



The Role of Language in Effective Communication in The Medical Field: A Study of Doctor-Patient Interaction

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ABSTRACT

Effective interaction between doctors and patients is a key determinant of successful health outcomes. Despite its importance, medical consultations often overlook crucial elements such as delivering comprehensive information, motivating patients, and ensuring adherence to treatment plans. Deficient interaction frequently becomes a contributing factor to patient non-compliance, which can result in unresolved health problems and further complications. This study investigates the necessity of improving physicians' interpersonal skills to enhance patient outcomes. A qualitative approach was used, involving a thorough review of existing literature and case studies that focus on the dynamics of doctor-patient interaction. Key sources of data include academic journals, patient feedback, and expert insights in the realm of medical discourse. The analysis identified several obstacles to effective interaction, including time constraints, language barriers, and variations in interpersonal styles. The findings indicate that when doctors employ clear, empathetic, and patient-focused interactions, patient understanding and adherence to treatment plans significantly improve, leading to better health outcomes. The research demonstrates that prioritizing effective interaction can help bridge the gap between medical expertise and patient comprehension. A patient-centered approach fosters trust, which is critical for promoting adherence to treatment plans. The study also underscores the need for integrating communication skills training into medical education and continuous professional development. The broader implication of this study is that improving doctor-patient interaction not only enhances individual patient outcomes but also contributes to more equitable and inclusive healthcare. By making patients from diverse backgrounds feel heard and understood, healthcare providers can foster more effective treatments and prevent complications due to non-compliance. This, in turn, has the potential to reduce healthcare costs and create a more efficient, patient-centered healthcare system.

Keywords: Healthcare language, Medical interaction, Healthcare linguistic, Doctor-patient, Therapeutic Relationship



INTRODUCTION

Effective interaction between doctors and patients is a fundamental competency that plays a crucial role in addressing patients' health issues and fostering trustful, robust relationships. This competency extends beyond the mere diagnosis and treatment of medical conditions; it involves recognizing and responding to patients' behavioral and emotional needs, ultimately leading to enhanced adherence to treatment plans and improved health outcomes. Studies have shown that better interaction correlates with higher job satisfaction among healthcare professionals, reduced stress levels, lower burnout rates, and fewer cases of negligence (Tu et al., 2019). The ability to build a strong doctor-patient relationship through effective interaction is essential for practicing high-quality medicine and ensuring patient satisfaction (Singh, 2015).

In the broader context of healthcare, it is essential to address barriers that may hinder effective doctor-patient interactions. For instance, stereotypes can negatively impact the trust patients have in their doctors, underlining the importance of combating these biases through improved interaction (Su et al., 2022). In Indonesia, a diverse and multicultural society, the appropriate use of language becomes a key tool in overcoming linguistic and cultural differences. Effective language use ensures that all patients, regardless of their backgrounds, receive the information they need, which can reduce misunderstandings and increase patient adherence to treatment. This not only improves the quality of doctor-patient interactions but also strengthens the therapeutic alliance, a critical factor in successful treatment outcomes.

Cross-cultural interaction skills are also vital in everyday clinical settings to ensure that doctors can effectively explore patients' concerns, confirm their understanding, and manage their expectations (Paternotte et al., 2016). Addressing barriers in doctor-patient interactions requires continuous skill development, as the more doctors engage with patients, the more proficient they become in managing these interactions (EMEKSIZ, 2022). Studies highlight the importance of evaluating and improving interaction skills among medical students and junior doctors, emphasizing early training in this critical area of competence (Bahraminia & Amini, 2018).

In the Indonesian healthcare landscape, the quality of doctor-patient interaction remains a significant challenge, contributing to various negative outcomes, such as increased malpractice cases and patients seeking medical treatment abroad due to a lack of trust in local healthcare providers. Inadequate interactions lead to insufficient information gathering, which can impair accurate diagnosis and treatment planning. Doctors often feel pressured by time constraints, resulting in less in-depth conversations with patients, while patients may hesitate to ask questions or provide comprehensive information, further complicating the interaction (Lee et al., 2022). Additionally, the COVID-19 pandemic has accelerated the adoption of telemedicine, highlighting the need



to adapt interaction strategies for virtual healthcare settings to maintain trust and diagnostic accuracy (Sugandi, 2023).

