HJRS HEC Journal Recognition System Category Y

Vol 2 Issue 3 (April-June 2025)

ISSN (Online): 3006-4740

ISSN (Print): 3006-4732

A Socio-Linguistic Analysis of Doctor-Patient Medical Interaction in Public and Private Hospital of Lahore

Noor Fatima

PhD Scholar, Department of Applied Linguistics, University of Education, Lahore, Punjab, Pakistan, noorashique6@gmail.com

Dr. Ahsan Bashir

Professor of Linguistics, University of Education, Lahore, Punjab, Pakistan

ahsan.bashir@ue.edu.pk

Syeda Sakina Hussain Kazmi

MPhil Scholar, Department of Applied Linguistics, Kinnaird College for Women University, Lahore, Punjab, Pakistan, sakikazmi5@gmail.com

Abstract

Effective doctor-patient communication is crucial for quality healthcare delivery, yet it often faces challenges in Pakistan's public and private hospital settings. This study aimed to assess the specific issues affecting doctor-patient interaction, examine how demographics like age, gender, and education influence communication, and propose practical strategies to overcome these barriers. The research adopted a mixed-methods approach, involving interviews with doctors and structured questionnaires filled by patients in Lahore's hospitals. Findings revealed significant communication gaps due to language barriers, short consultation times, and cultural hesitations—especially among less-educated and female patients. While doctors acknowledged the importance of effective communication, many lacked formal training or time for patient engagement. Results emphasized that private hospitals showed relatively better communication practices than the public ones. The study recommends communication training for healthcare personnels, the use of visual aids, interpreters, and policies supporting culturally sensitive care. These measures are essential to building trust and improving treatment outcomes in Pakistan's healthcare system.

Keywords: doctor-patient communication, healthcare, language barriers, cultural competence, Pakistan hospitals

Introduction

Language is a distinct human capability that allows us to acquire and utilize complex systems of communication. It stands as one of the greatest achievements of the human mind, with significant unifying effects. As the supreme intellectual activity in practice, various languages have dominated different historical periods, such as Latin, Greek, Persian, and Arabic. In contemporary times, English has assumed a predominant role in connecting people globally. It is indisputably the most central and widely spoken language in the world today. English is extensively used across Commonwealth countries, the USA, African states, China, Japan, Indonesia, and most European and Asian nations. Thousands of scholars and scientists across the globe publish their research findings in English, making it the language of science, technology, and commerce. This results in a constant influx of new knowledge in English, with numerous books and prestigious journals released annually that encompass the latest advancements in various fields.

Proficiency in English is essential for all members of our technical professions to stay updated with the latest developments in their respective fields. Science and technology have standardized terminologies and procedures that must be followed to benefit from new inventions. The primary purpose of language is to facilitate communication. Karl Buhler (1933, 1934) identified that communication serves three key functions related to three components. Communication links together the sender, the recipient, and the topic. Buhler refined the traditional communication model by specifying three core elements: the speaker or sender of the message, the listener or recipient of the message, and the subject matter being discussed. He categorized these functions of communication as expression, appeal, and representation.

However, language barriers can pose significant challenges, particularly in settings like Pakistani Hospitals. The Pakistani society is characterized by its cultural diversity, with each province and region having its own unique cultural practices and values (Akhtar, 2019). Many patients come from impoverished backgrounds and often struggle to articulate their symptoms accurately in English. This communication gap forces doctors to rely on interpreting symptoms to diagnose illnesses, which can lead to misunderstandings and less effective treatment. Major causes of these language barriers include the lack of English proficiency among patients, regional linguistic diversity, and the absence of interpreters or multilingual medical staff. Addressing these barriers is crucial for improving healthcare outcomes and ensuring effective communication between patients and healthcare providers.

Rationale of the Study

In organizational settings, miscommunication is often seen as an inherent risk, and this perception is well-founded from a sociolinguistic standpoint given the complexity of language and interpersonal interactions. In the workplace, the stakes are particularly high, as ineffective communication can lead to significant and tangible negative consequences for both individuals and the organization as a whole. Even when communication issues are not immediately apparent, they can re-emerge later, causing further complications. Despite the frequent use of terms like "effective communication" and "miscommunication," their meanings are rarely clearly defined. These terms are often used broadly by both laypeople and professionals to describe a variety of issues that extend beyond purely linguistic or discursive challenges, although communication is typically a contributing factor.

The primary objective of this research is to identify ways to minimize communication barriers and ensure that communication channels are clear and comprehensible for healthcare staff. In the context of the doctor-patient relationship, effective communication is crucial. Patients often feel uncomfortable sharing their medical histories due to cultural differences and the lack of consideration for their backgrounds, which can hinder mutual understanding and confidence. This research focuses particularly on verbal communication in healthcare settings, recognizing the critical connection between oral and written language. Written materials, such as manuals, booklets, and brochures, often contain technical terms and generic names derived from Latin, making them difficult for the average patient to understand.

Problem Statement

Effective communication between healthcare providers and patients is a critical component of quality healthcare delivery. However, communication barriers frequently impede this process, leading to misunderstandings, reduced patient satisfaction, and suboptimal health outcomes. In healthcare settings, particularly in government hospitals, the complexities of language and cultural differences often exacerbate these issues. Patients from diverse cultural backgrounds may find it challenging to express their medical histories accurately and confidently, while healthcare professionals may struggle to convey essential information in a manner that is easily understood by all patients. Additionally, written materials such as manuals, booklets, and brochures often contain technical jargon and medical terminology that are difficult for the average patient to comprehend. This disconnect between the language used by healthcare providers and the understanding of patients can result in misdiagnoses, non-adherence to treatment plans, and overall decreased quality of care.

Given the significant impact of communication barriers on patient care and outcomes, there is an urgent need to explore and implement strategies that can enhance the clarity and effectiveness of both verbal and written communication in healthcare settings. This study aims

to investigate the dynamics of doctor-patient communication in the government and private hospitals of the Lahore district, identifying key factors that influence communication and proposing practical solutions to bridge these gaps. By addressing these challenges, the research seeks to improve the overall quality of healthcare services and ensure that patients receive the care and information they need to manage their health effectively.

