

## **Model of Language Interpreter for Medical Tourism in Malaysia: A Fuzzy Delphi Approach**

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### **Abstract**

Interpreter is one of the important individuals in connecting patients and hospital staffs. The role also contributes to the high enrollment of medical tourists to our country. Although there is a great need for language interpreters in medical institutions, there are only a limited number of language interpreters available for employment. Accordingly, a model of language and communication services for marketing medical tourism in Malaysia is required, in keeping with the MHTC's goal of making Malaysia the world's leading global healthcare destination.

The purpose of this study is to establish a model of language interpreter for medical tourism, with the intention of boosting medical tourism to Malaysia as the world's leading healthcare destination. This study implemented qualitative method. The approach used to collect the data was using a questionnaire instrument that had been given to 8 experts. The criteria in the determination of experts are these experts consist of four fields: Arabic, English, communication, and tourism Malaysian lecturers who have served more than 10 years in public universities. All the data collected were analyzed using the Fuzzy Delphi method. The findings showed that there are three main components in preparing a competent medical interpreter which are language, communication, and medical tourism. The determination of the items for each component are based on the calculated threshold value (less than 0.2) and the percentage of the expert group (more than 75%). This study showed that there are three components of the interpreter model for medical tourism in Malaysia and only 21 out of 32 items are agreed by the lectures from four fields based on expert agreement.

**Keywords:** Language Interpreter; Medical Tourism; Fuzzy Delphi

## 1 Introduction

Even though medical travellers seek a country with a low cost, a short waiting time, relative political stability, and a variety of tourist attractions, they also seek a country with a low language barrier when deciding which country to choose as their healthcare destination. Every year, medical tourists from around the world come to Malaysia to obtain treatment in Malaysian hospitals and health centres. According to KPJ Healthcare's experience, one of the most difficult obstacles encountered when receiving patients from West Asia is communication. Most patients from West Asia are monolingual in Arabic. This condition creates difficulties in interpersonal connection, which can have an adverse effect on the quality of hospitality and medical treatment. Among the measures taken by KPJ to address this issue is getting to know the patient's attitude in order to establish a rapport based on friendship and trust, which is a prerequisite for any social or business transaction. Other measures include adapting to the norms of body language and exercising forbearance with patients from West Asian countries (Mujani et al., 2012). This research demonstrates the significance of language and communication services in sustaining the reputation of Malaysian Medical Institutes in the eyes of travellers. While medical tourists appreciate Thailand's great service experience, most of them confront linguistic problems during their stay in Thailand. Thai hospitals employ multilingual employees who speak English, Arabic, Japanese, and other languages in order to overcome this problem (Wong, Velasamy, & Arshad, 2014).

According to a review of the literature, the percentage of internship students majoring in Arabic language at International Islamic University Malaysia who are placed in the sector of tourism and customer service is equivalent to 1.8 percent (Sahrir et al., 2016). This is a very modest figure when compared to other industries, and this percentage demonstrated that students' interest and awareness in the tourism and customer services industry is still low, even though this industry provides a significant amount to the Malaysian economic situation. In contrast, the Malaysia Healthcare Travel Council (MHTC) has a specialised hotline centre and website in Arabic to serve medical travellers from Arab nations (Chandran et al., 2017). However, with the absence of an Arabic interpreter and halal food at the hospital, it is insufficient (<https://www.leaderonomics.com>) in entertaining Middle Eastern tourists that come for medical treatment. Arabic interpreters are in high demand due to the increase in medical tourism from the Middle East (Medical Tourism Magazine, 2021) and occurred in ASEAN countries, especially Malaysia, since Malaysia offers more in terms of affordable costs, shorter wait times, relative political stability, a low language barrier, and a variety of

tourism attractions (Wong et al., 2014). This finding suggests that there is a gap between the studies conducted on the link between the language and communication department and the medical travel agency. Although there is a great need for language interpreters in medical institutions, there are only a limited number of language interpreters available for employment. Accordingly, a model of language and communication services for marketing medical tourism in Malaysia is required, in keeping with the MHTC's goal of making Malaysia the world's leading global healthcare destination.

Ultimately, the goal of this paper is to develop an interpreter model for medical tourism with the intention of boosting medical tourism to Malaysia as the world's leading healthcare destination. It is anticipated that the strategy for marketing medical tourism will be improved in terms of language and communication services. This study will assist the Ministry of Tourism, Art, and Culture in providing languages and communication services to make our tourism industry more competitive, in line with the Ministry of Tourism, Art, and Culture policy of propelling competitive and sustainable tourism and culture sectors towards the socio-economic development of the country. This study also looks at the present efforts being made by medical institutions to make our healthcare sector more affordable and to position Malaysia as a top destination in the healthcare business. The language and communication services model, which is also in line with the New Economic Policy 2019 in terms of practising sustainable development and prosperity, may be used by all community groups and stresses the community of indigenous peoples and other well-protected communities.

