

Communication Barriers in Pakistan: Interpretative Phenomenological Analysis

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Health sector in Pakistan is confronted with so many issues, ineffective communication between doctor and patient being one of the major issues. The main objective of this study is to analyze communication barriers among doctors and patients that come to surface during communication process in outdoor departments of Southern Punjab tertiary care hospitals. This study is exploratory and descriptive in nature. The study was conducted at Nishter Hospital Multan and Bahawal Victoria Hospital Bahawalpur during the month of September-October 2019. Interviews of doctors and patients (Semi-structured-two each, one male and female in both classifications) were conducted as well as analyzed through (IPA) Interpretative Phenomenological Analysis. The Sampling technique which was used is snowball sampling to recruit the participants from experience, age and various socio-economic strata for this study. Current study exposes managerial, cultural, language, education of the patients as well as attitudinal barriers in doctor-patient effective communication from the views and understanding of the research participants. Furthermore, lack of communication-based trainings of medical authorities impedes the interpersonal and social communication among doctors and patients as well. The results propose that the excellence in healthcare can be enhanced by introducing interferences in doctor-patient communication and tertiary care hospitals should arrange effective communication skills training programs in medical practices with an emphasis on cultural and lingual diversity.

Keywords: Doctors, Patients, Effective Communication, Barriers, Perceptions, Hospitals

INTRODUCTION

The development of health services providers' workforce is one of the key functions of an efficient and well-functioning health system. Health management system is operated by the humans. It comprises of well-trained and motivated doctors, nurses and paramedical staff. Health sector of any country is very important and to provide best health care services is the main task of the government (Mashhadi, 2016). In developed countries the government provides all the facilities to the people, a large amount of budget is spend on health services and on the staff working over there but in developing countries, the budget of health sector is not sufficient and health providing services are also not sufficient which are a cause of dissatisfaction for the staff working in hospitals and as well as for the patients (Mills, 2014). Communication is an action of transmitting ideas, views, thoughts, opinion and sentiments. In the process of communication both the sender of the message and the receiver of the message are on the same page for accepting the meanings of words. We feel worry about our health and wellbeing. Whenever we face health problems, our main concern is to get best health services which are near to our home. A doctor's skills of communication and interpersonal skills consists of the ability to collect information in order to make the diagnosis correct, counseling of the patient on appropriate lines, giving proper

instructions, and to establish a relationship of care with patients. But the most basic objective of any doctor-patient communication is to improve the patient's health and physical wellness (Jenkins, 2002).

Doctor-Patient communication is a very essential part of quality medical care. Many psychological barriers arise in communication of doctor and patient relationship. If these communication barriers are not recognized and addressed effectively, it can limit the treatment goals of doctor and patient relationship. Development of effective relationship of doctor and patient is very important in a successful medical care (Usman, & Nicholas, 2014). Development of the effective doctor and patient relationship is one of the most important and difficult professional responsibility of the doctors because at the same time they have to collect information from the patients, process the information and to make decision about the treatment and more important is that the doctors have to work to increase satisfaction and compliance to the advises and treatment plan of the patients. Although the world has progressed too much and our curriculum structure is changed a lot but in this changing world too, teaching doctor - patient communication and relationship has not been integrated formally into the curriculum of many medical schools (Epstein, et al. 2005).

The effective communication and relationship between doctor and patient are the main part of the treatment process and it has also a significant effect on treatment outcomes. A good relationship between a doctor and patient also determines the level of patient satisfaction. Good doctor must have good communication skills as it is a part of their practice and a part of their daily professional duties. If a doctor has effective communication skills, it increases medical adherence and there are also observed many psychological and physical outcomes (Humayun A, et al. 2008). If the communication skills or the relationship between patient and client is poor, the treatment process is negatively affected, and it can bring many serious consequences. There are many advantages related to the good therapeutic relationship are as follows. These are all the good effects when communication between doctor and patient is effective and those are all linked with better health outcomes. The patient start feeling him/her effective to deal his health-related issues. The patient feels strengthens because of the support provided by the doctor. Medical adherence and follow up is increased. Patient's understanding toward his treatment process is increased. Shared decisions are made. Trusting relationship is developed (Travaline, et al. 2005).

