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Linguistic Barriers in Communication between Doctors and Patients: An Analysis



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Abstract: *Effective communication between doctors and patients is important for providing quality healthcare. However, linguistic barriers can significantly affect doctor-patient communication leading to misunderstandings and misdiagnoses. This research paper presents a comprehensive review of the linguistic barriers encountered in doctor-patient communication, especially in Pashtoon society and the factors responsible for these linguistic barriers. For this purpose, a basic quantitative study was conducted at Mardan Medical Complex (MMC) hospital, KPK, Pakistan. Data was collected through questionnaires. Statistical analysis was done by putting the collected data into SPSS software. Through study, different findings were identified presenting different causes of linguistic barriers in communication between doctors and patients: namely different first languages of doctors and patients, different cultural backgrounds, illiteracy of patients, opposite gender, and fear of patients, etc. It is also recommended that culturally sensitive programs should be incorporated into the medical education system to increase healthcare providers' understanding of Pashtoon society.*

Key Words: Doctor, Patient, Communication Problems

Introduction

The word "communis" comes from the Latin and meaning "to share" information, ideas, feelings, and expression. The communicator can accomplish desired aims and objectives by using good communication. Good communicators are better able to comprehend others, solve issues, establish trust, and foster an atmosphere that fosters positive relationships.

However, Communication is not always effective sometimes some conditions interfere with effective communication like status, gender, and cultural differences between individuals communicating, which lead to communication barriers. Anything that prevents us from receiving and understanding the messages others use to convey their information, ideas, and thoughts" is what Rani defines as a communication barrier.

A communication barrier is anything that prevents information from being shared between people who are speaking. Examples of communication barriers include 1) physical ones, such as

huge workspaces, dim lighting, background noise, etc.) 2) Interpersonal hurdles, such as lack of trust, ignorance, and cooperation, etc.; and 3) Organisational barriers, such as status (class difference in speaking with persons), laws and regulations, etc. Five primary categories of communication difficulties were listed bRani:1. Barriers in attitudes There are five types of barriers: behavioural, cultural, environmental, and language. Language can be used as a system of action and as a tool for communication in a variety of contexts. It is also a carrier of social knowledge and can be used differently depending on the role of the person communicating. However, poor language use frequently prevents people from communicating with one another.

Moreover, communication is the main tool in many kinds of relationships like siblings' relationships, spouse relationships, and parent and offspring relationships. It is also the main ingredient in the doctor-patient relationship. The importance of the doctor-patient relationship was emphasized by Woloshin in his article "Language barriers in medicine in the United States," which stated that "What the scalpel is to the surgeon, words are to the clinician... the conversation between doctor and patient is the heart of the practice of medicine" (Woloshin et al, 1995). Without effective communication, it is not possible to achieve healthy outcomes. Through communication between doctor and patient, different goals can be achieved Ha and Longnecker (2010) concluded that through communication doctors can monitor patients' emotions, supervise them in the understanding of medical information, and understand patients' requirements, superstitious beliefs, and hopes. If there is no communication, no understanding between patients and doctors can take place.

In the interaction between a doctor and a patient, language matters. Yeo (2004) discussed the function of language in doctor-patient communication and stated that it allows patients to communicate with doctors, learn about health services, and make decisions about their health. Doctors can obtain patient health and disease information through language use, which opens up opportunities for treatment.

Without language, both patients and doctors are unable to communicate their concerns and offer recommendations for treatment. Patient and doctor communication is not a straightforward process, but many complications can occur. Ha and Longnecker describes that a number of obstacles exist in the way of effective communication between physicians and patients, such as patients' fear and anxiety, doctors' workload, fear of legal action, fear of verbal or physical abuse, and irrational patient expectations. These are the kinds of barriers that lead to patients' and doctors' dissatisfaction. However, the causes of these barriers are to be considered.

There are many causes of doctor and patient communication barriers one is different cultural backgrounds, illiteracy, difference in dialects, low English proficiency, limited medical vocabulary, and differences in pronunciation and accent. In healthcare settings, doctors encounter patients from different cultural backgrounds, influencing patient satisfaction. Harmsen and other, 2008 says that when compared to patients from the same background, patients whose ethnic origin and/or cultural background differ from their general practitioners (GPs) evaluate the received care less favourably, primarily due to communication issues.