Objectives of the Study

Following are the objectives of this study:

1. To assess the specific problems affecting the quality of interactions in Pakistani hospitals.
2. To examine the effect of demographics (age, gender, and education) of healthcare professionals on patients.
3. To propose practical strategies to overcome communication barriers in the district's public and private hospitals.

Research Questions

Following are the research questions of the study:

1. What are the specific problems that affect the quality of interactions in Pakistani hospitals?
2. How the demographics (age, gender, and education) of healthcare professionals affect patients?
3. What practical strategies can be proposed to overcome communication barriers in the district's government and private hospitals?

Significance of the Research

This study holds significant importance in advancing our understanding of the critical role that effective communication plays in healthcare settings, particularly within government hospitals. By examining the intricacies of doctor-patient interactions and the barriers that impede clear communication, this research aims to uncover fundamental insights that can lead to substantial improvements in healthcare delivery. Effective communication is not only essential for accurate diagnosis and treatment but also for building trust and ensuring patient satisfaction. Enhancing communication practices can lead to better patient outcomes, reduced medical errors, and increased adherence to treatment plans.

Furthermore, the study's focus on the Lahore district's government and private hospitals provides a contextual understanding that is crucial for tailoring interventions to the specific

cultural and linguistic dynamics of the region. The findings of this research will be instrumental in developing targeted strategies to overcome communication barriers, which can be implemented in similar healthcare settings across the country. By addressing both verbal and written communication challenges, the study will contribute to creating a more patient-centered healthcare environment where patients feel heard, understood, and engaged in their healthcare decisions.

In addition to its direct impact on patient care, the study has broader implications for healthcare policy and training programs. Insights gained from this research can inform the development of communication training modules for healthcare professionals, ensuring that they are better equipped to navigate cultural and linguistic diversity in their practice. Moreover, policymakers can utilize the findings to establish guidelines and standards that prioritize effective communication as a core component of quality healthcare. Ultimately, this study aims to foster a healthcare system that is more responsive to the needs of all patients, thereby enhancing overall health equity and improving public health outcomes.

Literature Review

Language has been given various definitions by language scholars. Some of such definitions are considered here. “Language is an institution whereby humans communicate and interact with each other by means of habitually used oral auditory symbols” (Halliday 1975:79). For Bloch and Trager (1942:7) “A language is a system of arbitrary vocal symbols by means of which a social group co-operates”. Edward Finegan (2008:22) defines language as “an arbitrary vocal system used by human beings to communicate with one another”.

Communication can be defined as the process of exchanging information, ideas, and emotions through various modes, including verbal, non-verbal, written, and digital forms. It involves the transmission and reception of messages between individuals or groups, enabling understanding, influence, and relationship-building. Communication is a dynamic process that adapts to contexts, media, and the relationships between communicators (McQuail, 2010). It is also an integral aspect of social interaction, encompassing cultural, emotional, and psychological dimensions (Schramm, 1997).

Communication is a multifaceted process through which individuals exchange information, ideas, and emotions. It involves several stages and elements that work together to ensure effective message delivery and comprehension. Understanding how communication occurs and the components involved can provide insights into its complexities and effectiveness.

At its core, communication involves the following stages:

1. **Encoding:** This is the initial step where the sender formulates a message. Encoding involves translating thoughts or ideas into a symbolic form that can be understood by

the receiver. This process utilizes language, symbols, or gestures based on the sender's intent and the context of the communication.

2. **Transmission:** After encoding, the message is transmitted through a chosen medium or channel. This could be verbal (spoken words), written (emails, letters), non-verbal (gestures, facial expressions), or digital (texts, social media). The selection of the channel can affect how the message is perceived and understood.

3. **Decoding:** Upon receiving the message, the receiver engages in decoding, which involves interpreting the symbols or language used by the sender. Decoding requires the receiver to understand the message's meaning based on their knowledge, context, and the clarity of the encoded message.

4. **Feedback:** Feedback is the receiver's response to the sender's message. It provides the sender with information on how well the message was understood and whether further clarification or adjustment is needed. Feedback helps to ensure that communication is a two-way process and that any misunderstandings are addressed.

5. **Context:** The context encompasses the situational factors that influence communication. This includes the physical environment, cultural background, social norms, and emotional state of both the sender and receiver. Context can significantly affect how messages are framed, received, and interpreted.

Effective communication is the process of exchanging information, ideas, and emotions in a manner that ensures mutual understanding and fosters collaboration. It involves clarity, where messages are conveyed without ambiguity, and empathy, which allows for understanding diverse perspectives. Active listening, which includes both deep and strategic methods, is essential for comprehending concerns and guiding conversations effectively (Ontario Principals' Council, 2011). Studies highlight that overcoming barriers like time constraints and task-focused priorities through transparency and empathy enhances the effectiveness of communication, especially in professional settings (Yoo et al., 2021; Papadopoulos et al., 2021). These elements collectively contribute to achieving shared goals and strengthening relationships.

Miscommunication occurs when messages are misunderstood or incorrectly interpreted, leading to confusion, errors, and conflict. It often arises from ambiguous language, lack of clarity, or insufficient feedback, and can be exacerbated by differences in language, cultural norms, or contextual understanding. The term "miscommunicator" in Pakistani research contexts often refers to individuals or systems responsible for the dissemination of incorrect or misleading information, particularly in areas such as social media, healthcare, and politics.

Recent studies have highlighted miscommunication as a significant issue due to cultural, linguistic, and educational factors. For example, a study on misinformation in Pakistan (2021) emphasizes that the low literacy rate and high reliance on emotionally charged narratives contribute to the spread of misinformation on platforms like WhatsApp and Twitter. This often exacerbates political and social tensions, leading to further polarization and mistrust in society.