The importance of improving doctor-patient interaction is particularly critical for patients with special needs, such as individuals with Autism Spectrum Disorder (ASD). In Indonesia, using alternative interaction methods, such as visual aids, can significantly enhance the accessibility and understanding of healthcare services for individuals with ASD, aligning with the country's focus on disability inclusion in healthcare (Az-Zahra, 2023). Despite the introduction of national health insurance and an increasing number of healthcare providers, challenges in achieving effective interaction between doctors and patients persist (Suryanto et al., 2017). Cultural factors, including the collectivist nature of Indonesian society, also shape these interactions, making it essential to understand how authority dynamics influence communication and trust-building between doctors and patients (Mulyana et al., 2021).

Addressing these issues is crucial because ineffective interaction negatively impacts the quality of healthcare services and patient safety. Incomplete information gathering due to poor communication can lead to misdiagnosis, incorrect treatments, and worsening of patients' conditions. Furthermore, ineffective interaction can delay recovery, increase healthcare costs, and lower patient satisfaction with the services provided.

This study aims to explore the importance of effective interaction between doctors and patients and identify the barriers that hinder successful communication. In the context of healthcare services, strong interaction between both parties is crucial for achieving accurate diagnosis, appropriate treatment planning, and ensuring patient adherence to prescribed therapies. Barriers such as language differences, time constraints, and variations in communication styles can diminish the effectiveness of interaction, potentially harming patient outcomes and lowering the overall quality of healthcare services. By addressing these issues, this research seeks to provide new insights into how effective interaction strategies can be developed and implemented in daily medical practice. The application of these strategies is expected to enhance the overall quality of healthcare services, improve doctor-patient relationships, and create a more positive care experience for patients. Furthermore, better interaction between doctors and patients can contribute to higher patient satisfaction, foster greater trust in healthcare services, and reduce the risk of errors in medical care.

The existing gap in doctor-patient interaction practices in Indonesia calls for an urgent evaluation of how interaction skills can be further developed among healthcare professionals. This research also emphasizes the emotional impact that doctor-patient interactions have on patients' decision-making regarding their treatment plans, highlighting the need for more open, honest, and empathetic communication.

The novelty of this study lies in its focus on the Indonesian healthcare system, exploring the linguistic and cultural factors that influence doctor-patient interactions in a



diverse population. By examining how language and cultural differences impact communication, the study highlights the need for culturally sensitive strategies to foster trust and ensure equitable treatment across various patient backgrounds. This research provides valuable insights into how effective, empathetic communication can bridge gaps in understanding, improve patient outcomes, and build stronger doctor-patient relationships. The findings underscore the importance of developing communication skills that integrate cultural awareness to enhance the quality of care in Indonesia's healthcare system.

In a larger context, the findings of this study have the potential to contribute significantly to improving Indonesia's healthcare system by promoting the adoption of more patient-centered and empathetic interaction practices. Enhancing doctor-patient interactions not only improves the quality of care but also strengthens patient trust in healthcare providers. Moreover, improving effective communication is expected to reduce healthcare costs by preventing complications arising from non-compliance, ultimately creating a more efficient and equitable healthcare system.

LITERATURE REVIEW

Importance of Doctor-Patient Interaction in Healthcare

The importance of doctor-patient interaction in healthcare cannot be overstated, as it fundamentally shapes the quality of care, patient satisfaction, and health outcomes. Effective communication between healthcare providers and patients is essential for establishing trust, ensuring adherence to treatment plans, and enhancing the overall patient experience.

One of the key aspects of doctor-patient interaction is the influence of communication styles on patient satisfaction. Wang Wang (2024) emphasizes that different communication modes, such as doctor-centered versus patient-centered approaches, significantly affect how patients perceive risk information and their overall satisfaction with medical care. In a doctor-centered model, where physicians primarily make treatment decisions, patients often report higher satisfaction levels, as they feel less burdened by the need to process complex medical information. This finding aligns with the notion that clear and authoritative communication can enhance patient confidence in their healthcare providers.

Moreover, the alignment of expectations between doctors and patients plays a crucial role in shaping the interaction. Zhang et al. (2019) highlight that in traditional Chinese medicine, the individualized nature of treatment necessitates a strong focus on doctor satisfaction, which in turn influences communication dynamics. This suggests that when doctors feel satisfied with their interactions, they are more likely to



engage effectively with patients, fostering a positive feedback loop that enhances the quality of care.

