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Suggestions for Overcoming Communication Barriers in Doctor and Patient Communication with Efficient Communication

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Abstract: Having had to desert their countries because of war, which brought political oppression, and lack of life safety, many Syrians became refugees in Turkey for protection and they have struggled with many hardships (Yaylacı and Karakuş, 2015, p. 238). In the beginning, they had lived in shelter camps in the Southern Eastern Anatolian region of Turkey. Later on, many of them started to contribute into the workforce by migrating to the big cities. Today, some of them have even received the Turkish citizenship. Struggling with certain diseases such as tuberculosis, measles, poliomyelitis and leishmania, these Syrians applied to the Turkish hospitals in order to regain their health (Sezen et al., 2018). This paper aims to show the communication problems that are experienced between doctors and patients in the first encounter at hospitals from the perspective of Syrian refugees who have become the latest immigrants by gaining citizenship. It also suggests some solutions in how to overcome these communication barriers during the first interaction experienced with doctors. The research used literature review as the method and the results show that the partnership model, two-way communication, active listening, making empathy and giving feedback are essential elements for effective communication.

Keywords: Doctor, Patient, Barriers, Effective Communication, Immigrants

Introduction

The doctor and patient communication are a significant part of everyday communication. However, some major problems occur between these two parties while communicating. These communication problems lead to patient's dissatisfaction not only from the doctor, but also the treatment in return (Matusitz & Spear, 2014, p.253). It is found out by the researches that 80% medical mistakes made during the treatments are merely resulted from the communication breakdowns occurred between the patients and the doctors, which is quite a high ratio (Chapman University, 2015). In other words, the way the communication is continued between the doctor and the patient influences the consequences of the health activity considerably (Matusitz & Spear, 2014, p.252).

What's more, patients cannot deal with their illnesses due to lack of communication between their doctors and especially when their doctors aren't willing to collaborate (Dalma et al., 2020, p.301). Patients behave as if they understood their doctors' words and they tend to forget quickly what their doctors have said after they leave the hospital room (Network of the National Library of Medicine, 2020). For a long time, in the Turkish public, there was opposition for Syrian refugees to become Turkish citizens and to gain the right to vote in the elections, and many discussions were held that Syrians don't fit into the Turkish society (Yaylacı & Karakuş, 2015, p.244). Thus, Syrian immigrants quite often haven't come across with good manners of their doctors, as well. The doctors either behave arrogantly, and they make them wait a long time, or they just simply don't care (Eleishi, 2014).

For instance, some doctors just stand out during the whole diagnosis instead of sitting down and this makes the patients irritated and then patients tend to stay a shorter amount of time in the room (Dhand, 2017). Instead, the doctors are advised to use affectionate communication and they should show to their patients that they are caring and listening by using supportive behaviors and this way their patients won't be depressed after they leave the

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doctor's office (Hesse & Rauscher, 2019, p.882). According to Singh (2015, p.33), as a human's right, all human beings should be treated with respect, and thus doctors should approach their patients with humility without creating arguments and by making them feel that they are concerned for them.

Thus, lack of communication can be improved with some practical suggestions which will enhance the dialogues and will help to create a bond between the doctor and the patient during the clinical interview. It will also facilitate an environment in which they will shake hands in the end. Thus, this paper aims to discuss how to overcome communication problems during the clinical interview that takes place between the doctors and the Syrian patients by coming up with practical suggestions.

Method

This paper aims to show the communication problems that are experienced between doctors and patients in the first encounter at hospitals from the perspective of Syrian refugees who have become the latest immigrants by gaining citizenship. It also suggests some solutions in how to overcome these communication barriers during the first interaction experienced with doctors. Literature review is used as the method of the research and it addresses the research problem by making a contribution with using relevant previous literature and it creates something new by filling a gap in the issue (Merriam, 2018, p. 71). The researcher used her university library and YouTube in order to reach these sources. First, she chose some keywords and made research on the online catalog and YouTube, and then selected the sources which are related to her research and combined them (Creswell, 2009). Literature review means researching, analyzing, summarizing, evaluating and synthesizing previous sources such as books, articles, and electronic sources such as videos etc., and coming up some conclusions out of them in a critical way (Şimşek, 2012, p.54).

