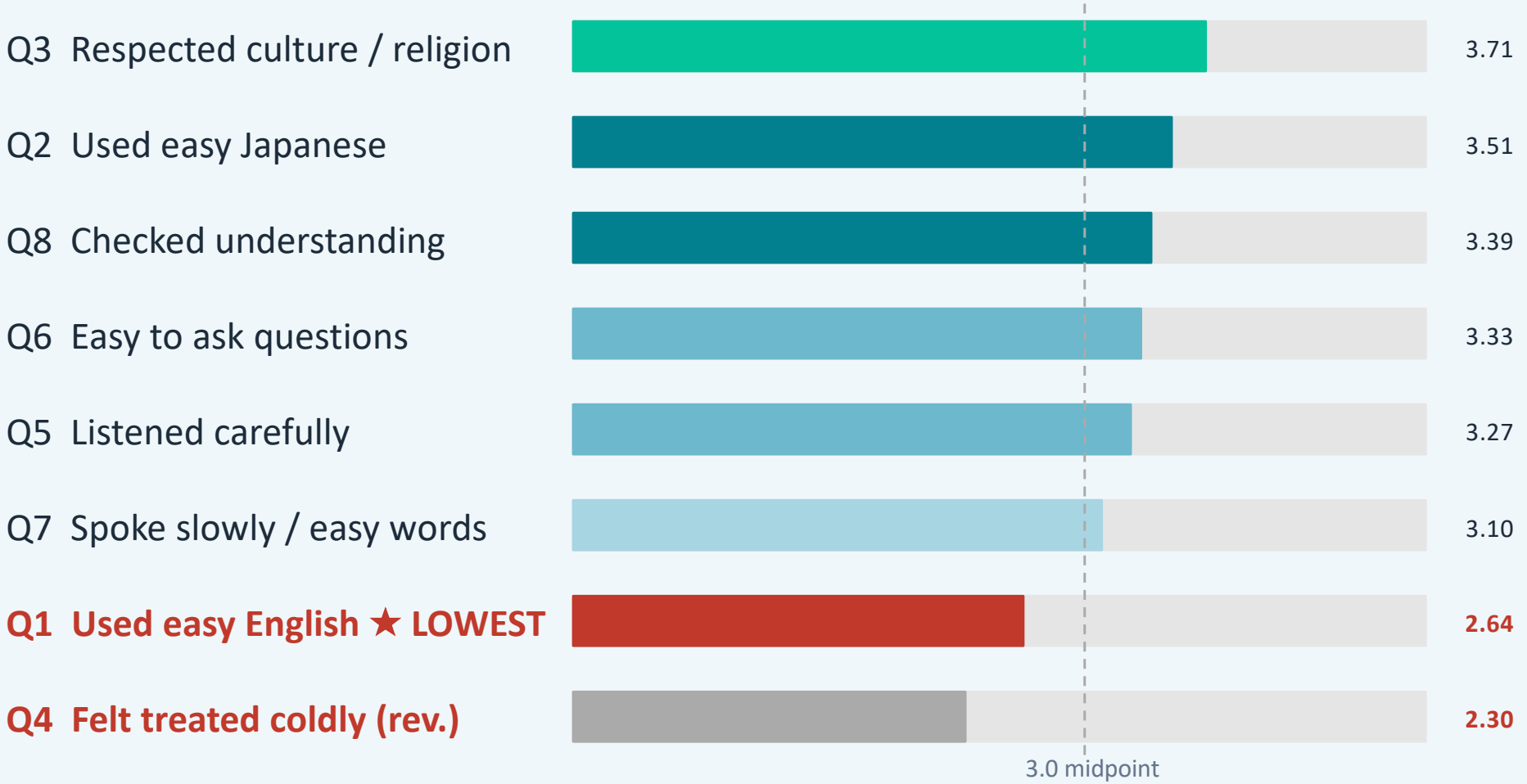
52.6% Answered in English

39.4% Answered in Chinese

33 prefectures

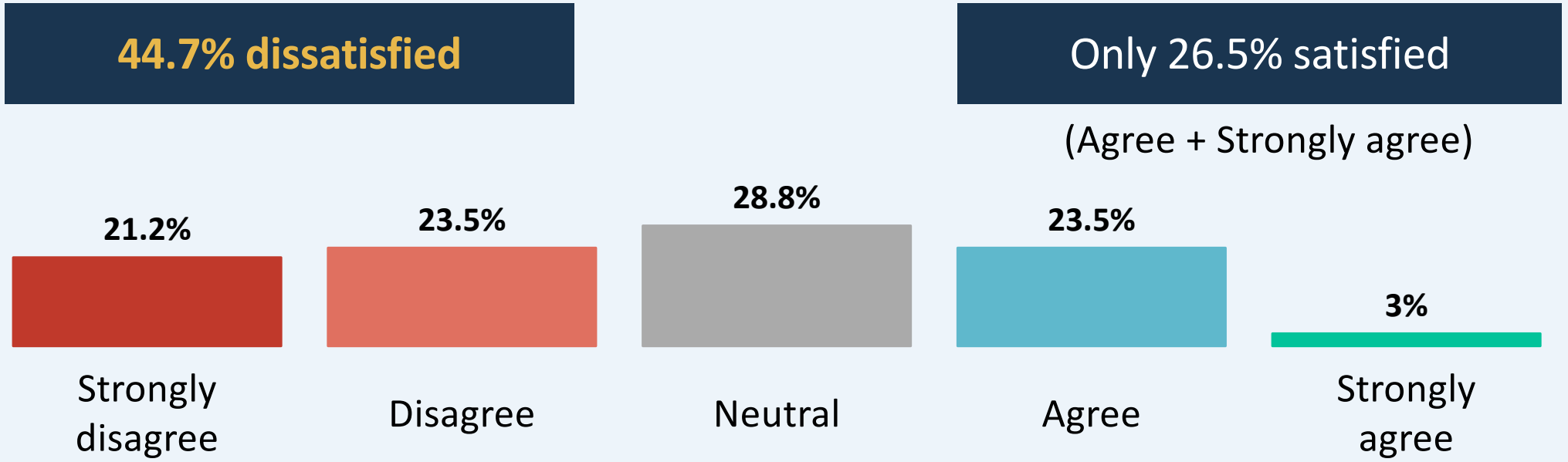
Satisfaction Scores: The 8 Likert Items

Scale: 1 = Strongly disagree → 5 = Strongly agree ★ Only item below neutral (dissatisfied range)



The Key Findings 1:

“Doctors used easy English” was the ONLY dissatisfied item



Mean = 2.64, SD = 1.14

Key Finding 2: The Technology Paradox

Translation Tools Used By…

45%

of respondents
(mostly translation apps)
Yet technology-mediated consultations reported as:
• Slower • More error-prone • Emotionally distancing

YET

Still Desired: English-Speaking Doctors

49.7%

of ALL respondents
#1 desired support measure

"Doctors who can speak English" chosen above interpreter services (37.1%) and multilingual doctors (24.2%)

Technology substitution is incomplete: patients still want direct human communication that is flexible, responsive, and empathetic.

Qualitative Findings: Five Themes (n = 159 narratives)

1	**Informational Insecurity:**	Limited explanation of clinical reasoning; unclear diagnoses, treatments, and medications
2	**Time Pressure:**	'Assembly-line' consultations; limited space for explanation or questions
3	**Limited Question Space:**	Questions ignored or culturally suppressed; reluctance to ask
4	**Structural & Admin Barriers:**	Costs, referral pathways, Japanese-only forms, digital access
5	**Differential Treatment:**	Cultural stereotyping; refusal of care; assumptions about foreign patients

Inductive qualitative content analysis (Elo & Kyngäs 2008); 55% free-text response rate

Finding: The Empathy–Information Paradox

✓ HIGH Satisfaction

Q3 Cultural respect **3.71**

Q2 Easy Japanese **3.51**

Q8 Checked understanding **3.39**

Q5 Listened carefully **3.27**