This study demonstrates that cultural backgrounds have a significant impact on the quality of care that patients receive because individuals from diverse backgrounds hold distinct beliefs and perspectives towards medical treatment. Education is crucial for accessing healthcare facilities. Patients who lack literacy cannot receive treatment efficiently, which might result in misunderstandings between doctors and patients.

1. What linguistic barriers do patients and doctors face in communication, especially, in Pashtoon society?
2. What are the reasons for linguistic barriers in doctor-patient communication?

Literature Review

Interaction between the physician and patient highlights the collaborative process that underpins the doctor-patient dynamic. Doctors exchange information regarding diagnoses and treatments through conversation. Effective communication is considered a tool that positively influences patient outcomes. The effective doctor-patient relationship is associated with greater satisfaction, greater adherence to the prescribed treatment, and better recovery of the patients. The doctor-patient relationship is not a straightforward process, several barriers can break down effective communication between doctor and patient like the patient's anxiety, fear, the attitude of doctors, and many other barriers.

A lot of work has been done on linguistic barriers between doctor and patient communication. Good communication is the cornerstone of the doctor-patient relationship and is crucial to the provision of high-quality healthcare, according to Hussey (2012) in his journal. However, inadequate proficiency in a shared language lowers the quality of good communication, which leads to a lack of linguistic mutuality, thereby acting as a barrier to effective doctor-patient communication. This study shows that language is the main tool of communication on one side but it can also cause barriers in communication on the other side if the communicators are not equally competent in the language they use for communication. When healthcare providers and their patients do not share the same first language, a major barrier to effective communication arises in a multilingual society, states Van den Berg (2016). For effective communication between doctor and patient linguistic mutuality is necessary, if they have different mother tongues they will not be able to understand each other effectively. There are many reasons for barriers in doctor-patient communication other than language differences, miscommunication between doctor and patient is not only due to language differences; it can occur due to unequal power distribution between both doctor and patient like differences in status, culture, and race, etc. (Lesch, 2007).

Many linguistically diverse countries struggle with linguistic barriers that prevent doctors and patients from communicating effectively. Farhani (2011) noted that patients in Iran come from a variety of linguistic backgrounds, including Persian, Azaru, Turkish, Jardish, and Baloch. As a result of this linguistic diversity, it can be difficult to establish therapeutic relationships between medical professionals, patients, and their families. Similar circumstances apply to Pakistan, where there are numerous major languages spoken, including Urdu, Punjabi, Sindhi, Pashto, Balochi, and several others. Pakistan is likewise a linguistically varied nation. In the context of Pakistan, linguistic barriers can create significant challenges in doctor and patient communication, making it difficult for patients to accurately express their symptoms and for doctors to diagnose and treat the patient effectively. According to Vakil et al.(2023), Language obstacles made it difficult for patients to get healthcare services, communicate with healthcare professionals, and understand medical information, which left language barrier patients feeling alone and powerless. Those who couldn't communicate in their home country's official language looked to be less aware of and able to receive the services and credentials that were offered.

Linguistic and cultural obstacles are the two main causes of communication breakdowns between physicians and patients in Pakistan. There are many different kinds of linguistic barriers,