Results and Discussion

Being Competent in “Skilled Communication”

As Giroldi suggests, what is important for doctors is to turn communication skills into “skilled communication”; however, it is found out that doctors cannot become experts in skilled communication in teaching settings during their education; but they can gain it in the clinical environment by practice (Giroldi et al., 2017, p.1264). So, the more patient they encounter, the more competent they become. However, it is found out that diagnosing too many patients during the day lead doctors to burn-out and feel exhausted, and thus they can't make empathy with every patient they meet (Hardee & Platt, 2009, p.17).

Doctors have a hectic and busy schedule, and they experience time pressure during the diagnosis (Okay, 2020, p.109). In the European countries, doctors take care of nearly 40 to 50 patients on average during the day (Dalma et.al., 2020, p.308). Whereas in Turkey, the length for diagnosing patients has been decreased to 5 minutes and doctors have to diagnose nearly 100 patients a day, which is barely enough time for thoroughly understanding the complaints of the patients and giving them consultancy by making empathy (D.W., 2021). This is also explained with the term “high patient load” and it is seen as one of the main obstacles in creating a shared understanding between the doctor and the patient (Claramita et al., 2011, p.75). At this point the doctor should use some effective communication strategies so that she can improve the doctor and patient communication in a better way.

Doctors' Communication Styles

The patient goes to the hospital in order to find a solution to a physical problem such as pain or ache, and the doctor is the person who will soothe this problem (Gireesh, 2021). Nevertheless, the moment the patient enters the room of the doctor, there is a hierarchy because the doctor is the one who has the authority since she has the knowledge to treat the patient (Tran et al., 2020, p.2).

The paternalistic style of communication signifies that the doctor is the one who can give the best decision for the health of the patient and the decisions of the patient regarding her health are disregarded. In other words, there isn't a mutual decision-making. The paternalistic model takes all the responsibilities from the shoulders of the patient; in other words, the patient isn't found responsible from her illness what she needs to do is to be in

contact with her doctor to regain her health (Okay, 2020, p.102). For instance, cancer patients want their doctor to take the main responsibility for the consequences of their treatment (Ong et al., 1995, p.905).

However, what is actually advised in healthcare is the partnership model in which the position of the doctor and the patient is in an equal level, and in which the doctor enables the patient to contribute to the consultation process (Tran et.al., 2020, p.2). This can be also named as shared decision-making. In shared decision-making, the doctor presents many alternative solutions to the patient in which she can choose from and consequently both the patient and the doctor have an agreement on the treatment that will be applied (Okay, 2020, p.106). Shared-decision making enables interaction, a conversation which is two-way, listening each other actively, showing emotion and making empathy (Tran et.al., 2020, p.9).

The First Encounter of the Patient and Doctor Creates the First Impressions

The first meeting of the patient and the doctor has significance because first impressions are formed at this stage (Gireesh, 2021). The patient, who has anxiety, might go to the doctor's office with questions in her head by thinking that whether this doctor will criticize me, whether she will spare enough time for me, and whether I will get along with this doctor or not? (Gordon & Edwards, 2013, p. 74). On the other hand, the doctor has two aims in her head. One of them is to understand where the pain is coming from by motivating the patient to explain, and the other one is that she wants to make sure that the patient is understanding what she is explaining (Ong et al., 1995, p.904).

When the patient meets the doctor, the doctor should make her feel comfortable. The doctor should have a happy face while greeting the patient, she should approach the patient with affection and this will indicate that the doctor is friendly (Eleishi, 2014). She needs to show to the patient that she will take care of her, and then the doctor should give her a couple minutes to talk about her problem in details (Gireesh, 2021). Also, the moment that the patient steps into the doctor's office, the patient needs to fill a form about her hereditary, chronic diseases, allergies, surgeries, so that the doctor can see the whole picture related with the health of the patient (Gordon & Edwards, 2013, p. 75).

During the first contact, the doctor should maintain eye-contact with the patient and she should take notes while the patient is explaining her problem (Gireesh, 2021). The doctor shouldn't be busy with other things while the patient is explaining her problem such as her computer because this will distract the attention of the patient; instead, she should actively listen (Dhand, 2017). The doctor should rephrase what the patient has explained and this way she will show that she is paying attention to what the patient is saying (İlhan, 2018, p.177).