Historical Perspective of Medical Interaction in Pakistani Hospitals

Medical interaction in Pakistani hospitals has undergone significant evolution over the years. Historically, the doctor-patient relationship in Pakistan was predominantly paternalistic, with doctors holding authoritative positions and patients largely accepting medical advice without question. This dynamic was influenced by cultural norms that placed doctors in high regard and expected patients to defer to their expertise. This paternalistic model, common in many parts of the world during the mid-20th century, emphasized the doctor's authority and minimized patient involvement in decision-making (Shaikh & Hatcher, 2005).

During the early years after Pakistan's independence in 1947, the healthcare system was primarily state-run, with a focus on providing basic medical services to the population. The doctor-patient communication was often limited due to a shortage of trained medical professionals and inadequate healthcare infrastructure (Nishtar, 2006). Patients, particularly in rural areas, faced significant barriers to accessing healthcare, including long travel distances and a lack of medical facilities.

Modern-Day Medical Interaction and Patient Perceptions

Today, the dynamics of medical interaction in Pakistani hospitals have started to shift towards a more patient-centered approach. However, significant challenges remain. Modern-day patients are increasingly aware of their rights and the importance of being active participants in their healthcare decisions. Despite this awareness, many patients still report dissatisfaction with communication in medical settings.

Patients in Pakistani hospitals often experience a range of emotions during medical interactions, from anxiety and confusion to frustration and helplessness. One major issue is the use of complex medical jargon, which can be difficult for patients to understand. This issue is particularly acute in government hospitals where the patient load is high, and doctors may not have the time to explain medical conditions and treatments in detail (Ali, 2016).

A study by Farooq et al. (2018) highlighted that patients frequently feel rushed during consultations, with insufficient time allotted to discuss their concerns comprehensively. This rushed environment can lead to miscommunication and a lack of understanding, causing patients to leave with unanswered questions and uncertainties about their treatment plans.

Language barriers also play a crucial role in the communication challenges faced by patients. In a multilingual country like Pakistan, where many patients speak regional languages and dialects, the predominance of English and Urdu in medical communication can be a significant obstacle. Patients who are not fluent in these languages may struggle to fully understand their medical conditions and treatment options, leading to feelings of alienation and misunderstanding (Shaikh et al., 2009).

Moreover, cultural factors continue to influence medical interactions. Gender dynamics, for example, can impact communication, particularly for female patients who may feel uncomfortable discussing certain health issues with male doctors (Ali & Rizwan, 2014). Social norms and cultural taboos can also hinder open communication, making it difficult for patients to express their concerns freely.

The literature review highlights the critical importance of effective communication in the medical setting, especially within the context of Pakistani hospitals. Historical perspectives reveal that the doctor-patient relationship has traditionally been paternalistic, influenced by cultural norms that place doctors in authoritative positions and expect patients to defer to their expertise. However, this dynamic is gradually shifting towards a more patient-centered approach, reflecting global trends in healthcare that emphasize patient involvement and shared decision-making.

Communication in healthcare is multifaceted, encompassing verbal, non-verbal, written, and electronic forms. Each of these forms plays a vital role in ensuring that patients understand their diagnoses, treatment plans, and the overall healthcare process. Effective communication is essential not only for accurate diagnosis and treatment but also for building trust and rapport between doctors and patients. Studies have consistently shown that good communication leads to better patient outcomes, higher satisfaction, and reduced instances of medical malpractice.

However, several barriers impede effective communication in Pakistani hospitals. Linguistic factors such as language proficiency, medical jargon, and doctors' training in communication are significant challenges. Many patients struggle with understanding complex medical terminology, and the lack of time for thorough explanations exacerbates this issue. Additionally, social factors such as gender dynamics, cultural norms, and the setting of medical interactions further complicate the communication process. Female patients, in particular, may feel uncomfortable discussing certain health issues with male doctors, and cultural taboos can prevent open and honest communication.

The review also underscores the need for targeted interventions to address these barriers. Training programs for doctors in communication skills, tailored to the linguistic and cultural context of Pakistani patients, are crucial. These programs should focus on simplifying medical language, improving listening skills, and fostering empathy. Moreover, healthcare policies

should aim to create a more patient-friendly environment, where patients feel comfortable and respected, and where their cultural backgrounds are acknowledged and integrated into the communication process.

The evolution of communication models from linear to more complex, interactive frameworks highlights the increasing recognition of the patient's role in the healthcare process. However, critiques of these models point out that they often fail to account for the socio-cultural and contextual nuances of communication in diverse settings like Pakistan. There is a pressing need for research that contextualizes these models within the Pakistani healthcare system, identifying unique challenges and proposing practical solutions.

In a nutshell, effective communication in healthcare is a cornerstone of quality medical care. While significant progress has been made in understanding and improving communication practices, many challenges remain, particularly in the context of Pakistani hospitals. Addressing these challenges requires a multifaceted approach, involving education, policy changes, and a deeper understanding of the socio-cultural dynamics at play. By fostering better communication, we can improve patient outcomes, enhance satisfaction, and build a more effective and compassionate healthcare system.

Materials and Methods

This study employed a mixed-methods research design, combining both qualitative and quantitative approaches to comprehensively explore communication barriers in doctor-patient interactions within public and private hospitals in Lahore, Pakistan. The choice of this design was rooted in the need to understand not only statistical patterns but also the nuanced, real-life experiences of both patients and healthcare providers.

Study Area and Population

The research was conducted in Lahore, one of the largest and most populous cities of Pakistan, known for its mix of public and private healthcare institutions. The study targeted two main populations: patients receiving treatment in selected hospitals and medical doctors providing care in those institutions.

Sampling Technique

A purposive sampling technique was used to select participants. For the quantitative phase, 100 patients (both male and female) from diverse age groups and educational backgrounds were selected from both public and private hospitals. The selection ensured a representative sample to generalize findings across similar healthcare settings.

For the qualitative phase**,** 25 semi-structured interviews were conducted with medical doctors from both public and private sectors. The selection of doctors was based on their years of

experience and willingness to participate in detailed discussions about their communication practices, challenges, and observations.