such as a lack of education, inadequate health literacy, usage of regional languages, limited language ability, and ignorance of medical terminology. Cultural disparities in Pakistan can also hinder communication between medical professionals and patients in addition to language hurdles. Patients from various ethnic origins may view healthcare differently and hold different ideas, which may have an impact on how they view their condition and course of treatment. The majority of doctors, especially those from northern Pakistan, struggle to comprehend the language and culture of their patients, according to Junaid and Rafi (2019). The hospital gets patients from outlying places. They decline medical care, opting instead to receive spiritual remedies like dum and entrusting their affairs to Allah. Cultural barriers impact communication in many ways because different cultures have differences in the use of language, differences in communication styles, different beliefs and values, different cultures also have different nonverbal cues and body language. To address linguistic barriers in doctor and patient communication in Pakistan doctors can take different steps like the use of professional interpreters because doctors who are fluent in the patient's language facilitate communication with their patients. Interpreters can help to ensure accurate communication and prevent misunderstandings. According to Kale and Syed (2010) using a professional interpreter is a desirable way to overcome language barriers. professional interpreters can help both doctors and patients overcome linguistic barriers in doctor-patient communication because they can translate patients' language to doctors and doctors to patients. To help explain medical concepts and processes, doctors can use visual aids like diagrams, pictures, or images. To avoid using medical jargon that may be challenging for patients to understand, doctors might use simple language. Medical professionals should work to be sensitive to and knowledgeable about various cultural beliefs and practices. To learn more about the cultural background of their patients, they can take classes, read books, or engage with cultural liaison officers. Medical professionals should be patient with illiterate patients, who come from peripheries, and are unable to understand medical jargon or are unable to express their views regarding illness, they should also give them adequate time to ask for problems and express their concerns. Active listening is the process of listening to patients with an open mind and trying to understand their perspectives and problems.

Methodology

A basic quantitative study was conducted at Mardan Medical Complex (MMC) situated in district Mardan it is the largest health centre in KPK where doctors are mostly from different Educational and cultural backgrounds, and the patients who come here are from many different local and farthest areas who also belong to different cultural backgrounds mostly from peripheries and are mostly illiterate. The target population included doctors and patients from different wards of MMC. A purposive sample of thirty doctors and thirty patients was selected. The model

"Communication Barriers and Their Potential Outcomes in the Middle East" by Al-Sheikh and Iqbal (2020) has been used as a framework for this research. Questionnaires were used as data collection tools, which focused on several themes, like (1) what linguistic barriers doctors face when communicating with patients, (2) what are the different causes of linguistic barriers in communication, (3) What the linguistic barriers whites are facing in communication with doctors (4) What are the different factors responsible for linguistic barriers in communication with doctors. Data was gathered by means of questionnaires that questioned various questions of patients and doctors about the difficulties they encounter in communicating with one another and the impact of language barriers on their relationships with one another. Following receipt of the

respondents' data, SPSS (Statistical Package for the Social Sciences) was used to analyse the information.

Analysis and Discussion

Communication between doctors and patients is an important aspect of healthcare delivery, as it significantly affects patient satisfaction, treatment adherence, and overall health outcomes. In multilingual and multicultural societies, linguistic diversity can pose significant challenges to effective doctor-patient communication. This chapter aims to provide a comprehensive analysis and discussion between doctors and patients in various healthcare settings.

Linguistic Barriers on the Part of Doctor

Table 1

Statistics.

	I face linguistic barriers in communication with patients from different language backgrounds.	I feel inadequacy and sadness for not being able to understand my patients due to language barriers.	I get frustrated when I have to repeat myself again and again and even then the patient won't understand it due to the language barrier.	It is difficult to counsel effectively those patients who come from peripheries	The establishment of comfort level with patients of different language backgrounds is difficult.	It is very difficult to get consent from patients of different first languages.
N	Valid	30	30	30	30	30
	Missing	0	0	0	0	0

Table 2

Statistics.

	It is difficult to satisfy patients who speak a different language.	Patients misinterpret our prescribed treatment due to the language barrier.	I feel a linguistic barrier when communicating with an illiterate patient.	I come across linguistic barriers in communicating with patients of the opposite gender.	It is difficult to communicate with patients of different cultural backgrounds due to differences in language.
N	Valid	30	30	30	30
	Missing	0	0	0	0

These statistical tables show that doctors face many challenges related to linguistic barriers in communication with patients from different language backgrounds. This table also shows that doctors feel inadequacy, sadness, and frustration when they are unable to understand their patients due to language barriers. The difficulties they face include repeating themselves again and again, difficulty in establishing a comfort level, getting consent, satisfying patients, and addressing misunderstandings in treatment due to language barriers. They also mention facing linguistic barriers when communicating with patients of the opposite gender, illiterate patients,

and patients from different cultural backgrounds. These statistics indicate the impact of language barriers on effective communication and patient care.

