Interpersonal Communication skill Barrier Faced by Cardiology Doctors at National Heart Centre Malaysia

G.Vimala
Department of Communication, Faculty of Modern Languages & Communication, University Putra Malaysia, Malaysia
Email: vimala.kannan@gmail.com

Siti Zobidah Omar, PhD
Institute for Social Science Studies (IPSAS) University Putra Malaysia
43400 University Putra Malaysia, Serdang, Selangor Darul Ehsan, Malaysia
Email: zobidah@upm.edu.my

DOI: 10.6007/IJARBSS/v6-i6/2202 URL: http://dx.doi.org/10.6007/IJARBSS/v6-i6/2202

Abstract

Issues concerning on the health care especially the relationship between doctors and patients have been discussed broadly. Most of the researches concerning the health care were based on the behaviour and patients' perception on the service provided in the health care services. The main objective of this paper is to focus on the barrier faced by the doctors in using interpersonal communication skills (IPC) during interacting with their patients. This study uses qualitative methods and a phenomenological approach was adopted in this research. A total of 15 cardiology doctors were interviewed. An in-depth interview and observation were used to study the interpersonal communication skills used by doctors in National Heart Institute Kuala Lumpur Malaysia. Researchers then transcribed the data verbatim and analysed it using ATLAS.ti7 software in order to allow us to code the key themes, sub-themes and inter-relationships. Results of the study show that the main IPC barriers are time and language which interrelated with the consulting session of cardiology doctors with their patients. Based on the results gained, it is recommended that doctor can be given training and skills in managing time during the counselling session with their patients and the severe time limitation that doctors work under. Through the training on time management during the consulting session, doctors may more effectively and efficiently used their IPC with patients.

Key words: Interpersonal Communication Skill, Communication Barrier, Doctor & Patient Communication.

Introduction

Malaysia has a well-established and efficient health sector with many public and private health care providers. Interpersonal communication skills in health care have the potential to facilitate and enrich face-to-face consultations between doctors and patients. The main idea of this research at National Heart Centre (IJN) is to study how doctors deal with heart patients. In 2010, there were 22,701deaths in Malaysia caused from heart disease (WHO). There are about 8,000 new heart patients yearly, and heart disease was the number 1 killer in Malaysia for the past 30 years (MOH, 2013). There are medical institutions providing treatments for this leading disease, including the IJN, which delivers advanced treatment in a broad range of cardiac services. IJN has an experienced team of specialists who treat the most complicated case. The dissemination of medical information to patients by the doctors depends on doctors' verbal and nonverbal skills. The researcher perceived here doctors' interpersonal communication skill for interacting with patients is an essential part of the delivery of effective care.

The main objective of this study is to look into the barrier in using interpersonal communication skills by the cardiology doctors during the interaction session with their patients at National Heart Institute, Malaysia. This study also look into a doctor's role as a person in saving people live and relieve from illness through communication becomes an important element in health care especially as a connector between human through verbal and non-verbal communication. The research focus on how the doctors use interpersonal communication skills to communicate with their patients at the National Heart Centre Malaysia. The information that delivered by the doctors should be able to understand and perceived by the patients via their verbal and nonverbal communication. The subject of doctor's patient interaction and communication is raised as a concern mainly by the public. An interpersonal communication skill in health care is one of the main parts as it raises positive health outcome and patients' satisfaction.

Doctor-Patient Communication

Doctor -patient communication is an essential component in the health care system. A good doctor-patient communication is a significant role as heart and art of health care. A doctor's communication skills comprise of the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. (Bredart, 2005 & Duffy, 2004). As this is a process of the exchange of information, supporting patients' self-management, the management of uncertainty and emotions, decision making and enhancing the physician-patient relationship (Street, 2009).

A doctor's main job scope is communicating and interacting with their patients as well as interrelated relationship with patients' illness, decision making on the treatment and therapy mater which is lead to the strategic way for a successful and effective health care system (Neo,2011) Past research has shown that communication with a patient will help the doctors to know about the patient's health problem and creates a therapeutic relationship necessary for its management and, if possible, its solution (Martin, 2005).

