

Accessing Communication Barriers between Doctors and Patients in the Government Hospitals of Lahore and Peshawar

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Abstract

This multi-case multi-site comparative case study aimed to ascertain communication barriers between the doctors and patients in the government hospitals of Lahore and Peshawar. It explored the relationship between (a) doctors interpersonal skills and patients' age (b) doctors-patients' cultural competence and language (c) doctors' communicative competence and patients' social class (d) patients' choice of doctors with doctors' gender, in the selected cases. The survey questionnaire was used as an instrument to collect the data from the sample of 385 patients. Further, semi structured interviews of both doctors and patients were conducted to elaborate on finding of the survey. The statistical test did not bring out statistically significant relationship between most of the studied variables. However, the descriptive results and qualitative findings identified a considerable number of patients in both the cases who observed ineffective communication with their doctors. The study revealed that generally socially marginalized class visited these hospitals, who have limited access to the basic health care; for getting it, they become ready to compromise their socio-cultural norms, religious beliefs, language and gender related limitations, that have the tendency to affect patient management and diagnosis. A large sample and a longitudinal study may help to achieve statistically significant results.

Keywords: Communicative Competence, Power, Culture

1 Introduction

Pakistan has a central health care system. The government takes the charge of providing free health care services to the citizens across the country. The government hospitals often have teams of multilingual and multicultural doctors hired and posted by the health department, according to vacancies and quota in the hospitals. There are also local students (from different parts of the country) and medical students from abroad doing their house job and post-graduate training in these hospitals. These doctors, trainees and residents when work in places other than their own cities of birth, regions and countries, often face difficulties in interacting with patients of different languages and cultures. The patients too expect more than their physicians' clinical competence when they interact with them. On not receiving the appropriate response, the patients find themselves less likely to relate with the doctors which leads to patients' dissatisfaction.

This linguistic enquiry will focus on the issue of communication between doctors and patients in a selected sample of teaching/tertiary care hospitals in the provinces of the Punjab and Khyber Pakhtunkhwa with a view to ascertain the communication barriers between doctors and patients.

2 Theoretical Preliminaries

Speech communities differ in terms of their use of language (Lyon, 1981, p.24) and have a communicative repertoire or range of languages, language varieties and registers, which are patterned and evaluated in relation to the salient social and cultural dimension of communication (Trudgill,

2000. p.8, Saville-Troike 1997, p.357). Further, a communicative process, not only includes actual linguistic clues, but paralinguistic and non-verbal phenomena which can be decoded only through the conventional meanings any speech community associates with them (Gumperz & Cook-Gumperz, 1982, p. 1).

Understanding of social structure values and attitude is needed in order to use the patterns of greetings, pattern of address system in a language, pattern of thanking and apologizing, or complimenting because, "in performing these speech acts, people are often implicitly assessing the behavior, possessions, accomplishments, character, or appearance of others" (Wolfson, 1992, p.205).

3 Methodology

The estimated sample size was 385 patients. Both quantitative and qualitative methods were used to investigate the communication barriers between doctors and patients and to cross-validate the relationships discovered between them (Fraenkel, Wallen & Hyun, 1990, p.558).

References

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4 Results and Finding

The result shows that a noticeably large number of patients both in the teaching/tertiary care hospitals of Lahore and Peshawar found difficulty in communicating with the doctors due to doctors' interpersonal skills, communicative competence, language and gender. The factors, i.e., patients' age, social class, language and gender have affected doctors' communication strategies to some extent. However, the statistical test did not bring out statistically significant relationship between most of the variables. The comparison between the hospitals revealed that the two cases were similar in many ways. However, some differences were also observed.

5 Conclusion

The result calculated in form of statistical tests were concerned, they did not bring out the statistical significance of certain relationships in a robust form. However, the patients' socioeconomic class is a the factor which affected doctors' communicative strategies in large.

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