Table 3

I face linguistic barriers in communication with patients from different language backgrounds.

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	13	43.3	43.3	43.3
	Agree	17	56.7	56.7	100.0
	Total	30	100.0	100.0	

The frequency table shows the responses of the doctors who face linguistic barriers in communication with patients from different language backgrounds. The table shows the frequency and percentage of respondents who agree or strongly agree with the statement. Out of the total 30 respondents, 17 individuals (56.7%) agree that they face linguistic barriers, while 13 individuals (43.3%) strongly agree with the statement. These percentages show that the majority of the respondents (both who agree and strongly agree) acknowledge the existence of linguistic barriers in their communication with patients from different language backgrounds.

Table 4

I feel inadequacy and sadness for not being able to understand my patients due to language barriers.

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Agree	11	36.7	36.7	36.7
	Undecided	1	3.3	3.3	40.0
	Disagree	18	60.0	60.0	100.0
	Total	30	100.0	100.0	

The frequency table shows the responses of doctors regarding their feelings of inadequacy and sadness due to language barriers with patients which make them unable to understand the patients. Out of the total 30 respondents, 11 respondents (36.7%) agreed with the statement that they feel inadequacy and sadness. 1 respondent (3.3%) was undecided. while 18 respondents (60%) disagreed with feeling inadequacy and sadness.

Table 5

I get frustrated when I have to repeat myself again and again and even then the patient won't understand it due to the language barrier.

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Agree	2	6.7	6.7	6.7
	Undecided	2	6.7	6.7	13.3

	Frequency	Per cent	Valid Percent	Cumulative Percent
Disagree	26	83.3	86.7	100.0
Total	30	86.7	100.0	

This table shows the responses of doctors regarding their frustration when they repeat themselves repeatedly and even then, the patients are unable to understand due to language barriers. Out of 30 respondents, 2 respondents (6.7%) agreed to the statement that they get frustrated due to repetition, 2 respondents (6.7%) were undecided, while the majority of the respondents which is 26 respondents (86.7%) disagreed with the statement.

Table 6

It is difficult to counsel effectively those patients who come from peripheries.

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Strongly Agree	21	70.0	70	70
Agree	9	30	30	100.0
Total	30	100.0	100.0	

This table shows doctors' responses regarding their difficulty in counselling patients from the peripheries. Out of 30 respondents the majority of the participants, 21 individuals (70%) strongly agreed with the statement, while a small group of 9 participants (30%) agreed with the statement.

Table 7

The establishment of comfort level with patients of different language backgrounds is difficult.

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Strongly Agree	4	13.3	13.3	13.3
Agree	26	86.7	86.7	100.0
Total	30	100.0	100.0	

This table shows the responses of the doctors regarding the difficulty in establishing comfort levels with patients who are from different language backgrounds. The table includes two response categories: agree and undecided. Out of 30 respondents the majority (86%) agreed with the statement that it is difficult to establish a level of comfort with patients of different language backgrounds, while a small group (13.3%) strongly agreed with the statement.

Table 8

It is very difficult to get consent from patients of different first languages.

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Agree	29	96.7	96.7	96.7

	Frequency	Per cent	Valid Percent	Cumulative Percent
Undecided	1	3.3	3.3	100.0
Total	30	100.0	100.0	

This frequency table shows the responses of doctors regarding the difficulty in getting consent from patients of different first languages. Out of 30 the majority of the respondents, 29 (or 96.7%) agreed that it is challenging to get consent from patients with different first languages. 1 participant (or 3.3%) was undecided on the statement.

Table 9

It is difficult to satisfy patients who speak a different language.

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Strongly Agree	3	10.0	10.0	10.0
Agree	18	60	60	70
Undecided	9	30	30	100.0
Total	30	100.0	100.0	

This table shows the responses of doctors regarding the difficulty of satisfying patients who speak a different language. The table represents the responses in three categories: Strongly Agree, Agree, and Undecided. Out of 30 respondents, 3 (or 10%) strongly agreed with the statement, 18 (60%) agreed with this statement, and 9 (or 30%) were undecided. The opinions of the respondents suggest that the majority of the respondents are either agreeable or undecided about the matter. Further investigation would be necessary to understand the reasons for these responses.