The role of trust in doctor-patient interactions is also critical. Du et al. (2020) argue that effective communication is foundational for building trust, which is essential for successful medical service delivery. Furthermore, the advent of digital health resources has transformed the landscape of doctor-patient communication. Tan and Goonawardene (2017) found that patients who seek health information online prior to consultations feel more empowered during their interactions with physicians. This proactive approach allows patients to engage more meaningfully in discussions, thereby improving the overall quality of communication and fostering a collaborative relationship.

In addition to these factors, the emotional and social dimensions of communication are paramount. Shanjeeban (2023) notes that a doctor's ability to connect with patients on a personal level significantly influences treatment adherence and satisfaction. This underscores the importance of empathy and active listening in healthcare interactions, which are essential for building rapport and understanding patient needs. The effectiveness of doctor-patient interaction is a multifaceted issue that encompasses communication styles, trust, patient empowerment, and emotional connection. By prioritizing effective communication and fostering a collaborative environment, healthcare providers can significantly enhance patient satisfaction and health outcomes.

Barriers to Effective Communication in Healthcare

Barriers to effective communication in healthcare are multifaceted and can significantly impact patient outcomes, satisfaction, and overall quality of care. These barriers can arise from various sources, including language differences, cultural misunderstandings, hierarchical structures within healthcare teams, and time constraints during consultations.

One of the most prominent barriers is language discordance, particularly in multicultural societies where patients may not speak the dominant language fluently. Brandenberger et al. (2019) highlight that language differences can lead to misunderstandings or a complete lack of understanding between healthcare providers and patients, which can compromise the quality of care. Similarly, Tate (2015) emphasizes that language barriers are associated with harmful outcomes and inefficient use of healthcare resources, particularly in emergency medical services. This is further supported by Norouzinia et al. (2015), who argue that insufficient knowledge of patients' cultural backgrounds and languages can hinder effective communication, leading to misinterpretations and inadequate care.

Cultural factors also play a significant role in communication barriers. Rashidian et al. (2016) note that cultural biases among healthcare providers can obstruct proactive



communication, particularly in sensitive areas such as sexual health. This is echoed by Verulavaa-F (2023), who identifies the obligation to complete medical records as a barrier that detracts from meaningful patient interactions. The pressure to document can lead to rushed consultations, where the quality of communication suffers as a result.

Hierarchical structures within healthcare settings can further complicate communication. Liu et al. (2021) illustrate how social norms and negative relationships among healthcare professionals can create an environment where open communication is stifled. This hierarchical dynamic can discourage team members from voicing concerns or questions, ultimately affecting patient care. The lack of psychological safety in these environments can lead to incomplete information exchange, which is detrimental to patient outcomes.

The use of interpreters can introduce its own set of challenges. Raynor (2015) discusses how reliance on family members or friends for translation can lead to errors in interpretation, which can adversely affect patient care. Even when professional interpreters are used, the potential for miscommunication remains, as highlighted by the findings that errors in translation can occur even with trained professionals. effective communication in healthcare is hindered by various barriers, including language differences, cultural misunderstandings, hierarchical dynamics, time constraints, and the complexities of using interpreters. Addressing these barriers is essential for improving patient-provider interactions and ensuring high-quality healthcare delivery.

RESEARCH METHOD

Research Design

This study employs a qualitative and quantitative research design with a phenomenological approach, aiming to explore and understand the lived experiences and perceptions of healthcare professionals and patients regarding communication in a medical context. The research was conducted over a six-month period, from January to June 2024, at the Wakaf UMI Foundation Hospital. This location was selected to provide a variety of medical interaction contexts, both in primary and secondary healthcare facilities. The research targets healthcare professionals and patients involved in routine medical consultations. The research subjects consist of 20 healthcare professionals, including doctors and nurses, as well as 20 patients who have regularly interacted with healthcare providers. Participants were selected using purposive sampling to ensure a diversity of experiences and perspectives relevant to the research topic.



Data Collection

Data was collected through two main methods: semi-structured interviews and direct observation. Interviews were conducted with healthcare professionals and patients, using a set of questions designed to explore perceptions, challenges, and experiences related to medical communication. Each interview was recorded with the participants' consent and later transcribed verbatim. In addition, the researchers conducted direct observations of doctor-patient interactions in various clinical settings to gain contextual insights into the dynamics of communication. These observations provided practical examples of how communication occurs in daily practice.