Doctors Should Avoid Medical Terminology

During the diagnosis, the doctor should talk about superficial things such as news, matches or politics in a conversational tone in order to take the patient's anxiety away and she should learn whether she has a companion (Gordan & Edwards, 2013, p. 75). If the Syrian immigrant patient has hear-loss, the doctor shouldn't talk loudly, but she shouldn't talk so slowly either and she needs to make sure that there is no other noise in the room (İlhan, 2018, p. 245). Moreover, the doctor should speak towards the ear which is hearing better and let the patient lipread (Ertekin, 2017, p.104). The doctor can benefit from non-verbal language such as facial expressions, tone of voice and hand gestures in order to explain things (Eleishi, 2014).

The doctors are highly educated whereas the patients such as Syrian immigrants usually come from a lower education background and this makes it difficult for the patients to understand what the doctor is talking about because the doctors usually use the medical terminology in their speech. Being unfamiliar to the medical terminology makes it harder for the patients to grasp the steps that they need to take after they leave the hospital room (Ong et al., 1995, p. 910).

Low Health Literacy is a Major Problem

Also, language barriers and having low health literacy makes it more complex for them to understand which medicines they need to take during the day after the doctor writes the prescription (Erdem et al., 2020, p.225). Due to low health literacy, they can't read the prescription of the medicine bottles, or they can't read the handwriting of their doctors and what's more they may use the medicines wrong (Booth library EIU).

Furthermore, when they reach to a health service, Syrian immigrant patients have a difficult time in reading complex texts and filling out forms due to low health literacy and low language proficiency (Ethiopian Community Development Council, 2015). Being health literate also includes being able to use a computer for health services and being able to read graphs in examination reports and making sense of other visual information such as signs at hospitals, yet Syrian immigrants also lack these skills (umnLibraries, 2022).

Because of low health literacy these patients visit the hospitals quite often, they stay in the hospital long, yet they don't stick to the treatment plans of their doctors completely (Network of the National Library of Medicine, 2021). Health literacy is about comprehending how the health system functions, and navigating through that system by making sense of medical instructions, and understanding the advantages and disadvantages of treatments (University of Arizona Health Sciences, 2021). Low health literacy causes them to stay 2 days longer in the hospital, and to pay 4 times higher healthcare costs (Network of the National Library of Medicine, 2017). If these patients were highly health literate, then they would have 26% less hospitalizations and they would visit the emergency department 18% less (umnLibraries, 2022). So, it will be best for the doctor to simplify her language and to use words that the patients have in their vocabulary while talking with them. It is found out that medical jargons and abbreviations used by the doctors during the conversations lead patients to misinterpret things and thus doctors should use these terms while talking with their colleagues instead (Chapman University, 2015).

Moreover, it is observed that patients who have low education levels are more suitable for paternalistic style of communication whereas patients with a higher education prefer the partnership model (Claramita et al., 2011, p.78). For the immigrant patient, the doctor should use a translator if it is needed and the doctor shouldn't create stereotypes while diagnosing the patient by being prejudiced, instead, the doctor should make empathy (Erdem et al., 2020, p. 225).

Empathy is Key for Effective Communication

Most importantly, the doctor should empathize with the patient by putting herself into the shoes of the patient and she should try to understand what the patient goes through by saying "I understand what you're going through. Let me give you assistance in solving this problem" (Gireesh, 2021). The doctor should prefer asking open ended-questions instead of closed ended questions because this will motivate the patient to reveal herself by describing her ache or pain, instead of saying yes or no (Dhand, 2021).

During the interview, the frame of reference has significance because it is the junction point where true communication happens. People have different codes in their heads, and these includes thoughts, experiences or prejudices and when the two codes which intersect give the same meaning then communication happens and people understand each other.

Nevertheless, researches indicate that doctors usually cut the speeches of patients in a short amount of time by thinking that their patient have already understood what has been told (Dalma et al., 2020, p.307). Doctors let the patients talk only 11 seconds and then interrupt them (Study Finds, 2022). Indeed, if patients can talk uninterruptly they can talk 2 minutes maximumly (Buckman, 2010). Active listening means that doctors don't pretend like as if they were listening, they don't choose the words that are only relative to them, and they don't compare what is said with other patients' words that were previously said (Eroğlu, 2019, p.10).