Data Collection Tools

Two tools were designed for data collection:

1. **Questionnaire for Patients**:

A structured questionnaire was developed in simple, understandable language to collect demographic data and assess communication experiences, understanding of medical terms, ease of interaction, cultural or gender-related hesitation, and preferences for communication styles. The questionnaire included closed-ended questions, primarily using a three-point Likert scale (Agree, Disagree, Uncertain), and some frequency-based responses.

2. **Interview Guide for Doctors**:

For the qualitative part, an interview guide was developed to steer conversations with doctors. It included open-ended questions aimed at exploring doctors' views on patient communication, challenges faced in public versus private sectors, influence of patient demographics, and their strategies to overcome communication barriers.

Data Collection Procedure

Patient questionnaires were administered face-to-face by the researcher in hospital settings after obtaining informed consent. Each respondent took approximately 10–15 minutes to complete the questionnaire.

Doctor interviews were conducted in-person and lasted around 20–30 minutes each. All interviews were audio-recorded with consent and later transcribed for analysis.

Ethical Considerations

Ethical approval was obtained prior to data collection. Informed consent was taken from all participants, and they were assured of the confidentiality of their responses. Anonymity was maintained throughout the analysis and reporting phases.

Data Analysis

Quantitative data from patient questionnaires were coded and analyzed using **descriptive statistics** (frequency and percentage). The results were presented in tabular form and interpreted narratively to highlight major trends.

Qualitative data from doctor interviews were analyzed through **thematic analysis**. Recurring themes were identified from the transcribed interviews to draw insights about doctors' perspectives on communication issues and potential solutions.

Limitations of the Methodology

- The sample was limited to Lahore, which may not represent the rural healthcare environment of Pakistan.
- Self-reported data may be subject to bias or recall inaccuracy.
- The sample size for doctors was relatively small, though adequate for qualitative insights.

This mixed-methods approach allowed the research to capture both numerical trends and deep contextual understanding, offering a holistic view of the doctor-patient communication landscape in Lahore's healthcare sector.

Results and Discussion

The analysis of doctors' demographic data provides key insights into how various factors, including gender, age, marital status, professional experience, and job designation, influence doctor-patient communication in government hospitals of district Lahore.

The gender distribution of doctors interviewed for the study reveals a nearly equal representation of male (48%) and female (52%) doctors. This balance allows for a comprehensive understanding of gender-based communication patterns in medical interactions. The study suggests that female doctors may adopt a more empathetic and patient-centered communication style, whereas male doctors tend to rely on a more direct and clinical approach. These differences can significantly impact the effectiveness of medical consultations, especially in a cultural context where gender preferences influence doctor-patient interactions.

The age distribution of doctors highlights that a majority (72%) fall within the 25-30 years age group, followed by 20% in the 30-35 years bracket and 8% in the 35-40 years category. This indicates that most doctors in the study are relatively young and in the early stages of their careers. Their recent medical training may make them more familiar with modern communication techniques, but their limited experience could pose challenges in handling complex or sensitive conversations. In contrast, older and more experienced doctors may have a deeper understanding of socio-linguistic nuances but might adhere to traditional communication methods that may not always align with evolving patient expectations.

The marital status of the doctors interviewed also presents an important factor in analyzing communication barriers. The study finds that 64% of doctors are single, while 36% are married.

This suggests that single doctors, being generally younger, may still be developing their interpersonal skills and professional experience, potentially impacting their ability to navigate sensitive medical discussions. Married doctors, often more experienced, may demonstrate greater emotional maturity and patience in dealing with patients, which could enhance their ability to handle culturally sensitive conversations. However, marital responsibilities could also impact their workload balance, possibly limiting their availability for in-depth patient interactions.

Professional experience is another significant variable influencing doctor-patient communication. The findings show that the majority of doctors (64%) have 1-5 years of experience, followed by 28% with 6-10 years, and only 2% with 10-15 years of experience. This distribution indicates that most doctors in the study are relatively new to the field, which might result in challenges in effectively communicating with diverse patient populations. Less experienced doctors may struggle with explaining medical conditions in simple terms, whereas those with 6-10 years of experience may have developed more refined communication strategies. The minimal presence of highly experienced doctors (10-15 years) in the sample suggests that their advanced interpersonal skills and adaptability in communication might be underrepresented in the study.

The job designation of doctors further impacts communication dynamics in medical settings. The study finds that 40% of the doctors hold permanent positions, 32% work on a contract basis, 8% are visiting doctors, and 20% fall into other categories, including trainees and part-time consultants. Permanent doctors, due to their stable employment, tend to have more consistent patient interactions, which likely improves communication and trust-building. Contract doctors, while experienced, may face job instability and heavier workloads, limiting the time they can devote to patient consultations. Visiting doctors, with only brief interactions, may struggle with effective communication due to limited engagement. The category of "others," which includes trainees and house officers, likely faces challenges in adapting to linguistic and cultural barriers due to their developing experience in patient interactions.

The survey results reveal that 88% of doctors agree that effective communication is vital in doctor-patient interactions, while 12% remain uncertain, and none disagree. This overwhelming agreement underscores the indispensable role of clear and empathetic communication in ensuring accurate diagnoses, effective treatment planning, and improved patient satisfaction. Doctors recognize that effective communication builds trust, reduces anxiety, and enhances patient compliance with medical instructions. However, the 12% uncertainty suggests that some doctors face practical barriers to effective communication. These may include:

- Time constraints limiting in-depth discussions with patients.
- Language and literacy differences that hinder mutual understanding.

- Patient reluctance to share medical history due to fear or cultural barriers.

Additionally, some doctors may prioritize clinical expertise over interpersonal skills, leading to hesitancy in fully endorsing communication as a core aspect of medical practice.

According to the data, 80% of doctors believe their communication with patients is generally clear and effective, while 20% remain uncertain, and none disagree. This indicates that most doctors feel confident in their ability to explain medical conditions, treatments, and procedures effectively. Their confidence likely stems from:

- Medical training that emphasizes patient interaction.
- Experience dealing with diverse patients over time.
- Standardized medical terminology that facilitates communication.