Empathy & relational skills
→ covered well by current MEE

≠

✗ LOW Satisfaction

Q1 Easy English **2.64 ← ONLY <3.0**

Q7 Spoke slowly 3.10

Qualitative findings: limited explanation of clinical reasoning, medical jargon, and cost confusion

Informational clarity gap
→ NOT covered by current MEE

Physicians are empathetic — yet patients feel informationally insecure.

Implications for Medical English Education

Focus not only on rapport-building but on integrated informational competence

1	**Plain English Strategies:**	Avoid jargon · Chunk information · Use teach-back method to verify comprehension (Q8: M = 3.39, room to improve)
2	**Cost & System Transparency:**	Explain medical costs, insurance, referral pathways in plain language — 39.4% identified cost clarity as top need; rarely addressed in current curricula
3	**Patient-Activation Skills:**	Create interactional space; respond to non-verbal confusion cues; resist throughput pressure. Metacognitive + linguistic competence needed
4	**Cultural & Linguistic Tailoring:**	Chinese-speaking patients (largest group) show distinctive patterns. Targeted content warranted. Subgroup differences suggest one-size curricula insufficient

Conclusion

- Japanese physicians are respected for empathy and cultural sensitivity — but foreign patients consistently experience INFORMATIONAL INSECURITY
- 45% use translation tools, yet 49.7% still desire English-speaking doctors — technology cannot replace flexible, responsive, human communication
- MEE must reorient: Plain English · Teach-back · Cost transparency · Patient activation → move beyond history-taking to explanation and planning skills
- Structural fixes also needed: bilingual admin, integrated interpreters, and foreign-resident health navigation programmes