Data Analysis

The collected data was analyzed using thematic analysis, allowing for the identification, analysis, and reporting of patterns within the data. This process followed six steps outlined by Braun and Clarke, beginning with familiarization with the data, initial coding, identification of potential themes, review and refinement of themes, and culminating in the development of a narrative of the research findings. The credibility and validity of the research were enhanced through the use of reflective journals and peer debriefing, ensuring that the research outcomes accurately represent the participants' experiences. Additionally, the study adhered to research ethics by obtaining informed consent from all participants and maintaining the confidentiality of their data. The findings of this study are expected to provide in-depth insights into the importance of effective communication in improving the quality of doctor-patient interactions and its impact on patient satisfaction and adherence.

RESULT AND DISCUSSION

RESULT

This study identifies several key themes related to communication between healthcare professionals and patients. From the results of semi-structured interviews and direct observations, several main challenges in medical communication were found, including time constraints, differences in cultural backgrounds, and a lack of interpersonal communication skills among healthcare professionals.



1. Description of Research Subject Characteristics

This study involved 40 participants, consisting of 20 healthcare professionals and 20 patients. The following table provides a description of the characteristics of the research subjects:

Table 1. Description of Research Subject Characteristics

No	Characteristic	Healthcare Professionals	Patients
1.	Age	25-55 years	18-65 years
2.	Highest Education	Medical Degree, Nursing Degree (D3)	High School/Vocational School, D3, Bachelor's Degree
3.	Frequency of Visits	2-10 times in the last 6 months	2-10 times in the last 6 months
4.	Gender	12 Men, 8 Women	11 Men, 9 Women
5.	Visit Accompaniment	12 with companions, 8 without companions	12 with companions, 8 without companions

This study involved research subjects consisting of healthcare professionals and patients with diverse characteristics. Healthcare professionals ranged in age from 25 to 55 years, while patients were between 18 and 65 years old. In terms of education, healthcare professionals had at least a medical degree or a nursing diploma (D3), while most patients had an educational background ranging from high school/vocational school to a bachelor's degree. The frequency of patient visits to healthcare facilities ranged from 2 to 10 times in the last six months. The gender distribution among healthcare professionals included 12 men and 8 women, while the patient group consisted of 11 men and 9 women. Twelve patients were accompanied during their visits, while 8 attended without companions. The findings from this study provide a deeper understanding of the role of visit frequency and accompaniment in influencing the quality of communication between doctors and patients, an aspect that has rarely been discussed in previous research. In conclusion, the characteristics of the research subjects show significant variation in terms of age, education, gender, and accompaniment, which could potentially influence the patterns of communication interaction between doctors and patients, as well as the quality of healthcare services received.

2. Description of Communication Aspects Doctors and Patients

Aspek-aspek komunikasi antara dokter dan pasien yang teridentifikasi dalam penelitian ini mencakup:

Table 2 Description of Communication Aspects Doctors and Patients

No	Communication Aspect	Score Interval	Criteria
1.	Clarity of Information Delivery	Score 4-5	Highly Satisfactory
2.	Empathy and Personal Approach	Score 4-5	Highly Satisfactory
3.	Patient Involvement in Treatment Decisions	Score 3-4	Moderately Satisfactory
4.	Duration of Consultation	Score 3-4	Moderately Satisfactory

The results of this study indicate that the clarity of information delivered by doctors is generally good, although 30% of patients reported difficulties in understanding the technical terms used. Empathy and the personal approach taken by doctors also play a significant role, with 65% of patients feeling that doctors made an effort to understand their concerns, contributing to higher satisfaction. However, patient involvement in decision-making regarding treatment is still suboptimal, with only 45% of patients feeling involved, while 55% felt excluded. The average consultation duration, which ranged from 10 to 15 minutes, also impacted satisfaction levels, with patients who felt they had enough time being more satisfied with the communication they received. The findings of this study provide an in-depth exploration of patient involvement in treatment decisions, a topic often overlooked in previous research. In conclusion, effective communication between doctors and patients is heavily influenced by the clarity of information, empathy, involvement in treatment decisions, and consultation duration, all of which play a crucial role in improving patient satisfaction and adherence to treatment plans.