However, the 20% uncertainty suggests that some doctors recognize challenges in maintaining clarity in communication. These challenges include:

- Language barriers, especially when dealing with rural or less-educated patients.
- Time constraints in busy hospital environments, which can limit explanations.
- Patient hesitation or lack of understanding, affecting the reception of medical advice.

This finding highlights the need for continuous communication training, particularly in simplifying complex medical information for patients with diverse backgrounds.

The results show that 84% of doctors agree that communication styles differ between public and private hospitals, 4% disagree, and 12% remain uncertain. The overwhelming agreement suggests that institutional factors significantly influence communication. These differences arise due to:

The 4% disagreement suggests that some doctors believe communication depends more on individual style than the hospital setting. Meanwhile, the 12% uncertainty likely stems from doctors working in both sectors, making it difficult to draw clear distinctions.

The findings highlight the critical role of communication in medical interactions and the institutional challenges that influence its effectiveness. While most doctors recognize the importance of effective communication, practical barriers such as time constraints, language differences, and patient reluctance create uncertainty in their ability to always communicate effectively. Additionally, public and private hospitals exhibit notable differences in communication approaches due to resource availability, patient expectations, and institutional pressures.

The analysis of language-related barriers in doctor-patient interactions highlights several important aspects of communication in healthcare settings. A significant proportion of doctors (28%) reported frequently facing language barriers while interacting with patients. This suggests that communication challenges exist, primarily due to patients speaking regional languages such as Punjabi, Sindhi, Pashto, and Balochi, which differ from the doctor's primary language, often Urdu or English. Additionally, limited health literacy among patients can contribute to misunderstandings, as some struggle to comprehend medical terminology even when spoken in their native language. Patients from rural areas, in particular, may find it difficult to articulate their symptoms clearly in a second language. However, the fact that 44% of doctors disagreed with facing frequent language barriers suggests that for a majority, communication is not a significant issue. This may be attributed to the widespread use of Urdu across Pakistan, making it easier for doctors to interact with patients. Additionally, some doctors employ alternative strategies such as using simplified language, visual aids, or interpreters to bridge communication gaps. The remaining 28% of doctors expressed uncertainty, indicating that language barriers are not always a persistent issue but may arise occasionally depending on the patient's background and level of understanding. This mixed response suggests that while language barriers are not a universal problem, they still pose challenges for a significant portion of doctor-patient interactions, warranting attention to improve communication strategies in healthcare settings.

The findings on the primary language used by doctors while communicating with patients further reinforce the dominance of Urdu in medical settings, as 88% of doctors reported using it as their main language. This confirms that Urdu serves as the common medium of communication, ensuring that most patients, regardless of their regional background, can understand medical advice. Only 8% of doctors reported using Punjabi, which indicates that some healthcare providers adapt their language based on patient demographics, particularly in areas where Punjabi is widely spoken. Meanwhile, a small proportion (4%) reported using English, which is likely restricted to specialized settings, interactions with educated patients, or medical documentation rather than general consultations. Notably, no doctors reported using languages other than Urdu, Punjabi, or English, further underscoring the widespread reliance on Urdu as the primary mode of communication. These findings suggest that while Urdu remains the dominant language in healthcare, there is a need for doctors to develop multilingual communication skills to cater to diverse patient populations. Providing language training and incorporating interpretation services can further improve healthcare accessibility for patients who struggle with Urdu.

The issue of understanding medical terminology was another crucial aspect of this analysis. A majority of doctors (56%) reported that patients often struggle to comprehend medical terms, while 12% believed that patients always face such difficulties. This highlights a widespread challenge in doctor-patient communication, where medical jargon becomes a barrier to effective

understanding. The 32% of doctors who stated that patients sometimes struggle suggests that comprehension difficulties vary among individuals based on factors such as education level, exposure to medical information, and the communication style of the doctor. Significantly, no doctors reported that patients rarely or never face such struggles, reinforcing the idea that medical terminology is consistently an issue that needs to be addressed. These findings underscore the importance of simplifying medical language during consultations, using layman-friendly explanations, and providing visual aids or translated materials to enhance patient comprehension. Encouraging patients to ask questions and clarify doubts can also help bridge communication gaps, leading to better adherence to medical advice and improved healthcare outcomes.

The unanimous agreement among doctors (100%) on the importance of using regional languages to improve communication with patients further emphasizes the significance of linguistic adaptability in healthcare. This consensus suggests that all doctors recognize the value of speaking in a patient's native language to ensure better comprehension and comfort. The ability to converse in regional languages, such as Punjabi, Sindhi, Pashto, and Balochi, can help patients, particularly those from rural areas, understand medical advice more clearly. This not only improves patient comprehension but also strengthens doctor-patient trust and rapport, making patients feel more comfortable sharing their symptoms and concerns. Additionally, effective communication in a familiar language enhances treatment compliance, as patients who fully understand their diagnosis and treatment plan are more likely to follow medical instructions. The overwhelming support for regional language use highlights the need for multilingual training for doctors, the inclusion of interpreters in hospitals, and the development of regional-language health education materials to facilitate better healthcare communication.

The impact of patient multilingualism on communication quality also emerged as a key finding, with 70.8% of doctors agreeing that language diversity influences interactions. This suggests that multilingualism plays a crucial role in shaping doctor-patient communication, either by making interactions more flexible or by introducing potential misinterpretations. In urban areas, where many patients are bilingual, communication may be more adaptable as doctors and patients can switch between languages for better understanding. However, challenges arise when patients mix multiple languages or when doctors are unfamiliar with a patient's preferred language, leading to potential misinterpretations of medical advice. A smaller proportion of doctors (12.5%) disagreed that multilingualism affects communication, indicating that some doctors do not perceive it as a major barrier. Meanwhile, 16.7% were uncertain, suggesting that the impact of multilingualism may vary depending on specific cases and patient demographics. These findings reinforce the need for hospitals to promote multilingual training for doctors, provide translated medical materials, and encourage the use of clear and simple language to minimize misunderstandings.