Seeking health care is challenging due to many factors. Effective doctor-patient communication can help patients achieve their healthcare goals and provide them with relevant health information for making important health care decisions. Ajjawi & Higgs, (2007)

specified a doctor's interpersonal communication skills encompass the ability to gather information to provide patients with accurate diagnosis, advise them, give therapeutic instructions, provide needed support and establish caring consumer-provider relationships. Epstein (2007) focused on communication in healthcare settings and patient-physician relationships, and pointed on patient-centred communication has a positive impact on important outcomes, including patient satisfaction, adherence to recommended treatment, and self-management of chronic disease.

In addition, recent research provides compelling evidence that such communication improves clinical outcomes in the management of diabetes, hypertension, and cancer. researcher emphasize on doctor-patient communication increase doctors understanding of patients' individual needs, perspectives, and values; to give patients the information they need to participate in their care; and to build trust and understanding between physicians and patients (Levinson, 2010).

Malaysian health care policy underline on the communication among the medical professionals shall be open, honest and effective to ensure optimal patient care. This lead to an effective interpersonal communication skill used by the doctors towards their patient increasingly recognized as an important factor in health care sector. In order to look at the barrier in IPC skills used by the cardiology doctors to their patients, the researcher identified Social Cognitive Theory. This theory explains how doctors use behaviour during interact with patients using IPC skills. The theory concept is about the behavioural capability is the doctor's performance towards their patients involving behaviour such as consultation and decision-making on treatment.

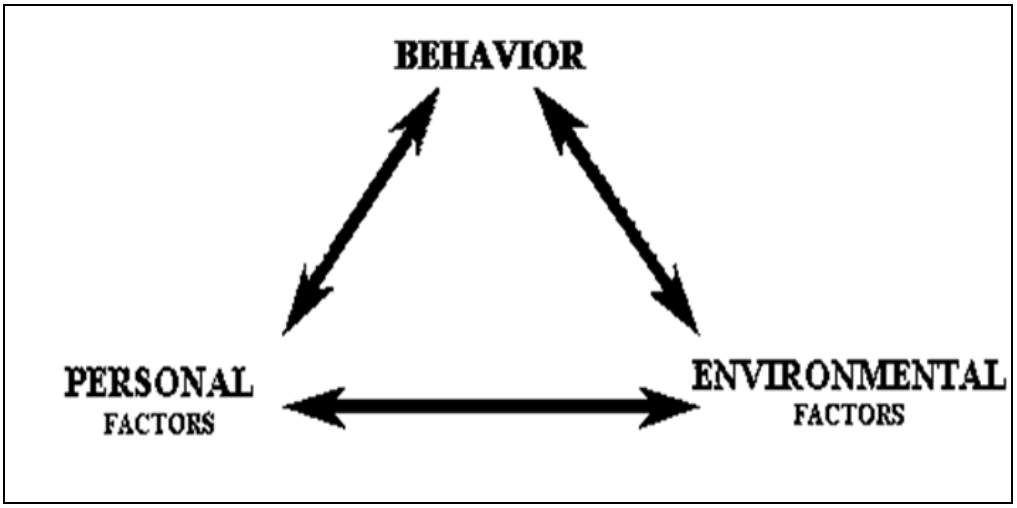

Figure 1: Social Foundations of Thought and Action: A Social Cognitive Theory.

Social cognitive theory explains the relationship between doctors patients adopts a given behaviour such as health-related habits during communicating with their patients. In this model above, which can be visualized as an equilateral triangle, behaviour, cognitive and other personal factors and environmental events all operate as interacting determinants of each other. The figure 1: can be related to doctors and patients in order to study interpersonal

communication skills behaviour, Action and decision of a doctor play very important role in communicating with the patients, create a belief thought of patients that their health related problem can be overcome.