3. Results of Product Moment Correlation Analysis

The product moment correlation was used to test the relationship between the clarity of information and patient satisfaction, while multiple regression was used to evaluate the simultaneous influence of several variables on patient satisfaction. Below is the table of results from the analysis:

Table 3. Results of Product Moment Correlation Analysis

No	Variable	Correlation Coefficient (r)	p-value	Interpretation
1.	Clarity of Information Delivery	0.72	$p < 0.05$	Significant
2.	Patient Satisfaction	0.72	$p < 0.05$	Significant



The results of the Product Moment correlation analysis show a significant relationship between the clarity of information delivered by doctors and patient satisfaction. With a correlation coefficient of 0.72, this result indicates a strong positive relationship between the two variables. In other words, the clearer the information provided by the doctor, the higher the level of patient satisfaction. Additionally, the $p\text{-value} < 0.05$ indicates that this relationship is statistically significant, suggesting that the clarity of communication from the doctor has a significant impact on patient satisfaction. Based on these findings, it is important for medical professionals to deliver information clearly to improve the quality of healthcare services.

4. Results of Multiple Regression Analysis

Below are the detailed results of the analysis related to the doctor-patient communication variables identified in this study.

Table 4. Results of Multiple Regression Analysis

No	Variable	Regression Coefficient (β)	p-value	Interpretation
1.	Clarity of Information	0.45	$p < 0.05$	Significant
2.	Doctor's Empathy	0.35	$p < 0.05$	Significant
3.	Consultation Duration	0.12	$p < 0.05$	Not Significant

The results of the multiple regression analysis show that doctor-patient communication variables, such as clarity of information and doctor's empathy, have a significant influence on patient satisfaction. Clarity of information, with a regression coefficient of 0.45 and a $p\text{-value} < 0.05$, has a strong and statistically significant influence, indicating that the clearer the information provided by the doctor, the higher the patient satisfaction. Doctor's empathy also has a positive and significant influence, with a regression coefficient of 0.35 and a $p\text{-value} < 0.05$, meaning that the higher the doctor's empathy, the more satisfied the patient is with the service provided. However, the consultation duration variable, despite showing a regression coefficient of 0.12, is not statistically significant, indicating that consultation duration does not have a significant impact on patient satisfaction. Overall, this regression model explains 62% of the variability in patient satisfaction, suggesting that clarity of information and doctor's empathy are important factors in improving patient satisfaction, while consultation duration does not play a major role in this regard.

5. Forms of Communication Between Doctor and Patient

Effective communication between doctors and patients is crucial to improving treatment outcomes and patient satisfaction. This can be achieved through clear communication, empathy, and active participation in the decision-making process. Good communication contributes to better health outcomes and a more efficient healthcare system. Factors such as doctor and patient characteristics, socio-cultural differences, and situational factors have a significant influence on the effectiveness of communication. Additionally, patients with higher levels of education tend to be more active in communicating with their doctors. This is because education plays an important role in understanding the effectiveness of doctor-patient communication. Therefore, it is important for doctors to develop better communication skills, understand social and cultural differences, and actively involve patients in decision-making processes.

Here is an example of effective communication between a doctor and a patient, based on research emphasizing the importance of clarity of information, empathy, and involving the patient in treatment decision-making:

Doctor: "*Selamat pagi, Ibu. Bagaimana perasaan Ibu hari ini? Saya ingin berbicara mengenai hasil tes kesehatan yang baru saja Ibu jalani. Berdasarkan hasil yang kami dapatkan, ada beberapa hal yang perlu kita diskusikan untuk menentukan langkah pengobatan yang terbaik.*" (Good morning, ma'am. How are you feeling today? I would like to talk about the results of your recent health tests. Based on the results, there are a few things we need to discuss to determine the best course of treatment).

Patient: "*Saya merasa agak cemas, Dok. Hasilnya bagaimana, ya?*" (I'm feeling a bit anxious, doctor. What are the results?")

Doctor: "*Saya mengerti Ibu merasa khawatir, dan itu sangat wajar. Izinkan saya menjelaskan dengan jelas. Hasil tes menunjukkan bahwa kadar kolesterol Ibu agak tinggi. Kondisi ini bisa kita atasi dengan beberapa pilihan pengobatan, termasuk perubahan gaya hidup dan obat-obatan tertentu. Saya akan menjelaskan masing-masing pilihan agar Ibu dapat memahami dan memutuskan bersama-sama.*" (I understand you're feeling worried, and that's completely normal. Let me explain clearly. The test results show that your cholesterol levels are a bit high. We can manage this with several treatment options, including lifestyle changes and certain medications. I'll explain each option so you can understand them and we can decide together).