Table 10

Patients misinterpret our prescribed treatment due to the language barrier.

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Agree	4	13.3	13.3	13.3
Undecided	14	46.7	46.7	60.0
Disagree	12	40.0	40.0	100.0
Total	30	100.0	100.0	

This table shows the responses of doctors regarding the misinterpretation of a prescribed treatment by the patients due to the language barrier. The table includes three categories: Undecided, Agree and Disagree. Out of the 30 respondents, 4 (13.3%) agreed with the statement, 14 (46.7%) were undecided on this matter, and 12 (40.0%) disagreed with the statement. The

majority of the respondents were either undecided or disagreed with the statement that patients misinterpret prescribed treatment due to language barrier. This suggests the need for further investigation to understand the issue and its impacts on patients.

Table 11

I feel a linguistic barrier when communicating with an illiterate patient.

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	16	53.3	53.3	53.3
	Agree	14	46.7	46.7	100.0
	Total	30	100.0	100.0	

This table shows the responses of doctors regarding linguistic barriers when they communicate with illiterate patients. The table includes include responses: Strongly Agree, and Agree. Out of 30 respondents, 16(or 53.3%) Strongly Agreed with the statement, while 14(or 46.7%) Agreed with the statement. This shows that the majority of doctors feel a linguistic barrier when communicating with illiterate patients.

Table 12

I come across linguistic barriers in communicating with patients of the opposite gender.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	2	6.7	6.7	6.7
	Agree	11	36.7	36.7	43.3
	Disagree	17	56.7	56.7	100.0
	Total	30	100.0	100.0	

This table indicates the responses of doctors regarding their experiences when communicating with patients of the opposite gender. This frequency table includes three categories: Strongly Agree, Agree, and Disagree. Out of 30 respondents, 2 (or 6.7%) strongly agreed with the statement, 11(or 36.7%) agreed with the statement while the majority of the respondents 17(56.7%) disagreed with the statement.

Table 13

It is difficult to communicate with patients of different cultural backgrounds due to differences in language.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	9	30.7	30	30

	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	19	63.3	63.3	93.3
Undecided	2	6.7	6.7	100.0
Total	30	100.0	100.0	

This table shows the responses of doctors regarding the difficulty in communicating with patients of different cultural backgrounds. The responses were categorized: Strongly Agree, Agree, and Undecided. Out of 30 respondents 9(or 30%) Strongly Agreed, 19 (or 63.3%) Agreed with the statement and 2(or 6.7%) were undecided about the matter.

Linguistic Barriers on the Part of Patients

Table 14

Statistics.

Do you face any linguistic barriers in communication with doctors who are from different language backgrounds?	Is it difficult for you to explain your illness condition to doctors in a different first language?	Do you understand the treatment when consulting with doctors who speak different languages?	Is it difficult for you to understand the medical terminologies which doctors use?	
N	Valid	30	30	30
	Missing	0	0	0

Table 15

Statistics.

Do you feel dissatisfaction in communicating with doctors of different language backgrounds?	Is it difficult for you to understand when disease doctors use English language?	Is there a linguistic barrier when communicating with doctors of the opposite gender?	Are there any linguistic barriers in communication with doctors due to nervousness, and fear?	
N	Valid	30	30	30
	Missing	0	0	0

The statistical tables show different questions related to patients regarding different linguistic barriers when patients encounter doctors of different language backgrounds. The table includes different questions regarding linguistic barriers that patients face in communication with doctors, due to many reasons, like linguistic barriers with doctors from different language backgrounds, difficulty in explaining illness conditions, understanding treatment, difficulties in understanding medical terminologies, dissatisfaction in communication, difficulty understanding diseases in English, linguistic barriers with doctors of the opposite gender and linguistic barrier due to nervousness and fear. These statistics indicate the impacts of language barriers on effective doctor-patient communication.