## **2 Literature Review**

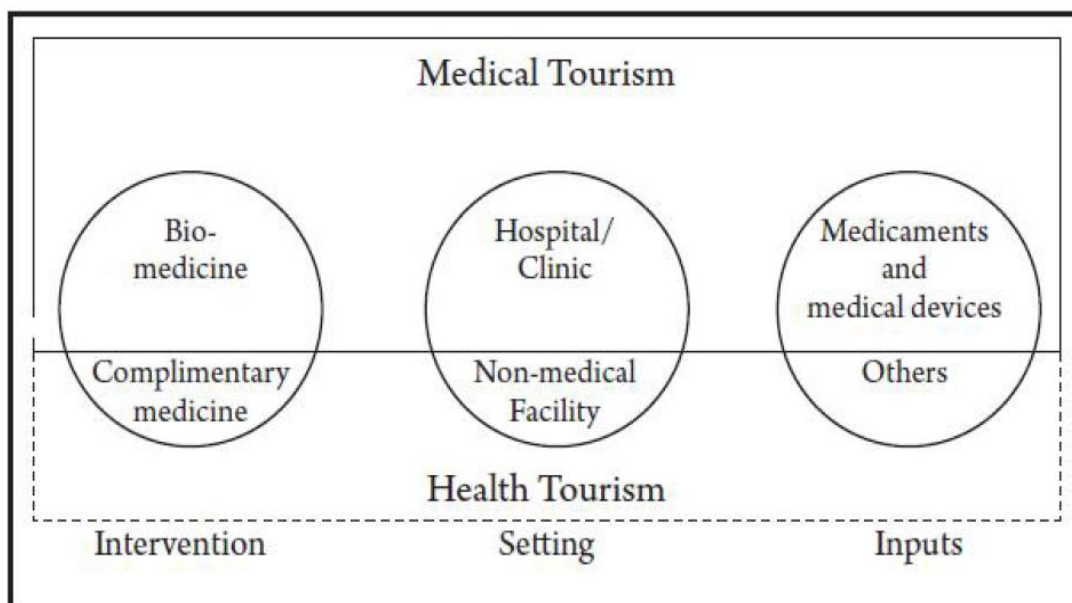
### **2.1 Malaysia as cross-cultural communication in health-care setting**

Many Arab tourists go to Malaysia for a variety of reasons, including educational and economic opportunities, but others also come for medical treatment at one of our country's many medical facilities (Ahmad et al., 2018). Due to Malaysia's geographic location in Southeast Asia and its focus on Middle Eastern tourists, the government is currently concentrating on the health tourism industry as one of the country's economic resources. One of the reasons that this industry is growing rapidly in Malaysia is that there is a facility to pay for the costs of treatment, as well as an infrastructure of medical facilities that are comparable to those found in other countries (Ahmad & Jaffar, 2017).

In addition, Malaysia provides traditional and complementary medicine (CM) as an alternative medical treatment option for its citizens. Malaysia has a strong competitive advantage due to its low cost, shorter waiting times, relative political stability, low language barrier, and a diverse range of tourism attractions (Wong et al., 2014). There are perceived control issues that may operate as an impediment to successful medical tourism participation, including language and cultural obstacles, the ability to travel long hours, and confidence in confronting adversity when ill or recovering in a foreign location (Ramamonjirivelo, Martin, & Martin, 2015).

Language is important in this area of the service. Everything, from the promotional internet website about the participating hospitals to having in-house interpreting service, should be multilingual. Bangkok Hospital's website, for example, provides information not just in Siamese but also in English, Chinese, Japanese, and Dutch. Aside from language, the clarity of the information on the website is critical. The Apollo Hospital (India) website is incredibly detailed and easy to navigate. In industry papers published by the Global Wellness Institute, health tourism - described in this study as a combination of medical tourism, wellness tourism, and spa tourism - is said to be a thriving sub-sector of general tourism. Lunt and Carrera (2010)

demonstrated that medical tourism is distinct from health tourism due to the distinctions in the types of interventions, settings, and inputs, as illustrated in the [figure 1](#):