Patient: "*Saya kurang paham, Dok. Apakah saya harus langsung minum obat?*" (I'm not sure I understand, doctor. Should I start taking medication right away?).

Doctor: "*Pilihan itu tergantung pada apa yang paling nyaman bagi Ibu. Kita bisa mulai dengan perubahan gaya hidup terlebih dahulu, seperti memperbaiki pola makan*"

dan berolahraga. Jika setelah beberapa bulan kadar kolesterol masih tinggi, kita bisa mempertimbangkan obat-obatan. Bagaimana menurut Ibu?" (That depends on what you're most comfortable with. We can start with lifestyle changes first, such as improving your diet and exercising. If, after a few months, your cholesterol levels are still high, we can consider medication. What do you think?).

Patient: *"Saya ingin mencoba perubahan gaya hidup dulu, Dok."* (I'd like to try the lifestyle changes first, doctor).

Doctor: *"Itu keputusan yang baik, Ibu. Saya akan membantu Ibu dengan panduan untuk pola makan dan aktivitas fisik. Jika Ibu memiliki pertanyaan lebih lanjut, jangan ragu untuk menghubungi saya. Kita juga akan melakukan pemeriksaan ulang dalam waktu 3 bulan untuk melihat perkembangan. Apakah ada hal lain yang ingin Ibu tanyakan?"* (That's a good decision. I'll help you with guidelines for diet and physical activity. If you have any further questions, don't hesitate to contact me. We'll also do a follow-up check in 3 months to see your progress. Is there anything else you'd like to ask?).

Patient: *"Tidak, Dok, terima kasih atas penjelasannya. Saya merasa lebih tenang sekarang."* (No, doctor, thank you for the explanation. I feel much more at ease now).

Doctor: *"Sama-sama, Ibu. Saya senang bisa membantu. Kami akan memantau kondisi Ibu secara berkala, dan saya akan selalu ada jika ada yang ingin Ibu diskusikan."* (You're welcome. I'm glad I could help. We'll monitor your condition regularly, and I'll always be available if you need to discuss anything).

Communication Analysis: (1) Clarity of Information Delivery: The doctor explains the test results clearly and provides information that the patient can understand; (2) Empathy: The doctor shows empathy for the patient's anxiety and tries to ease their concerns; (3) Involvement in Decision-Making: The doctor involves the patient in choosing a treatment that fits the patient's preferences and condition, making the patient feel in control of their health. This type of communication fosters trust and comfort between the doctor and the patient, ultimately increasing the patient's adherence to the treatment plan and their satisfaction with the healthcare services received.

6. The Role of Language Use in the Medical Field

The use of language in the medical field plays a crucial role in ensuring effective communication between doctors and patients. Language is not merely a tool for conveying information but also serves as a vital bridge in fostering empathetic and productive relationships. Research has demonstrated that appropriate language use impacts various aspects of medical interactions. It enables doctors to gather detailed information about a patient's condition, such as symptoms, medical history, and



underlying concerns, as highlighted by Levinson et al. (2010). Clear and simple communication improves patient adherence to treatment plans, ultimately enhancing clinical outcomes, as evidenced by Haskard Zolnierrek and DiMatteo (2009).

Moreover, using precise language minimizes misunderstandings that could lead to diagnostic errors, as emphasized by Tongue et al. (2005). Empathetic and polite communication builds trust and strengthens therapeutic relationships, creating a comfortable environment for patients to share their health concerns, as noted by Epstein et al. (2005). In culturally diverse contexts, such as Indonesia, intercultural communication skills are essential to address linguistic and cultural barriers effectively, as shown by Suryani (2018). Effective communication also increases the efficiency of healthcare systems by preventing unnecessary repetition of tests or procedures, saving both time and costs (Street et al., 2009). Additionally, in the era of telemedicine, the ability to maintain clarity and empathy in digital communication is increasingly important, as observed by Gordon et al. (2020).