Research Design

A qualitative research design is used in this study focusing on the barrier doctor's face during interacting with their patients. Qualitative research define as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore and understanding of human experience and the social or human problem (Cresswell, 2012). Researcher recognizes qualitative method describe human experience and behaviour through the meaning of experience in human activity and is not purely based on objective observation and description Berg, Welman and Kruger (1989). A phenomenology approach was adopted in this study to describe phenomena or an individual's experience such as the doctors' description of lived experience when communicating with patients in discussing their diagnosed disease and exploring participants' learning journeys.

A total of 15 cardiologist doctors has been interviewed in-depth as an informant of the study. Apart from that, the researcher will also use triangulism, such as observation, taking notes, audio tape recording. The informants were selected based on purposive sampling with criteria of it must be a medical doctor dealing with patients, several years of working experience dealing with patients and focus on the life experience of the cardiology doctors in dealing with their patients using interpersonal communication skills.

Table 1: Summary of informants

No	Doctor's Name	Age	Race	Gender	Specialize	Working Experience (Years)
1.	Dr Kant	34	Indian	Male	Cardiologist	12
2.	Dr Guru	36	Indian	Male	Cardiologist	14
3.	Dr Bin	43	Chinese	Male	Cardiologist	21
4.	Dr Kumar	37	Indian	Male	Cardiologist	15
5.	Dr Ben	35	Indian	Male	Cardiologist	13
6.	Dr Mon	42	Indian	Male	Cardiologist	13
7.	Dr Tony	34	Chinese	Male	Cardiologist	12
8.	Dr Shah	33	Malay	Female	Cardiologist	11
9	Dr Len	38	Malay	Male	Cardiologist	16
10	Dr Min	39	Malay	Female	Cardiologist	17
11	Dr Farah	44	Malay	Female	Cardiologist	22
12	Dr Deva	34	Indian	Male	Cardiologist	12
13	Dr An	39	Chinese	Male	Cardiologist	17
14	Dr Hen	37	Chinese	Male	Cardiologist	15
15	Dr Alvin	38	Indian	Male	Cardiologist	16

During the interview, the researcher was engaged with the informant by posting questions in a neutral manner, listening attentively to the informants' responses, asking follow-up questions and probes based on those responses. In-depth interviews were usually conducted face-to-face which involves one interviewer and one participant. Apart from that, an observation method was also being used in this research. The observational method was used for the purpose of description of settings, activities, people, and the meanings of what is observed from the perspective of the participants.

Observation could lead to deeper understandings than interviews alone, because it provides knowledge of the context in which events occur, and may enable the researcher to see things that participants themselves are not aware of, or that they are unwilling to discuss (Patton, 1990). In addressing the issues of interpersonal communication skills of doctors during giving treatment to the patient, the researcher observes to get the clear and accurate picture which interplay among doctors and patients.

The occurrence of interpersonal communication skills of doctors towards the patients will be more focusing on how the doctor gets along with their patient to overcome the patient's illness and how they convey supportive health care information to the patients. The in-depth interviews took about 30 to 40 minutes. The interview was tape-recorded and later transcribed verbatim after each session. The constant comparisons analysis was used to check the consistency of the interview transcribed data in identifying themes and categories. This Constant comparison requires continual revision throughout the course of the study until saturation of the themes and categories have been achieved, leading to a new, or updated theory of how knowledge is acquired and skills are learned (Corbin & Strauss, 2015).

Result of the Study

Interpersonal Communication Skills Barriers faced By Doctors.

Based on the interview, the result shows that there are 15 informants that have agreed to participate in this study. Out of 15 informants there were 12 male and 3 female informants, 4 Malays, 4 Chinese and 7 Indian cardiology doctors participated in this study. The informants were participated from them age group of 30-45years old. These informants have 10 to 25 years of working experience as cardiology doctors.

They are the expert in the area of procedures such as carry out heart catheterizations, angiograms, electrophysiology studies, percutaneous coronary intervention, valvuloplasty, peripheral angioplasty, pacemaker implantation, open and closed heart surgeries, heart and lung transplants, LVAD implantations, thoracic and vascular surgery. The following discussion will be on the barriers faced by the informant in using interpersonal communication skill with the patients. Based on the thematic analysis, there are two types of barrier, namely: time barrier and language barrier.