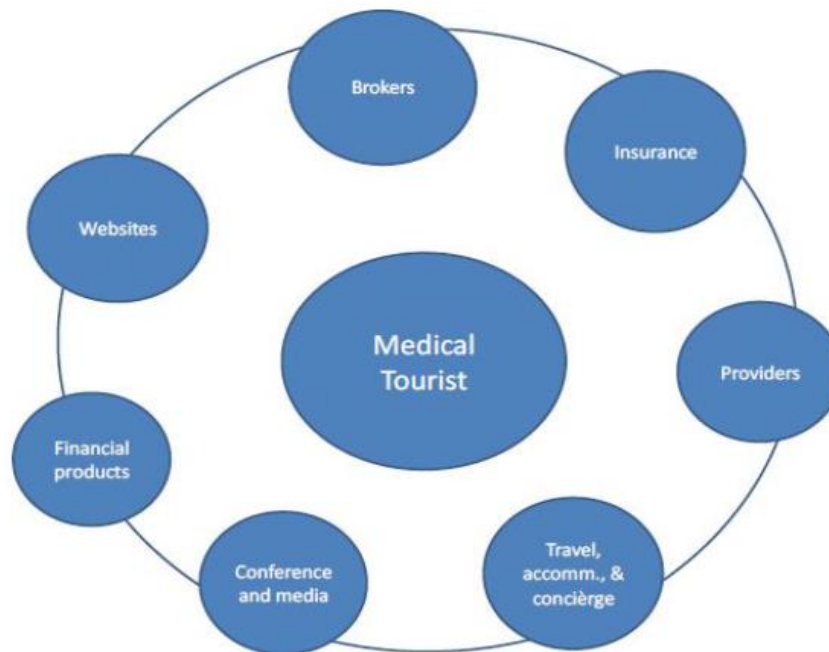


**Figure 1.** *Health and Medical Tourism*

The statistics on wellness tourists to Malaysia and Thailand indicate that the majority of visitors are female and seek IVF treatment and cosmetic surgery during their travels ([Mainil et al., 2017](#)). Malaysia might do the same by selecting a market niche that can be ventured into. Services such as cardiology, eye surgery, cosmetic surgery, spas, and traditional and complementary medicine are examples of services that can be offered. Specialized medical, surgical, and wellness treatments are insufficient to bring in foreign patients. The treatments and services provided must be packaged in such a way that these patients are completely satisfied, not only with the treatment and high quality of care, but also with the low cost and a short waiting time ([Mun & Musa, 2012](#)). Despite this, the procedure of heart treatment in Malaysia was ranked second lowest after India, and with such a low cost, foreign tourists were encouraged to pick Malaysia as their healthcare tourism destination ([Madha et al., 2014](#)).

## 2.2 *Language of medical interpreter*

In different member states or between regions within a member state, the impact of patient mobility on national healthcare systems may differ. This can be due to a variety of factors such as geographic location, language barriers, and the location of hospitals in border regions, as well as the population and the member state's healthcare budget. It has been observed that the number of domestic medical tourists is increasing in terms of mobility. Domestic medical tourists are increasingly choosing to receive treatment in their home country due to the possibility of unanticipated costs during overseas travel, as well as language and other hurdles such as cultural and religious differences ([Rab-Przybyłowicz, 2016](#)). Typically, diaspora medical tourism takes place within a society that is comparable in terms of family environment and language and has lesser expectations for treatment or care ([Azmi, Chandran, & Puteh, 2017](#)). The [figure 2](#) below depicts the function of ancillary and supporting services for medical tourists ([Lunt et al., 2011](#)).



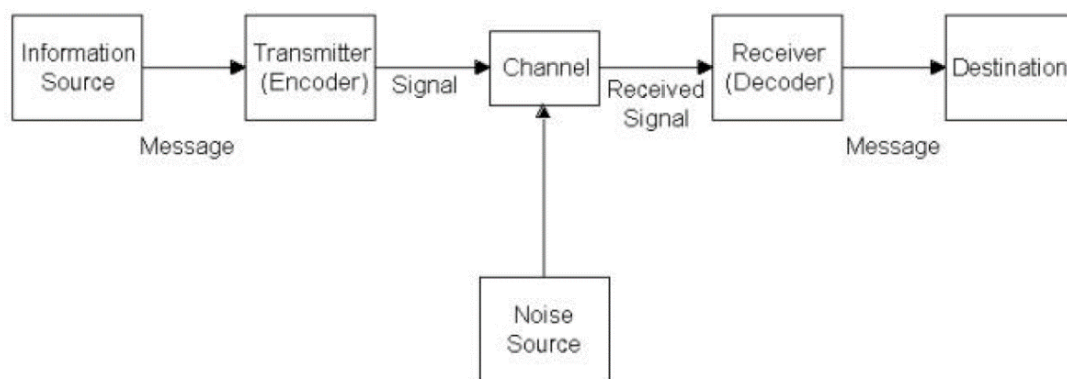
**Figure 2.** *The Medical Tourism Industry*