However, despite these advancements, several gaps remain unaddressed in the current research. Limited studies explore how language can preserve empathy and clarity in digital health contexts, particularly in telemedicine platforms. The influence of cultural diversity on doctor-patient communication, especially in multicultural settings like Indonesia, is still underexplored. Additionally, there is a lack of research focusing on the role of language in addressing the needs of vulnerable populations, such as the elderly, individuals with low literacy levels, or those facing language barriers. The integration of effective language use into emerging health technologies, such as medical applications and AI-driven chatbots, also requires further investigation. Lastly, there is a scarcity of quantitative studies that measure the impact of effective communication on reducing healthcare costs and improving system efficiency. Addressing these gaps could provide valuable insights to further optimize language use in healthcare, ultimately enhancing patient outcomes and the overall effectiveness of medical practices.

Language plays a crucial role in the medical field, shaping almost every aspect of the interaction between doctors and patients. Effective and empathetic communication fosters better, more efficient, and humane healthcare services, ultimately improving patients' quality of life. One of the key benefits of effective language is its ability to reduce misunderstandings, ensuring that patients accurately understand the information conveyed by doctors, thereby minimizing diagnostic and treatment errors (Makoul & Clayman, 2006). Additionally, clear and straightforward communication enhances patient compliance by helping them understand medical instructions and the importance of adhering to treatment plans, which directly contributes to successful outcomes (Haskard Zolnierrek & DiMatteo, 2009). Effective language also saves time and resources, facilitating faster communication and reducing the need for repeated explanations or clarifications, as highlighted by Street et al. (2009).



Moreover, empathetic communication fosters trust and satisfaction, as patients who feel heard and understood are more likely to express confidence in their healthcare providers and report higher satisfaction levels (Epstein et al., 2005). Effective language also empowers patients by supporting informed decision-making, enabling them to clearly comprehend medical information and actively participate in their care decisions (Elwyn et al., 2012). In multicultural societies such as Indonesia, culturally sensitive communication is particularly important for overcoming language and cultural barriers, ensuring equitable access to healthcare for patients from diverse backgrounds (Suryani, 2018). By prioritizing the use of effective and empathetic language, medical professionals can improve healthcare quality, reduce risks, and achieve better outcomes, solidifying language as a cornerstone of patient-centered care.

7. The Importance of Health Communication Planning

Research shows that well-structured health communication planning is essential for ensuring effective communication between doctors and patients. There are six stages that must be followed to optimize health communication: macro planning, communication strategy planning, implementation/tactical planning, evaluation planning, program sustainability planning, and publication planning if necessary. Each stage plays a crucial role in ensuring that the communication process runs smoothly and has a positive impact on the quality of healthcare services.

For example, in doctor-patient communication practices, macro planning may involve setting clear communication goals, such as improving the patient's understanding of their medical condition. Communication strategy planning includes the approach the doctor will use to convey information effectively, such as using language that the patient can easily understand. Implementation/tactical planning refers to how the communication will be carried out, for instance, through face-to-face consultations or telemedicine. Next, evaluation planning can involve patient satisfaction surveys to assess the effectiveness of the communication. Program sustainability planning ensures that communication is maintained throughout the course of treatment, and publication, if needed, could include a health campaign for the wider public.

By implementing these communication planning stages, doctors can enhance the effectiveness of their interactions with patients, which in turn improves patient satisfaction and treatment outcomes. Each planning stage ensures that the communication process is not merely spontaneous but is designed with specific goals in mind, appropriate strategies, as well as ongoing evaluation and adjustments. This creates a more focused and sustainable communication cycle, improving the overall quality of healthcare services and helping to foster better doctor-patient relationships, thereby contributing to patient adherence to treatment.



DISCUSSION

This study identifies several key findings related to the challenges in communication between healthcare professionals and patients. First, the limited consultation time was found to be a major barrier to building effective communication, which negatively impacts the quality of interaction between doctors and patients. Second, cultural background differences also present a significant challenge, particularly in the collectivist society of Indonesia, where patients tend to be less proactive in communication. Third, it was found that empathy and patient involvement in medical decision-making are still suboptimal. Only 45% of patients felt involved in treatment decisions, indicating a need to increase more active patient participation. Lastly, the clarity of information delivered by doctors plays a key role in patient satisfaction, as evidenced by the positive correlation between clarity of information and patient satisfaction ($r = 0.72$, $p < 0.05$).

This research identifies several main challenges in medical communication, including time constraints, cultural background differences, and a lack of interpersonal communication skills among healthcare professionals. These challenges often exacerbate doctor-patient interactions, leading to low patient satisfaction with the services provided. For instance, a study by Tu et al. (2019) found that the communication patterns between doctors and patients are heavily influenced by limited consultation time, which can reduce the quality of interaction and understanding between both parties. Moreover, cultural background differences between healthcare professionals and patients also pose a significant challenge. Paternotte et al. (2016) suggest that doctors need strong cross-cultural communication skills to understand the needs and expectations of patients from various backgrounds.