Table 16

Do you face any linguistic barriers in communication with doctors who are from different language backgrounds?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	30	100.0	100.0	100.0

This table shows the result of the questionnaire where patients were asked about facing linguistic barriers in communication with doctors from different backgrounds. 30 patients were asked out of which 30 responded with "yes", which is 100% in this case. Based on the table it can be concluded that all the participants reported facing linguistic barriers in communication with doctors from different language backgrounds

Table 17

Is it difficult for you to explain your illness condition to doctors in a different first language?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	30	100.0	100.0	100.0

This table shows the responses of patients when they are asked about the difficulty in explaining their illness condition to doctors in a different first language. The table indicates that all the respondents (100%) answered "yes" meaning explaining their illness condition in a different first language is difficult.

Table 18

Do you understand the treatment when consulting with doctors who speak different languages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	27	90.0	90.0	90.0
	Yes	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

This table shows the responses of 30 patients when they were asked whether they understood the treatment or not when consulting with doctors who spoke a different language. Majority of the respondents 27(or 90%) answered "yes", while 3(or 10%) responded "No".

Table 19

Is it difficult for you to understand the medical terminologies which doctors use?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	30	100.0	100.0	100.0

This table indicates the responses of patients when they were asked about the understanding of the medical terminologies which doctors use. 30 patients were asked and all the participants answered "yes" which suggests that understanding medical terminologies for patients is difficult.

Table 20

Do you feel dissatisfaction when communicating with doctors of different language backgrounds?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	30	100.0	100.0	100.0

This table shows the patients' responses when they were asked about their dissatisfaction when communicating with doctors of different language backgrounds. 30 Out of 30 respondents answered “yes” which indicates that all the respondents agreed with the statement.

Table 21

Is there any linguistic barrier in communicating with doctors of the opposite gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	25	83.3	83.3	83.3
	Yes	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

This table shows the results of the study that examined the presence of linguistic barriers when communicating with doctors of the opposite gender.30 patients were asked out of which 25(or 83.3%) responded “No”, while the majority of the respondents answered “Yes”. This finding indicates that the majority of the respondents agreed with the linguistic barrier in communicating with doctors of the opposite gender.

Table 22

Is it difficult for you to understand a disease when doctors use the English language?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	100.0	100.0	100.0

This table shows that when 30 patients were asked about the difficulty in understanding a disease doctors used the English language. 30 out of 30 participants responded "yes" representing 100% of the total responses. The findings suggest that all the respondents find it challenging to comprehend diseases when doctors use English.

Table 23

Is there any linguistic barrier in communication with doctors due to nervousness and fear?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	14	46.7	46.7	46.7
	Yes	16	53.3	53.3	100.0
	Total	30	100.0	100.0	

This frequency table shows responses from 30 patients regarding whether there is a linguistic barrier in communication with doctors due to nervousness and fear. Out of these 30 respondents, 14(or 46.7%) answered “No”, suggesting that they do not experience a linguistic barrier in

communication with patients due to nervousness and fear, while the majority of the respondents 16(or 53.3%) answered “yes” indicating that they face a linguistic barrier in communication with doctors due to nervousness and fear.

The study highlights the problems faced by doctors and patients due to language barriers and their impact on doctor-patient relationships. The main research questions are: what are the different linguistic barriers which doctors and patients face in Pashtun society, and what are the reasons for linguistic barriers in the doctor-patient relationship? The main objectives of the study are to identify linguistic barriers on the part of patients and doctors. A quantitative approach has been used to collect data from participants, data collected through questionnaires. Doctors were asked different questions and they gave responses; current results show that the majority of the doctors face linguistic barriers in communication with patients from different language backgrounds. Most of the doctors disagreed with the feeling of inadequacy and sadness due to their inability to understand their patients because of language barriers, while many of them agreed with the statement.