Communication Barriers

Initial encounter of patient and the doctor can predict the outcome. The first meeting of the doctor and patient whether the patient will come again, or the treatment process will be continued or discontinued. Communication between doctor and patient can predict the outcomes of treatment after consultation. Based on initial meeting or because of the barriers in communication, majority of the patients do complain that the doctor is not interested in listening to their physical pains, ailments and their problems. The patient's also complaint they cannot provide enough information about their ailments (Jalil et al. 2017). Quality healthcare is a combination of safe, clinically cost-effective, patient-centered and effectual with the aptitude of ongoing and persistent efforts for improvement (Elizabeth, 2003). Patients' and their attendants' satisfaction and improved outcomes of the healthcare are few of the main elements of better management, yet effective communication is imperative for attainment particularly in medicine field which is required. Doctor-patient communication not only comprises the assistance about treatment however it is sharing of knowledge about causes and prevention, risk factors about diseases and guidance about the drug schedules as well (Ahmad, et al. 2015).

Significance of the Study

In Pakistan, the area of social and communication research is underdeveloped in the field of health care and health communication. There is very limited data on the communication research related to doctors, patients and

hospitals, so this study will add up literature relating to effective communication in health care sector. The outcomes of current research will have potential benefits to find the possible barriers and deficits regarding effective communication between doctors and patients. The study will provide a better-quality treatment and improved communication between the doctor-patient relationships. The results will be beneficial to apply the communication strategies to enhance patient adherence level, increase their satisfaction level and reduces their complaints.

Objectives of the Study

Better health care system is a debatable issue round the world for decades with majority of strategies being contributed by the developed nations and effective communication is as necessary for that. While communication barriers in medical consultations are interferences in sending or receiving the messages which cause medical errors resulting in incorrect diagnosis of the patients too which is a serious problem. The objective of the study is to assess the interpersonal communication barriers between doctors and patients in south Punjab tertiary care hospitals.

Health Care System and Patients in Pakistan

Pakistan is a land of miscellaneous cultural values and local languages. The nation of Pakistan is dedicated on improving the status of health care as the society has miscellaneous areas in the country with different languages, yet Urdu is the national languages of the nation. But regional languages like Saraiki, Punjabi, Balochi, Pashto, Barahvi, Sindhi, Pothohari and Hindko are the regional languages of the people in Pakistan. There are a great number of inhabitants of the society who neither speak nor understand the national or other languages than their mother tongue in Pakistan (Lodhi, M. et al. 2019). Many patients from periphery areas travel to tertiary care hospitals for better treatment. In outdoor departments of tertiary care hospitals, doctors face many problems in communication process with linguistically diverse patients that may lead to medical errors in diagnosis (Shoib, M. et al. 2016). There are only a few researches conducted on the causes of medical errors in Pakistan, so this is the time to conduct a study to explore the communication barriers that exist between doctors and patients which they must experience during communication process in outdoor departments of tertiary care hospitals.

RESEARCH METHODS

The nature of the study was exploratory and descriptive also conducted for a period of four weeks in September - October 2019 in Nishter Hospital Multan and Bahawal Victoria Hospital Bahawalpur. The researchers used snowball sampling technique and eight participants, four males and four females were engaged to take part in this study. The participants were two male doctor and two female doctors as well as two male patients and two

female patients. All the doctors were experienced, and the female patients were middle aged and illiterate, while the male patients were educated, middle aged and belonged to middle class. Semi structured interviews in Urdu language were scheduled for data collection also was recorded in cell phone by the researchers followed by idiographic coding and in coding of themes, it was tried to understand the feelings of the participants. Main points were taken too in written form and this led to the connection with the sub themes by applying (IPA) Interpretative Phenomenological Analysis method. After that to eliminate any misperception and misunderstanding, the recordings of cell phones and transcripts were repeatedly heard and read. This is worth mentioning here that the present study was conducted after getting the participants' consent then the participants were also informed about the nature of the study too as well as got the ethical committee permission certificate from the parent department.

Interpretative Phenomenological Analysis - IPA

IPA is an approach to psychological qualitative research with an idiographic focus, which means that it aims to offer insights into how a given person, in each context, makes sense of a given phenomenon. The basic theme of interpretative phenomenological analysis (IPA) is to explore in depth that how target audience and the research participants make sense of their personal experiences as well as particular social events. It focuses on the person's account of how an event looks like. On the other side IPA also focuses to inquire such critical questions e.g. what the participant is trying to get from there? Do I have knowledge about all the aspects about which participants are not aware? IPA also focuses of symbolic interactionism with its focus on how individuals construct meaning of social and personal world. The IPA analysis also explores particular experiences of an individual as well as character's own perception about an occasion (Glynis, M. Breakwell, et al. 2012).

Communication Skills

The participants of the study believed, mostly doctors lose their attention on quality health care of patient because of overburden. Doctors do not communicate with them in detail due to lack of time and their busy schedule.

A female doctor said:

"A large number of patients are there in outdoor department, it's too hectic for doctors and the doctor-patient ratio is irrational as well as overburden so resulting in doctors' dissatisfaction too"

One of the patients said:

"Doctors go to attend such a significant number of patients every day, so the hectic routine makes them emotionally heartless and ruthless. Rather than being thoughtful and compassionate to the patients, they become unresponsive in

their regular routine procedures, normal registration and methods."