For example, health tourists from Indonesia find it easy to acquire healthcare services in Malaysia due to a shared language, meals, faiths, and the short travel distance (Na, Nee, & Onn, 2017). Despite this, hospitals differ substantially from one another in terms of displaying non-medical services (such as interpretation, food, and accommodation) that may be provided by the hospitals. While English is commonly spoken in Indian and Malaysian hospitals but considerably less so in Thailand, Indian hospitals are nearly twice as likely to state that they provide in-hospital interpretation services as Malaysian (55%) and Thai (57%) hospitals (Moghavvemi et al., 2017). Furthermore, a study found that a successful interpreter's personal attributes include not just linguistic skill but also origin, religion, dialect, gender, and political opinions. As a result, strategies for personalized healthcare must be developed in order to avoid incorrect communication, satisfy the preferences of those in need of interpreters, and increase the impact of interpretation on the quality of healthcare (Hadziabdic, Albin, & Hjelm, 2014). It was estimated that roughly one-half of both physicians and nurses desired the interpreter to act as a "cultural mediator".

### **2.3 Role of language and communication in medical tourism industry**

Medical tourism sites meet a variety of goals and demands. First and foremost, the purpose of such sites is to present and advertise services to the public. The primary services provided by the sites can be divided into five categories: serving as a gateway to medical and surgical information, providing connectivity to relevant health services, assessing and/or promoting services, facilitating commercialization, and providing a forum for dialogue (Lunt & Carrera, 2010). The internet provides a variety of features and formats, such as discussion forums, file sharing, posting information and experience, member-only pages, adverts, and online tours. The internet also makes it easier to make treatment-purchase decisions. The regular continuum of care may be disrupted at the clinical interface. To reduce risk, complete medical documentation is required both before and after therapy. There is a need to correlate reports of poor infection control or sub-optimal results within treatment specialties. Any legal cases pursued should also be documented so that a national and worldwide awareness of the ramifications of trade in health services can be developed (Lunt et al., 2011).

In general, interpersonal communication has been demonstrated to have a greater influence on health behavior modification than mass communication. Patients considered "situational information," such as treatment descriptions and treatment outcome expectations, as the most significant information content, while health professionals identified information dealing with anxieties and concerns as the most important. Furthermore, patients prioritized information on treatment problems and medicine in the pre-treatment stage, and information about the return to everyday functionality and normalcy in the post-treatment stage (Petroopoulos, 2016). Pfeiffer (1998) depicted Adler and Townme's (1978) communication model as the figure 3 below:



**Figure 3.** *The Adler and Townme Communication Model (1978)*

### 3 Methodology

The Fuzzy Delphi approach was used in the development the model of medical tourism interpreter to get the unanimous agreement of experts on the position of each item in the three key components: language, communication, and medical tourism. This approach is a process in which a group of experts reviews and gathers viewpoints in order to reach an agreement on certain information. It is intended to evaluate the professional consensus and rank the alternative items for fulfilling the model of interpreter of medical tourism (Chang, Hsu, & Chang, 2011).

The instrument employed was a set of questionnaires that were delivered to a group of experts that were selected. The themes and constructs discovered in the questionnaire were obtained from a review of the literature and suggested in an open format by experts. This approach employs the application of Fuzzy sets theory, which has been integrated into the conventional Delphi method, in which the Likert scale chosen by the expert is changed to a Fuzzy scale using Fuzzy numbering, which consists of binary terms numbering (0,1) (Jamil et al., 2015). This Fuzzy numbering integration will yield three values: the minimum, the most plausible value, and the maximum value to be determined by an expert.

Microsoft Excel was employed as an analysis tool during the analysis procedure. This procedure comprises two steps: triangular fuzzy number generation and defuzzification. The triangular fuzzy number is used to assess expert consensus on an item, whereas defuzzification is used to establish the item's priority. Both methods make use of two formulas, which are listed in Table 1.