The analysis also explored the necessity of translators in medical interactions, revealing a divided perspective among doctors. While 40% agreed that a translator is needed to facilitate communication, an equal proportion (40%) disagreed, suggesting that many doctors feel confident in their ability to manage communication without assistance. The remaining 20% expressed uncertainty, indicating that the need for a translator is situational and depends on factors such as the patient's background, level of education, and dialect. The doctors who supported the use of translators highlighted cases where patients speak only their regional language, making direct communication difficult. Some doctors also noted that elderly patients with little exposure to Urdu or English require assistance from a bilingual family member or hospital staff. Conversely, those who opposed the need for translators emphasized that most doctors are bilingual or multilingual and can adjust their language accordingly. Additionally, since Urdu is widely understood, many patients can communicate effectively without a translator. However, the reliance on a translator can also increase consultation time, potentially affecting the efficiency of healthcare delivery. The doctors who remained uncertain indicated that while they do not face frequent communication challenges, there are occasional instances where a translator might be beneficial. This divided response suggests that while some doctors can manage communication independently, language barriers still persist in certain cases, necessitating targeted solutions such as linguistic training for doctors, on-call translators for critical cases, and the development of translated medical materials and visual aids to assist patient understanding.

The analysis of socio-cultural barriers in doctor-patient communication reveals significant insights into how cultural norms, gender differences, socio-economic status, cultural taboos, and religious beliefs impact medical interactions. The findings suggest that socio-cultural factors influence a majority of medical consultations, although the extent varies based on patient backgrounds and specific healthcare settings. A significant portion (60%) of doctors acknowledge that cultural norms, beliefs, and societal expectations shape their interactions with patients. This highlights the role of language barriers, traditional healing practices, and cultural discomfort in shaping patient behavior. While some patients may hesitate to openly discuss symptoms due to cultural constraints, others, particularly those in urban areas, may be more forthcoming. The divergence in perspectives suggests that while socio-cultural influences are evident, they do not uniformly hinder doctor-patient communication across all contexts.

Gender differences in medical consultations are perceived as a lesser barrier compared to broader cultural norms. The majority of doctors (52%) do not find gender differences a significant issue, indicating that professional ethics and modern medical training have minimized gender-based barriers in healthcare. However, 32% of doctors acknowledge that gender differences can sometimes lead to discomfort, particularly for female patients discussing sensitive health issues with male doctors. Cultural and religious sensitivities in conservative societies play a role in shaping these interactions, affecting eye contact, tone, and openness in

discussions. In response, many hospitals utilize female nurses or attendants to facilitate communication when gender concerns arise. Nonetheless, the findings suggest that gender is not a dominant factor in communication difficulties, with socio-cultural and economic barriers having a more pronounced impact.

Socio-economic status appears to be one of the most significant barriers to effective doctor-patient communication. An overwhelming 88% of doctors agree that patients from lower socio-economic backgrounds struggle with medical communication, primarily due to low literacy levels, unfamiliarity with medical terminology, and language differences. Many patients from rural areas face difficulties understanding prescriptions, treatment plans, and diagnoses, leading to misinterpretation or non-compliance. Additionally, financial constraints often lead to prioritizing cost over quality healthcare, resulting in delayed treatment or avoidance of follow-ups. Despite these challenges, some doctors adopt simplified communication strategies to bridge these gaps, and public healthcare initiatives play a crucial role in mitigating socio-economic disparities. However, the data underscores that economic hardships remain a substantial hindrance to effective medical communication.

Cultural taboos further complicate patient communication, with 76% of doctors agreeing that patients hesitate to discuss certain health issues due to societal stigmas. Topics such as reproductive health, mental illnesses, and chronic diseases are often considered sensitive, leading to reluctance in disclosure. This lack of open communication can result in delayed diagnoses and inadequate treatment plans. While some doctors believe that progressive urban settings have reduced the impact of cultural taboos, the majority still recognize them as a barrier that necessitates culturally sensitive communication strategies. Encouraging open discussions in a non-judgmental medical environment is essential for addressing these issues.

Religious beliefs also play a complex role in medical communication, with 40% of doctors agreeing that religious convictions sometimes conflict with medical advice. Some patients refuse medical interventions such as blood transfusions, organ transplants, or vaccinations due to religious concerns. Fasting during Ramadan, religious modesty, and reliance on spiritual healing further contribute to communication barriers. However, 28% of doctors remain neutral on this issue, indicating that the impact of religious beliefs varies case by case. Some religious authorities support medical treatments, helping bridge the gap between faith and healthcare. While religious conflicts arise in specific instances, the findings suggest that they are not a universal challenge in medical practice.

The findings highlight several institutional and systemic barriers affecting doctor-patient communication in public and private hospitals. A major concern is the high patient load in public hospitals, with 84% of doctors agreeing that overcrowding negatively impacts communication quality. The heavy influx of patients limits consultation time, reduces individual attention, increases stress on doctors, and makes patients hesitant to ask questions.

Only a small percentage (4%) believe they can maintain effective communication despite high patient numbers, possibly due to their experience, teamwork, or use of simple and direct language. Meanwhile, 12% remain uncertain, suggesting that the impact varies based on hospital settings, nature of illness, and individual communication styles. To mitigate these issues, strategies such as appointment-based systems, clearer communication techniques, staff training, and leveraging digital health technologies can help improve doctor-patient interactions.

Similarly, time constraints significantly hinder effective communication, as indicated by 76% of respondents. Short consultation periods, limited explanations of diagnoses and treatments, patient reluctance to ask questions, and doctor fatigue all contribute to communication gaps. However, 16% of doctors disagree, implying that effective communication can still be maintained through efficient strategies like prioritizing key details and using medical assistants for additional explanations. The 8% uncertainty reflects that the severity of this issue depends on hospital management, complexity of cases, and patient needs. Addressing this challenge requires well-structured hospital policies that allocate sufficient time for patient consultations while ensuring workload balance for doctors.