Another patient also reported

Linguistic Barriers

The patients from diverse backgrounds visit frequently in the outdoor departments of tertiary care hospitals. The doctors face many problems in the process of taking history in patients' local language. It is often observed that even a single sentence voiced by the patient or its attendants is badly failed to be realized by the doctor. Language diversity and linguistic barriers have great effect on doctor-patients' effective communication and relationships. If these barriers remained vague then it may cause the patients' dissatisfaction which generates misapprehensions regarding diagnosis. Furthermore, it decreases the probabilities of protective measures and quality health care too. The study reveals that the most common language obstacles apparent by the doctors and patients were non-verbal signals, deficiency of linguistic ability, diverse pronunciations, attitude, misperception and false interpreters. Linguistic difficulties rise in doctor-patient communication as mostly the patients are uneducated and from poorer communal class as well as not capable to understand the diversities used by medical experts in the tertiary care hospitals.

One of the doctors said:

"Due to the use of Urdu or English language and the extensive use of medicinal jargons such as thallium scan, hypertension as well as the use of abbreviations as PT, NCP, HRT the patients from different backgrounds have to face language barriers in communication."

One of the patients said:

"The doctors occasionally take help from other employees to interpret the patients' issue. Due to the inarticulacy of language, several patients use signals or non-verbal message".

Cultural Barriers

Pakistan is rich in culture. There is a lot of cultural diversity found in the country. Culture is socially transmitted attitude, languages, beliefs, behavior, traditions, rituals and norms which is commonly shared in a specific social class. Culture and language are essentially related with each other.

One of the doctors said:

"Majority of the doctor had to face trouble to comprehend the verbal communication of patients in taking the history, they don't have any idea about their cultural constraints. There are patients from rural background who have spiritual believe and they like to take mystical actions and prefer to discuss their problems to their Murshad".

Attitudinal Barriers

One of the patients said:

"Off course, doctors have no time for poor people, they just listen and ignore the patients, but they are extremely obliging with us at their private clinics. Doctors come in the hospital just to take their salary."

Education of the Patient

The area of southern Punjab consists of many villages and towns. The profession of majority of the people is agriculture and the

people are linked to this profession from the years and from the generations. Most of the people are illiterate or have very low level of education.

One of the Patients said:

“I admit that I am not much educated, if I ask the doctor for how many days I have to take the medicine and how many times I have to take the medicine, if I repeat the same questions again, the doctor is usually irritated. Due to the mood of the doctor I do not ask the doctor about the dosage and timing of the medicine.”

One of the doctors also mentioned the same thing:

“Patient’s do not understand and ask about the medicine’s timings and dosage again and gain. In spite of repeating the same things, patients usually forget. If the patient is told that he/ she has to come for the follow up after fifteen days, the patient insists to write the medicine now for after 15 days, because their house is too far, and they cannot come and gain for the checking”

Physical Barriers

Physical Barriers also create hurdles in effective communication between doctor and patient. Low quality of sound and noise in the hospital also cause the physical barrier in effective communication between doctor and patient. Similarly physical disabilities like weak eyesight, low audibility or color blindness also cause failures in effective communication.

Discussion

Current study explored that in quality health care management there are too many possible impediments along with the linguistic barriers for effective communication as well. The study also endorses some previous researches conducted on doctor-patient communication. There are many barriers to good communication in the doctor-patient relationship as doctors' burden of work, patients' anxiety and fear of litigation, fear of verbal abuse as well as unrealistic patients' hope. The doctor-patient communication is a complex process and serious miscommunication is a probable pitfall, particularly in terms of patients' understanding of their diagnosis, involvement in treatment as well as expectations. Doctors have been found to discourage patients from voicing their worries and hopes as well as requests for more information. The patients' poor health knowledge is also one of the causes in communicating effectively the treatment procedures by the doctors. Poor health knowledge refers to an incongruity between the doctors' level of communication and the patient's level of comprehension of the health information given to them.