**Table 1: The Analysis Procedure**

	<b>Formula</b>	<b>Process</b>
1.	$d(\tilde{m}, \tilde{n}) = \sqrt{\frac{1}{3} [(m_1 - n_1)^2 + (m_2 - n_2)^2 + (m_3 - n_3)^2]}$	Triangular Fuzzy Number
2.	$A = (1/3) * (m_1 + m_2 + m_3)$	Defuzzification

### 3.1 Research Sampling

The number of experts used as research respondents in Fuzzy Delphi studies is based on (Mahmud et al., 2006), who indicated that the minimum number of experts for the Delphi technique is five experts. The experts for this study were picked from four fields: Arabic, English, communication, and tourism. Two experts were chosen from each group, for a total of eight experts participated in this study. All specialists in this study have served for more than 5 years, ranging from 6 to 33 years for each of their specialization.

### 3.2 Research instrument

This study employs a questionnaire as a qualitative data collection tool for the design and development of a research model of languages and communication services for interpreters in the promoting of medical tourism. The use of questionnaires is meant to fit the criteria and circumstances of the Delphi fuzzy technique, which involves the application of mathematical formulas to reach expert consensus. The instruments utilized by the researchers were adapted to meet the researcher's research needs.

## 4 Results and Findings

There are the three main components for design and development of model of language and communication services in promoting medical tourism which are language, communication, and medical tourism. The accepted elements are based on:

- (1) The threshold value must be equal to or less than 0.2 ( $d \leq 0.2$ )
- (2) The value of the percentage of experts must exceed 75%
- (3) Average response  $\geq$  value  $\alpha$  - cut = 0.5

Table 2 summarises the findings of the study for the language component, which were reached by expert consensus. Among the information contained in this table are the threshold value, the expert group agreement percentage, the average response, the item priority, and the expert agreement of each item.

**Table 2: Language Component**

	<b>Item</b>	<b>Threshold value, d</b>	<b>Expert group agreement percentage, %</b>	<b>Average response</b>	<b>Item priority</b>	<b>Expert agreement</b>
1.	Excel in foreign languages (e.g., English and Arabic) to make sure the information being delivered clearly.	0.057	100.0	0.942	1	ACCEPTED
2.	Apply cultural intelligence will help patients cope easily in a new place.	0.181	87.5	0.838	7	ACCEPTED

Item	Threshold value, d	Expert group agreement percentage, %	Average response	Item priority	Expert agreement
3. Sound more like a native speaker so that the patients feel easier to engage in the conversation.	0.325	50.0	0.617	-	REJECTED
4. Deliver the medical information to the patients with right paralinguistic which include intonation, pitch and speed of speaking, hesitation noises, gesture, and facial expression.	0.198	87.5	0.863	4	ACCEPTED
5. Combine verbal and non-verbal communication to increase mutual understanding.	0.198	87.5	0.863	4	ACCEPTED
6. Excel medical terminology on diseases and medicines to deliver precise information.	0.110	87.5	0.908	3	ACCEPTED
7. Excel terms and expressions related to patients' language to achieve mutual in conversation.	0.191	87.5	0.763	4	ACCEPTED
8. Excel terms and expressions related to daily needs e.g : foods, hotel to fulfill their basic needs.	0.253	37.5	0.713	-	REJECTED
9. Excel terms and expressions related to health field to enhance patients' understanding.	0.129	100.0	0.863	4	ACCEPTED
10. Master translation skill for both type of oral and written interpretations to avoid misunderstanding.	0.102	87.5	0.921	2	ACCEPTED
11. Master in basic grammar of source and target languages to ease communication.	0.102	87.5	0.921	8	ACCEPTED
12. Practice semantics to adapt cross-cultural communication to ensure better communication effectiveness.	0.387	75.0	0.767	9	ACCEPTED

Table 3 summarizes the findings of the study for the communication component, which



were reached by expert consensus. Among the information contained in this table are the threshold value, the expert group agreement percentage, the average response, the item priority, and the expert agreement of each item.

**Table 3:** *Communication Component*

Item	Threshold value, d	Expert group agreement percentage, %	Average response	Item priority	Expert agreement
1. Help healthcare staffs convey the medical information to the patients easily.	0.057	100.0	0.942	1	ACCEPTED
2. Undergo professional training to enhance interpreting skills.	0.155	87.5	0.871	5	ACCEPTED
3. Equip with analytical skills when facing problem-solving and decision-making situation.	0.518	12.5	0.579	-	REJECTED
4. Deliver clear and correct information to patients can build their trust.	0.158	87.5	0.896	4	ACCEPTED
5. Build intimacy that is not bland in conversation to make it comfortable for the patient to communicate.	0.514	25.0	0.667	-	REJECTED
6. Use an intriguing delivery style to tackle the psychology of sick patients. (Service Friendly)	0.356	25.0	0.758	-	REJECTED
7. Improve the proximity of patient language to adapt cross-cultural communication.	0.368	37.5	0.713	-	REJECTED
8. Ensure confidentiality responds to patients' core need for their privacy.	0.102	87.5	0.921	2	ACCEPTED
9. Avoid from being emotionally or personally vested to avoid miscommunication.	0.102	87.5	0.921	3	ACCEPTED
10. Master in common sense to increase patients' satisfaction.	0.391	37.5	0.654	-	REJECTED