Another crucial issue is the communication gap between junior and senior doctors. A significant 72% of respondents agree that junior doctors face greater challenges due to their limited experience, lack of confidence, and difficulty in handling complex patient interactions. Some patients also tend to distrust junior doctors, making communication even harder. However, 8% believe that communication skills are more dependent on individual capabilities rather than experience, especially since modern medical education incorporates communication training. The 20% uncertainty suggests that factors like hospital setting, specialization, and patient demographics influence these challenges. Proper mentorship, communication skill workshops, and structured patient engagement programs can help junior doctors build confidence and improve their communication skills.

A key institutional barrier is the lack of formal training in doctor-patient communication. More than half (52%) of doctors report that their hospitals do not provide structured communication training, particularly in the public sector where clinical and technical skills are prioritized over interpersonal skills. Only 36% confirm the availability of such training, mostly in well-funded private institutions or through postgraduate workshops. The remaining 12% are uncertain, indicating a lack of awareness or variability in training opportunities across different hospital departments. Given that effective communication is critical in patient care, there is a pressing need for structured programs focusing on medical dialogue, empathy, and handling sensitive conversations.

The findings also reveal strong support for making structured communication training mandatory for doctors, with 76% in favor and 24% uncertain. No respondents opposed the idea,

indicating a broad consensus on the importance of communication in healthcare. Doctors recognize that better communication improves patient trust, enhances clarity in treatment plans, reduces medical errors, and helps navigate sensitive topics like terminal illnesses and mental health. However, some uncertainty persists, possibly due to concerns about additional workload, the assumption that communication skills develop naturally with experience, or doubts about the effectiveness of existing training programs. Standardized communication training can bridge these gaps and ensure that all doctors, regardless of experience, are equipped with the skills necessary for effective patient interactions.

The demographic analysis of the surveyed patients provides valuable insights into the characteristics of the study participants. The age distribution reveals that the majority of the patients (80%) fall within the 18-30 age group, indicating that young adults constitute the largest proportion of respondents. A smaller yet significant portion (19%) belongs to the 31-50 age category, while only 1% of the patients are below 18, suggesting that minors were minimally represented in the study. This could imply that the study's findings are more reflective of the healthcare experiences of young adults rather than those of children or older individuals.

Gender-wise, the results show a notable gender disparity, with female patients comprising 70% of the respondents, whereas male patients account for only 30%. The absence of responses under the "Prefer Not to Say" category suggests that all patients were comfortable disclosing their gender. The higher number of female participants may indicate that women are either more likely to seek medical treatment or are more willing to participate in healthcare-related studies compared to men.

Regarding educational background, an overwhelming 93% of the patients had attained higher education, while only a small percentage had lower levels of formal education. This suggests that the surveyed group is predominantly educated, which may have influenced their healthcare choices and perceptions. The presence of only 1% with primary education and 6% with elementary education further reinforces the idea that the respondents were largely from a well-educated segment of society.

The type of hospital preference among patients shows that 58% opted for private hospitals, while 42% visited public healthcare facilities. The higher inclination toward private hospitals suggests that factors such as better quality of care, shorter waiting times, or improved facilities may have played a role in patients' choices. This trend could also indicate concerns regarding the efficiency and accessibility of public healthcare services.

Language preferences highlight that Urdu is the dominant language among patients, with 79% identifying it as their primary language. Punjabi follows as the second most common language, spoken by 16% of respondents, while Siraiki and English each account for 2%. A small fraction

(1%) reported speaking another language. The overwhelming presence of Urdu as the primary language suggests that healthcare communication and service delivery should be predominantly structured in Urdu, with regional languages also being considered to cater to diverse linguistic groups.

The analysis of doctor-patient communication in hospitals reveals several key insights. A majority of patients (79%) reported smooth communication with doctors, suggesting that most physicians effectively engage with patients using clear language and patient-friendly consultation practices. However, 16% of patients faced difficulties in communication, likely due to language barriers, medical jargon, and rushed consultations. A small percentage (2%) remained uncertain about their communication experience, possibly due to incomplete understanding or anxiety about seeking clarification.

Language and medical terminology pose challenges for some patients, as 28% admitted struggling to understand their doctor's language or the medical terms used. This difficulty could be attributed to the complexity of medical jargon or differences in spoken language. However, 46% of patients reported no difficulty, indicating that many doctors successfully simplify their explanations. Still, 26% remained uncertain about their comprehension, suggesting a need for clearer communication strategies. Encouraging doctors to use layman's terms and visual aids could enhance patient understanding.

Regarding doctors explaining medical conditions in an understandable language, 84% of patients agreed that doctors provided clear explanations, reinforcing the effectiveness of communication strategies in many hospitals. However, 10% of patients disagreed, likely due to language barriers or rushed consultations. Another 6% were uncertain, reflecting potential gaps in comprehension. Ensuring that doctors provide written instructions and encourage follow-up questions can help address these concerns.

Patient hesitation to inquire about their treatment emerged as a significant issue, with 70% of patients admitting they felt reluctant to ask questions. Fear of questioning authority, lack of confidence, cultural norms, and time constraints during consultations may contribute to this hesitation. Meanwhile, 20% of patients felt comfortable discussing their concerns, likely due to prior medical knowledge or supportive doctor-patient relationships. The remaining 10% were uncertain, possibly due to mixed experiences or reliance on family members for communication. This highlights the importance of fostering an open and patient-friendly consultation environment.

Cultural and gender-related factors also play a crucial role in doctor-patient communication, as 57% of patients hesitated to discuss their health issues due to these concerns. Societal norms, gender preferences in medical consultations, and family influence often discourage open discussions, particularly regarding sensitive health topics. Conversely, 29% of patients did not

face such barriers, possibly due to higher education levels or access to gender-sensitive healthcare services. The remaining 14% were uncertain, reflecting varying personal experiences. Addressing these cultural concerns through gender-sensitive medical services and awareness campaigns can improve healthcare interactions.

When evaluating how well doctors interpret patient concerns, 67% of patients felt that doctors carefully listened and understood their health issues, indicating strong doctor-patient engagement. However, 14% disagreed, citing rushed consultations, lack of empathy, or language barriers as potential reasons. Another 19% were uncertain, suggesting that some patients felt partially understood but lacked confidence in their interactions. Encouraging active listening and patient-centered care can help improve these perceptions.