The study shows that the majority of the doctors disagreed with frustration due to repeating themselves when patients are unable to understand due to the language barrier. The result highlights that it is difficult to satisfy patients who speak different languages. Literature review shows that doctors often Time experience inadequacy and sadness due to repeating themselves repeatedly and they also get frustrated when patients are unable to understand them and satisfy them due to language differences (Mustafa et al.), this shows that this result is not consistent with the previous researches and is also unexpected result. The results also indicate that it is difficult to counsel patients who come from peripheries, it is also difficult to establish a level of comfort with patients of different language backgrounds and get consent from patients of different first languages. The majority of the patients were not clear about whether patients misinterpreted their prescribed treatment due to language barriers or not, which is why the majority of them were undecided. But according to Kate and Krause, (2009), it is difficult for patients to comprehend and understand medication labels due to language barriers. It was the major finding that doctors feel linguistic barriers when communicating with an illiterate patient. Available literature shows that illiteracy or low literacy skills cause limitations in oral and written communication which make it challenging for patients to communicate with doctors (Martin et al, 2011).

The findings also indicate that most physicians do not believe that a patient's gender difference is the reason for communication difficulties caused by language constraints. The results demonstrate that communication problems are also a result of diverse cultural backgrounds.

The results also highlight the problems faced by patients due to language barriers. Findings show that the majority of the patients face linguistic barriers in communication with doctors who are from different language backgrounds. The results also indicate that it is difficult for them to explain their illness condition to doctors in a different first language, they are also unable to understand the treatment when consulting with doctors who speak different languages.

The existing literature supports the current finding because, as noted by Ranjan et al. (2020), doctors now treat patients from a variety of linguistic and cultural backgrounds due to globalisation. This linguistic and cultural diversity makes it challenging for both patients and doctors to understand the conditions of their patients and the recommended course of treatment. The current study shows that most patients respond that they cannot understand the medical terminologies that doctors use. The feeling of dissatisfaction due to different language backgrounds is the main finding. The results highlight that it is difficult for patients to understand a disease when doctors use English. The study also shows that linguistic barriers in communication

are not due to the opposite gender of the doctors and patients. Results indicate that nervousness and fear of patients sometimes can cause linguistic barriers in communication between doctor and patient but not always because the majority agreed with this statement but many of the patients disagreed with the statement.

Conclusion

Communication is the main tool for effective relationships, through communication, one can express his or her feelings, emotions, and ideas. Effective communication can help in the successful transmission of information, and messages. Every kind of relationship requires communication, like sibling relationships, parents and offspring relationships, teachers and students relationships, and doctor-patient relationships.

In the interaction between a doctor and a patient, language matters. The doctor-patient relationship is not always easy to maintain and productive; a number of issues might arise that hinder communication. The purpose of this study was to identify several language barriers that arise in doctor-patient contact and to look into the reasons behind these barriers in Pashtun society. The results indicate that doctors face linguistic barriers in communication with patients due to differences in cultural backgrounds, first languages, gender, and different levels of education or health literacy. Study shows that these factors are responsible for linguistic barriers in communication between doctors and patients which can affect both doctors and patients. Current findings indicate that the majority of doctors face linguistic barriers in communication with patients due to their low health literacy, different cultural and language backgrounds, and their illiteracy, many doctors were of the view that counselling, satisfying, and getting consent from such patients is difficult for them.

However, some medical professionals believe that because of language issues, they are left feeling inadequate, frustrated, and lifeless while communicating with patients. The study also highlights the findings on the part of patients that the majority of the patients face linguistic barriers in communication with doctors due to differences in culture and language backgrounds, excessive use of medical terminologies by doctors, and use of the English language in the discussion, while, very less proportion of the patient's responses that they face linguistic barriers due to opposite gender and anxiety and fear. This study can help to identify the linguistic barriers that exist between doctors and patients in Pashtun society and provide insight into the specific challenges that hinder their effective communication. It explores strategies to make effective communication possible in doctor-patient communication like to train the doctors to learn Pashto and to use simple language when they are dealing with patients because the dominant language in Pashtun society is Pashto, this can improve communication which can lead to better patient understanding and improved health outcomes. Another strategy that is explored by this study is the understanding of cultural norms, beliefs, and expectations of the patients that can help healthcare providers deliver more culturally sensitive and patient-centred care.

Recommendations

It is suggested that cultural sensitivity training programs should be incorporated into the medical education system to increase healthcare providers' understanding of Pashtun culture, traditions, and customs. This training should also emphasize the importance of linguistic diversity and provide strategies for effective communication between doctors and patients in multicultural situations.

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