In Indonesia, communication between doctors and patients is also often hindered by the dynamics of a collectivist culture, which affects how patients interact with medical authorities. Mulyana et al. (2021) highlight that in Indonesian society, patients tend to be more passive in communication with doctors, which in turn reduces openness in sharing the information needed for diagnosis. The limited consultation time is also a factor affecting the effectiveness of doctor-patient communication. Singh (2015) states that short consultation durations often result in unclear information being conveyed, affecting the patient's understanding of the treatment plan.

In this study, the average consultation duration of only 10-15 minutes was found to be sufficient for most patients, but not enough for those requiring more in-depth explanations about their medical condition. This is consistent with the findings of Lee et al. (2022), which show that more in-depth and structured communication is needed, especially in complex cases such as patients with chronic diseases. Patient involvement in treatment decision-making is also an important aspect of creating effective



communication. Only 45% of patients in this study felt involved in the decision-making process, indicating that there is room for improvement. As noted by Edelmann, patient and doctor characteristics, including education level, play a significant role in the effectiveness of communication.

Patients with higher education levels tend to be more active in participating in treatment decisions, while patients with lower education levels may feel less confident in interacting openly with their doctors. Another challenge is the need to improve interpersonal communication skills among healthcare professionals. This study is in line with the findings of Sugandi et al. (2023), which state that doctors are often inadequately trained in interpersonal communication, especially in situations that require empathy and a personal approach.

More structured training on communication skills, including how to manage cultural differences and provide understandable medical explanations, is urgently needed among healthcare professionals in Indonesia. Therefore, this research emphasizes the importance of more structured and well-planned communication in medical interactions. Parvanta et al. (2011) proposed six stages of health communication planning that can be implemented to improve the quality of interaction between doctors and patients. These stages include clearer communication strategy planning, tactical implementation, and ongoing evaluation to ensure that communication between doctors and patients is effective.

The findings from this study are not only relevant for improving the quality of healthcare services but are also important in creating a more equitable and efficient healthcare system. By overcoming existing communication barriers, doctors can provide more humanistic and patient-centered care, which will ultimately increase patient satisfaction and reduce the risk of complications due to non-compliance with treatment.

This study offers new insights by identifying the role of patient accompaniment in influencing the quality of doctor-patient communication, which is often overlooked in previous studies. Additionally, it highlights the importance of patient involvement in treatment decision-making as a critical factor in improving adherence to treatment plans, which is often underappreciated in medical communication research in Indonesia. This approach also focuses on more humanistic and patient-centered interactions, in line with recommendations for developing better interpersonal communication skills among healthcare professionals.

CONCLUSION

This study reveals the main challenges in communication between healthcare professionals and patients, particularly time constraints, cultural background differences, and a lack of interpersonal communication skills among healthcare providers. These challenges directly impact the quality of doctor-patient interactions, which in turn affect patient satisfaction and adherence to treatment plans. The study also shows that effective



communication, characterized by the clarity of information delivery, doctor empathy, and patient involvement in decision-making, has a significant impact on patient satisfaction and treatment outcomes.

In the context of the research, it was found that the frequency of patient visits and the presence of a companion during consultations also influence the quality of communication between doctors and patients, an aspect rarely discussed in previous studies. This finding highlights the need to consider the role of companions in enhancing the quality of medical interactions.

The novelty of this research lies in identifying the importance of patient involvement in treatment decision-making as a key factor in improving patient adherence, as well as the role of companions in strengthening doctor-patient communication. This aspect has not been widely addressed in medical communication studies in Indonesia, particularly those that highlight the influence of collectivist cultural contexts in medical interactions.

The implications of this study are broad, especially in improving the healthcare system in Indonesia. More structured and ongoing communication training for healthcare providers is necessary to improve the quality of services, particularly in dealing with cultural and social differences. Furthermore, increasing patient involvement in medical decision-making can promote the creation of a more equitable, inclusive, and patient-centered healthcare system. Thus, the findings of this study are not only relevant for improving the quality of doctor-patient interactions but also for reducing healthcare costs by preventing complications due to non-compliance with treatment.

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