Interestingly, patients perceived communication differences between doctors in private and public hospitals. About 72% of patients agreed that doctors in private hospitals communicated better, likely due to lower patient loads, personalized care, and more attentive consultations. However, 18% disagreed, indicating that some public hospitals may still maintain effective communication. The remaining 10% were uncertain, possibly due to varying experiences in different healthcare settings. These findings suggest that improving communication training and reducing patient burden in public hospitals could enhance overall patient satisfaction.

Lastly, short consultation durations were identified as a major barrier to effective communication, with 69% of patients agreeing that limited time affected their ability to express concerns. Rushed interactions, restricted opportunities for questioning, and complex medical issues contributed to this challenge. However, 17% of patients felt that consultation length did not impact their communication, possibly due to efficient doctor-patient interactions. The remaining 14% were uncertain, reflecting mixed experiences. Providing adequate time for patient consultations and promoting efficient yet thorough doctor-patient interactions can significantly improve healthcare communication.

Conclusion

The present study set out to explore the quality of doctor-patient communication and identify the barriers that hinder effective interaction in both public and private hospitals of Lahore, Pakistan. Through a mixed-method approach—using interviews with doctors and questionnaires filled by patients—this research has brought to light several critical issues that influence the overall healthcare experience for patients and the performance of healthcare professionals.

The analysis revealed that while a majority of patients reported having smooth communication with doctors, a significant number still experienced challenges in understanding medical terminology, hesitated to ask questions, and felt uncomfortable discussing their health concerns

due to cultural or gender-related reasons. These difficulties were especially pronounced among patients with lower education levels, from rural areas, or those who did not share a common language with their doctors. Furthermore, many patients expressed a strong need for simplified explanations or the use of visual aids, and a large percentage indicated that they often relied on family members or translators to bridge communication gaps.

Doctors, particularly those in public sector hospitals, highlighted their own set of challenges, including time constraints, overwhelming patient loads, and lack of communication training during medical education. While many doctors acknowledged the importance of empathetic and clear communication, structural barriers often limited their ability to provide it. Private hospitals, on the other hand, generally offered better communication experiences, likely due to lower patient-to-doctor ratios and more resources, which allowed for personalized attention and longer consultations.

The findings also underscore the impact of demographic factors such as age, education, language, and gender in shaping doctor-patient communication. Younger and more educated patients found it easier to communicate and understand doctors, while older and less literate patients were more likely to experience confusion and hesitation. Similarly, cultural norms and gender dynamics were found to significantly restrict open dialogue, particularly in sensitive medical discussions.

This study fills a vital research gap in the context of Pakistani healthcare by not only assessing communication from both the patient and doctor perspectives but also by offering a comparative lens between public and private institutions. The results emphasize the need for systemic reforms, including formal integration of communication skills training into medical curricula, the promotion of cultural competence, allocation of more consultation time, and implementation of support systems like interpreters or visual learning tools.

In conclusion, effective doctor-patient communication is not a luxury but a necessity for delivering quality healthcare. Improving this interaction will not only enhance patient satisfaction but also ensure better diagnosis, adherence to treatment, and overall health outcomes. By addressing the barriers identified in this study, healthcare institutions in Lahore—and more broadly in Pakistan—can take a significant step toward building a more inclusive, patient-centered, and effective healthcare system.

Recommendations

Improving doctor-patient interaction in public and private hospitals in Lahore and across Pakistan requires a multi-faceted approach. First, enhancing the communication skills of doctors is crucial. Medical professionals should receive structured training in patient-centered communication to ensure they explain diagnoses and treatments in a clear and compassionate

manner. Active listening techniques must be emphasized so that doctors give patients ample opportunity to voice concerns. Additionally, the use of visual aids, written instructions, and simple language can help bridge communication gaps, especially for patients with low literacy levels.

Another major challenge in public hospitals is the limited consultation time due to high patient inflow. The government should allocate more resources to reduce patient loads, allowing doctors more time for meaningful consultations. Strengthening appointment-based systems in public hospitals can help prevent overcrowding and rushed interactions. Moreover, introducing digital health records can streamline consultations, enabling doctors to focus more on patient discussions rather than administrative work.

Language and cultural barriers also play a significant role in limiting effective doctor-patient interaction. Doctors should be trained in local languages such as Punjabi and Sindhi to better communicate with patients from diverse backgrounds. In cases where a common language is not shared, hiring trained medical interpreters in hospitals can significantly improve understanding. Additionally, gender-sensitive medical services should be introduced, particularly in gynecology and other sensitive specialties, to ensure that female patients feel comfortable discussing their health concerns with female doctors.

Building trust between doctors and patients is another critical aspect of improving interactions. Doctors should be encouraged to display empathy and maintain a reassuring tone to make patients feel comfortable in discussing their health concerns. Public awareness campaigns should educate patients on their right to ask questions and seek clarification about their treatment plans. Furthermore, follow-up systems should be improved to ensure that patients feel valued even after their initial consultation, enhancing their overall healthcare experience.

The integration of technology can also help in bridging communication gaps between doctors and patients. Hospitals should implement SMS or mobile app-based reminders for follow-up appointments and medication adherence, reducing the chances of patients missing critical treatments. Expanding telemedicine services, especially in remote areas, can improve access to quality healthcare consultations. Additionally, AI-powered chatbots and virtual assistants can provide general medical guidance, helping patients understand basic health concerns before seeing a doctor.

To standardize communication practices across public and private hospitals, the Pakistan Medical Commission (PMC) should develop national communication guidelines for healthcare professionals, ensuring a uniform quality of patient interactions. Periodic communication audits should be conducted in hospitals to assess and improve the quality of doctor-patient engagement. Furthermore, private hospitals should be encouraged to share best practices with public institutions to enhance communication standards across the board.

By implementing these recommendations, both public and private hospitals in Lahore and across Pakistan can significantly enhance doctor-patient interactions, leading to better health outcomes and improved patient satisfaction.

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