**Table 4** summarizes the findings of the study for the medical tourism component, which were reached by expert consensus. Among the information contained in this table are the threshold value, the expert group agreement percentage, the average response, the item priority, and the expert agreement of each item.

**Table 4:** *Medical Tourism Component*

Item	Threshold value, d	Expert group agreement percentage, %	Average response	Item priority	Expert agreement
1. Being helpful when there is a language barrier during emergency cases.	0.198	87.5	0.863	2	ACCEPTED
2. Provide the best quality of care in healthcare service so that patients feel at home in a foreign country.	0.141	100.0	0.875	1	ACCEPTED
3. Ensure customer experience is attained in aspects of cognitive, emotional, spiritual, sensorial, physical, and social elements.	0.335	37.5	0.725	-	REJECTED
4. Help boost the country's economy by promoting medical tourism through the best service.	0.171	87.5	0.825	4	ACCEPTED
5. Act as a mediator between patients, family members or a patient representative and healthcare providers to break the language barrier occurs.	0.191	87.5	0.850	3	ACCEPTED
6. Serve to help provide cultural information to facilitate support for a treatment plan.	0.342	37.5	0.654	-	REJECTED
7. Having short courses from medical school regarding term and expression needed in medical interpreter career.	0.281	87.8	0.779	5	ACCEPTED
8. Having a high level of fluency for linguistic conversion to streamline the interpretation process.	0.319	87.5	0.767	6	ACCEPTED
9. Be technology-savvy to decrease face-to-face encounter during the peak of Covid-19.	0.430	37.5	0.708	-	REJECTED
10. Make an agreement amongst patients on the interpretation service given to avoid no services available during the consultation.	0.220	62.5	0.746	-	REJECTED

#### **4.1 Language Component**

For the first component, the language component, which emphasises the linguistic characteristics required by the interpreter to fulfil the qualified interpreter in promoting medical tourism. Only ten of the twelve items recommended in the questionnaire were accepted by the experts. First and secondly, an interpreter must be fluent in both source and target language for example, English and Arabic including both oral and written translation skills in order to convey information clearly from two sides; patients and medical professionals who speak different languages. It is the most crucial items as the fluency of interpreter will be guaranteed to avoid misinterpretation of important information to both parties (Kamara et al., 2018). It is due to the role of interpreter which they have the responsibility to provide explanations to the patients, such as the process before the treatment starts, costs, and reporting in different stages during the treatment until it is completed (Tian & Deocampo, 2017). Thirdly, interpreter must also be familiar with medical terminology, as it will be used throughout the interpretation session. Against this context, however, there is a critical scarcity of interpreters available in comparison to the rapidly expanding demand. As a result, interpreters who lack the necessary linguistic talents, let alone the necessary medical understanding, are being dispatched into the field (Gwag et al., 2017). It is due to the lack of attention from the authorities in providing the needs of interpreter to be qualified in their roles.

Fourth, paralinguistic such as intonation, pitch, and rate of speaking, hesitation noises, gesture, and facial expression are required to better understand both parties in the current situation. As in service circumstances where it is appropriate for service providers to be especially nice, warm, and friendly in order to project a people-oriented rather than task-oriented image (Sundaram & Webster, 2000). Fifth, the interpreter is also suggested in combining verbal and nonverbal communication to improve mutual comprehension. Sixth, knowing phrases and expressions relevant to the health area might help patients understand better. Most significantly, interpreters were able to keep the dialogue flowing and the exchange of information going by providing clear explanations and using appropriate phrases (Moreno, Otero-Sabogal, & Newman, 2007). Seventh, an interpreter should apply cultural intelligence. As Nida and Taber (1969) point out, culture is constantly involved in the translation process, interweaving with the languages and affecting with the meaning of the text. This item will assist patients in adjusting to a new environment more quickly.