Negative Diagnosis Brings Ambiguity

In addition, researches show that patients cannot find the courage to ask the right questions at the right time and they prefer to keep their silence instead and this hinders the interaction between the doctor and the patient (Ong et al., 1995, p.908). The doctor should be aware that human beings carry many feelings within such as fear, anxiety, or anger, thus the patient might also give a reaction in return if they experience a negative diagnosis (Dalma et al., 2020, p.308). Learning little about the process of the treatment or the problem usually makes the patients feel depressed because they live in an ambiguity then (Ong et al., 1995, p. 912).

How Communication Breakdowns Occurred

When they came across with their doctors, many Syrians were encountered with prejudices or their doctors didn't pay attention to them because they haven't been welcomed in the society. They came across with angerly attitudes or they were shouted, or they waited a long time before seeing their doctors; what's more wrong procedures and treatments were applied to them due to translation mistakes (Gürbüz & Duğan, 2017, p. 483). Therefore, lack of communication caused longer stays at the hospitals and the increase in hospital expenses. All of these caused Syrian immigrants to experience negative feelings which led to communication breakdowns with their doctors.

Doctors should be competent in communication skills. They should show affection and then persuade them because their patients might not want to do what they are told, they don't want to be separated from their families for a long time, they don't want to be too much vaccinated, they don't want to give blood or they don't want to eat food that they don't like (Gordon & Edwards, 2013, p. 94). Thus, the doctors should be sensitive, and considerate, and they should avoid unnecessary medical procedures and examinations (Singh, 2016, p.34). If the doctor can empathize with the patients by putting herself into their place by understanding the patients' feelings and thoughts correctly and by explaining these to the patient, she will give value to them and this will create mutual trust (İlhan, 2018, p.172).

Doctors Should Motivate the Patients for better Results

When the doctor receives the investigation results of the patient, she should explain her what kind of treatment she will apply and if there are any choices that they can choose from in a simple language that the patient can understand (Gireesh, 2021). If efficient communication can be achieved between the two parties, then doctors can give precise medical diagnosis for the patients and patients trust them more throughout the treatment (Gordon & Edwards, 2013, p. 33).

Once the doctor writes the prescription, she should explain to the patient which medicines she needs to take in sequence and what time of the day (Gireesh, 2021). If the patient has some questions on her head related with the medicines, the doctor should motivate her to ask these questions, and while leaving the doctor should encourage the patient by saying that you'll overcome this illness and she should give the next appointment (Dhand, 2017).

Conclusion

This paper aims to suggest how to overcome communication barriers during the first interaction that patients experience with their doctors. The main problems which cause communication breakdowns are time pressure, using medical terminology, interrupting patient's words without listening them completely and the inability of making empathy. Whereas for patients' low health literacy, not being fluent in the Turkish language and low education levels create major problems. The result of the research shows that active listening, two-way communication, making empathy and giving feedback to the patients are key for effective communication.

The partnership model, two-way communication, active listening, making empathy and giving feedback are essential elements for effective communication. Effective communication helps to receive more positive outcomes from the treatment, it will increase the satisfaction that the patient has from the treatment applied because the patient will better comprehend her health issue, and it will also reduce the costs of the treatment because the patient won't have redundant tests (Ha et al., 2010, p.42).

Doctors should be human-centered instead of problem-centered, they should take the responsibility of their patients by caring for them, by showing affection, and by being kind towards them (Gordon & Edwards, 2013, p. 35). With effective communication, patients who are content from going to their doctor increases, patients don't change their doctor frequently and they continue with the same doctor for a long time (Ertekin, 2017, p.129). So, effective communication eradicates the dissatisfaction experienced in the patient and doctor relationship to a large extent. Thus, the length of diagnosing patients should be increased to 20 minutes so that doctors can thoroughly understand the complaints of their patients, and they can apply shared-decision making through the process which will increase patients' satisfaction from the treatments (D.W., 2021).

Scientific Ethics Declaration

The author declares that the scientific ethical and legal responsibility of this article published in EPHELS journal belongs to the author.

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