The responsibilities of doctors and patients are mutually interdependent. The doctors have power over the mutual interdependence on patients and their attendants because of their knowledge to cure them. So that doctor's art of communication helps to gather history from the patients and gives direction for accurate diagnosis. As doctors must have the good sound quality and volume of verbal speech to communicate with their patients so they can listen effectively. During the study one of the doctors said “we have to come down to their linguistic level for verbal communication” to gratify the patients as well as the attendants. He further added that the use of easy sentences in verbal

messages and therapeutic statements effects in a better way. As many doctors take no notice of language diversity, spiritual rituals and cultural values of the patients during the history taking process. So this cultural and religious insensitivity leads to cause a problematic attitude during the treatment plan. For instance, most of the patients in developing world are spiritual minded and their rituals interfere in the treatment plan too, that must be discussed with patients as well as their attendants with effective communication tool. Huge workload effects badly and not understanding the pragmatics of linguistic can lead to misinterpretations and results in patients' disappointment. For better healthcare its' not only the linguistic barriers however cultural transformations and health literacy level as well. Linguistic difficulty and attitudinal barriers are possibly the common issues to identify in outdoor. Despite that, there are no systematic dealings for the need of language assistance in tertiary care hospitals and ensuring the satisfactory assistance. The patients' and their attendants' perception are constructed due to their social structure, education, family experiences, spiritual guidance and cultural rituals. This practice of cultural values influences their interaction with doctors.

Limitations of the Study

Current study had a small sample size which can be one of the possible limitations. Thus the doctor-patient communication barriers are a vast issue in developing world, as there is big room for further researches in Pakistan and especially in southern Punjab too. The findings of current study will act as a base for the future studies that explore in detail the barriers effecting doctor-patient communication.

What this Study Adds

This basic theme of this study was to identify the doctor-patient communication barriers out door in Southern Punjab tertiary care hospital. Though this study has sample limitations, one cannot ignore the gaps highlighted by current study in communication. The study also draws the attention of the policy makers in public health department to take some steps to incorporate the role of effective communication between doctor and patient for better quality health care system. This study will help to inform the policy makers of national medical curriculum committee and emphasis to start effective communication skills training workshops for doctors.

Conclusion

This research study concludes that lack of understanding between doctor-patient is the basic cause that results interruption in the effective communication, the poor health literacy among the patients and failure of the doctors to effectively listen to patients views about disease. Moreover, the poor communication skills, language barrier as well as attitude problem leads to the cause of difficulty in quality health care management. The doctors must be practiced listening actively the patient and explain about the disease in interpersonal communication as well. Effective communication skill and sufficient knowledge about cultural diversity is having the paramount position in quality health care management. Attitudinal and cultural issues can also be settled if effective communication between doctors

and patients are practiced in outdoor departments to succeed quality health care.

Implications of the Study for Healthcare Services

Policy makers should have to arrange the knowledge-based trainings from competent trainers and the trainers should have at least doctoral degree in communication studies. Communication in healthcare is influenced by many factors. It seems that policy makers often underestimated these factors. In multi-ethnic societies further research studies and development projects should be arranged to overcome the barriers in effective communication for the sake of human development.

Bibliography

Ahmad, et al. (2015). Attitudes of medical students in Lahore, Pakistan towards the doctor-patient relationship. *Peer J*, 30(3).

Elizabeth, A. J. (2003). *Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature*, The California Endowment. Woodland Hills, California.

Epstein, R. M, et al. (2005). Measuring patient-centered communication in Patient-Physician consultations: Theoretical and practical issues. *Social Science & Medicine*, 61 (7): 1516-28

Glynis, M. Breakwell, et al. (2012). *Research Methods in Psychology*, Sage Publications. 4th Edition.

Humayun A, et al. (2008). Patients' perception and actual practice of informed consent, privacy and confidentiality in

general medical outpatient departments of two tertiary care hospitals of Lahore. *BMC Medical Ethics*, 9:14.

Jalil et al. (2017). Patient satisfaction with doctor-patient interactions: a mixed methods study among diabetes mellitus patients in Pakistan, *BMC Health Services Research*, 17:155.

Jenkins, V. (2002). Can communication skills training alter physicians' beliefs and behavior in clinics? *Journal of Clinical Oncology*; 20(3): 765-9.

Lodhi, M. et al. (2019). A Linguistic Analysis of the Politeness Strategies Used in Doctor-Patient Discourse. *English Language and Literature Studies*, 9(1).

Mashhadi, S. F, et al. (2016). Healthcare in Pakistan: A Systems Perspective, *Pakistan Armed Forces Medical Journal*; 66(1):136-42

Mills, A. (2014). Health care systems in low- and middle-income countries. *The New England Journal of Medicine*, 370: 552-557.

Shoab, M. et al. (2016). Doctor Patient Language Barrier: Compromising on Quality Care, *Journal of Ayub Medical College, Abbottabad-Pakistan*, 28 (2).

Travaline, J. M, et al. (2005). Patient-physician communication: why and how. *JAOA*; 105:13-8.

Usman, E. & Nicholas, A. (2014). Drivers of Patients' Trusts in Doctors: A Study of Private Healthcare in Pakistan, *International Journal of Healthcare Management*, 7(4).