Eighth, an interpreter should be skilled in the basic grammar of both the source and target languages to improve communication effectiveness. There is no requirement to speak like a native speaker of the patients' language as long as the information delivered is intelligible. It is an advantage if the interpreter can speak like a native speaker. Ninth, an interpreter needs to apply semantics to adapt cross-cultural communication. This is due to the fact that natural semantic metalanguage offers us with a universal system of notation for stating and comparing underlying cultural laws underpinning diverse cultures' operations, as well as for understanding and making sense of disparate communicative behaviour (Wierzbicka, 1994). Lastly, the interpreter must utilise words and expressions appropriate to the patients' language in order to build mutual comprehension in the discourse. Hence, speaking like a native speaker of the patients' language and being familiar with fundamental vocabulary and expressions related to daily needs were not the interpreter's most crucial requirements.

#### **4.2 Communication Component**

Following that was the communication component, which covered interpreter performance, the communication process, medication communication activities, and professional training. Only five of the ten items received unanimous approval from experts. First and foremost, when dealing with a language barrier, the interpreter plays a vital role. The interpreters assist the

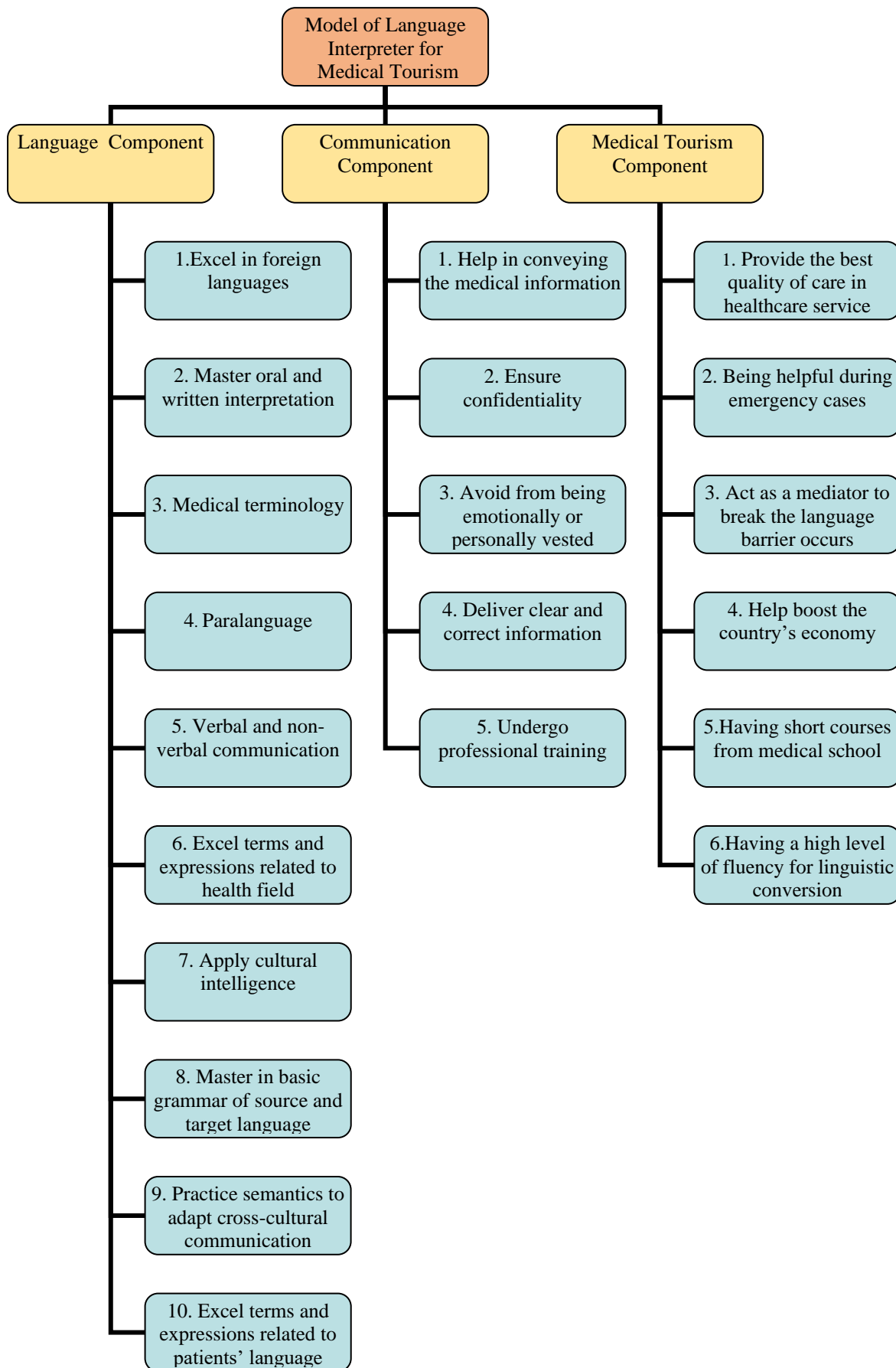
healthcare workers in easily communicating medical information to patients. Consequently, patient satisfaction was lower in visits where the interpreter did not completely address the problem of the language barrier and interfered with other aspects of the patient-provider relationship, such as interpersonal care, than in visits where patients and providers spoke the same language and did not require an intermediary person to translate (Tian & Deocampo, 2017).

Secondly, an interpreter must also follow a proper etiquette, which is to ensure secrecy answers to patients' fundamental desire for privacy. According to International Medical Interpreters Association (IMIA) Guide On Medical Interpreter Ethical Conduct (Hernandez-Iverson, 2010), it is important that any information provided between patients be kept strictly confidential and used solely for medical purposes. Third, interpreter also required to avoid being emotionally or personally invested in order to avoid misinterpretation. As an interpreter should be as neutral as possible by being only the voice for patients and medical staff, saying only what both the patient and the provider say which includes not saying anything that contradicts what they say (Lor, Bowers, & Jacobs, 2019). Fourth, patients' trust can be built by providing them with clear and accurate information. Misinterpretation can hamper comprehension and hinder the formation of a trustworthy connection with patients (Browner et al., 2003). Lastly, professional training for interpreter which include interpreting (Lee, 2015), culture (Al-Farajat, Jung, & Seo, 2018), medical knowledge (Tian & Deocampo, 2017), working with healthcare staffs (Leanza, Boivin, & Rosenberg, 2010) and resiliency (Park et al., 2017). These training are essential of preparing a qualified interpreter for medical tourism settings.

#### **4.3 Medical Tourism Component**

The roles and qualifications of interpreters in promoting medical tourism are among the elements included in this model for the medical tourism component. Only six items were accepted by the experts out of a total of ten. First and foremost, an interpreter should provide the highest level of care possible in the healthcare setting, allowing patients to feel at ease while visiting a foreign country. Based on the evidence presented, it appears that patients who have access to qualified professional interpreters have the best levels of satisfaction (Flores, 2005). Second, when there is a language barrier between patients and medical personnel during an emergency situation, the presence of an interpreter can be quite beneficial. Third, an interpreter can also serve as a mediator between patients, family members, or a patient representative and healthcare providers in order to overcome any language barriers that may arise. This situation illustrates that the presence of a medical interpreter provides a three-way interaction, which modifies the dynamic between them (Kamara et al., 2018).

Fourth, the function of an interpreter is extremely important in increasing the country's economy. When patients return to their home countries, they will almost surely suggest their visits to their families and friends through word of mouth, since they will share their experiences throughout the trips (Choi, Kim, & Lee, 2018). This situation will bring in a large number of more tourists which will help to enhance the country's economy. Fifth, interpreters must have completed short courses from medical school on terms and expressions related to the medical interpreting field in order to deliver the best possible service. As there was a case where patients questioned the accuracy of the interpretation services since interpreters translated medical terms into their mother tongue (Carlsson, Balbas, & Mattsson, 2019). Lastly, interpreter should also have a high degree of fluency in order to facilitate linguistic conversion and so speed up the interpreting process. Otherwise, false fluency will result, in which the interpreter uses a word/phrase that does not exist in that language or an inaccurate word/phrase that significantly alters the meaning (Flores et al., 2012).



**Figure 4:** Model of Language Interpreter for Medical Tourism

## 5 Conclusion

Overall, an interpreter needs to fulfil the requirement of a competent interpreter to enhance their service quality. This study shows that these elements are needed to improve the quality of interpretation. This research will assist the Ministry of Tourism, Art, and Culture in providing languages and communication services to make our tourism industry more competitive, in line with the Ministry of Tourism, Art, and Culture policy of propelling competitive and sustainable tourism and culture sectors towards the socio-economic development of the country.

This study also looks at the present efforts being made by medical institutions to make our healthcare sector more affordable and to position Malaysia as a top destination in the healthcare business. The language and communication services model, which is also in line with the New Economic Policy 2019 in terms of practicing sustainable development and prosperity, may be used by all community groups and stresses the community of indigenous peoples and other well-protected communities.

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