Time Barrier

Time is the main factor in any medical institution especially for healthcare providers such as doctors, nurses and other medical offices. The medical institution which overwhelmed by numbers of patients makes the doctors has little time to engage effectively with patients. Previous research has indicated time-consuming as the doctors need to spend time in delivering effective healthcare information to the patient. In the current health care practice, physicians face mounting demands on their time. Increasing administrative requirements for health care delivery (e.g., service and authorization requests, utilization review processes) encroach on time spent with patients (Dugdale, 1999). Survey results found that lack of time with patients is one of the barriers that doctors face today. Several issues identified related to the time barrier by the researcher which are doctor's busy time schedule, doctor's time see the patients and patients waiting hours.

i) Doctors busy time schedule

The doctors are busy with their daily clinical practice. From the interview, most of the doctors express their busy schedule in the hospital. They have to do several tasks such as such as visit their patients in the ward before the clinical hours begin at 9.30am, send detailed records of each patient treated, responsible for performing major and minor surgery. During the clinical hours doctors busy in consulting 30 to 40 patients, completing tasks such as examining patients and recommends patients on medication and treatment process plan of treatment. For example, Dr Kant said that:

> *"Busy schedule of the each doctor here will lead to limited time they spend with their patients. And this issue almost facing by all the doctors in all the medical institutions". (Dr Kant)*

During observation, the researcher captured the scenario which had the similar quote supported by scholars that the typical 15- or 20-minute patient-physician encounter, the physician makes nuanced choices regarding the words, questions, silences, tones, and facial expressions he or she chooses (John Travaline, Robert Ruchinkas & Gilbert, 2005).

Dr Bin added doctors at IJN are basically busy and have only limited time with their patients. Literature had similar quote as the physicians in the public sector reported how some clinics struggle to cope with their workload (Risso-Gill, 2015). This situation limit doctors communication between doctors and their patient. For example Dr Bin stated that:

> *"If we are very busy then naturally we do not have lot of time to show down the smile and make small talk. The busy times maybe only once or two weeks. If you really busy, you don't have time at all… yeah you just have to get on."(Dr Bin)*

The situation is based on the observation done with the cardiology doctors where they really busy time working schedule every day. Physicians are continually asked to deal with complicated social problems in a busy time schedule (David Hilfike, 1985). Literature supported as structural constraints on physicians' time may limit attention directed to both content and

relational aspects of communication in dealing with patients (Loge, 1997). For example, during the interview, Dr Len shared his experience as:

> *"Sometimes we are stress out that lot of patients are coming in. we have to see patients fast if not other patients will get upset."(Dr Len)*

ii) Doctors time see the patients

A part of doctors busy time schedule, another barrier which very frequently occurring in health care system is the time the doctors see their doctors. Time that doctors see their patients became an issue as the limitation on the time the doctor serving per patients. From the interview and observation most of the informants express their experience on the time they spend with their patients. For instant Dr Tony share his experience said he would like to spend valuable time with their patients but they are facing obstacle in time factor, such as:

> *"I really wish to spend quality time with one patient to share the health care in formations but I think the limiting factor is time."(Dr Tony)*

Based on the observation, the researcher understood that the cardiology doctors only concentrate fully on their patients when they are in clinic. Doctors also try to utilize the consultation hours with positive health care deliver to the patients. Literature review emphasised on value and efficiency in health care delivery, quality time between physician and patient is an increasingly valuable resource (Dugdale, 1999). Dr Guru added he will try to see his patients and deliver good quality health care service. For example he said as:

> *"I see a lot of patients here. Time is constrain la… as much as possible we try to see the patients and make the patients ease. But we yeah we make appoint but sometimes we doctors cannot fulfil the patients requirements."(Dr Guru)*

During the interview session, the doctors spent appropriate time with their patients rather than doctors looking at the screen to correct patients, medication in the past. Gottschalk, (2005) come up with spent more time on consulting hours between both doctors and patient lead to satisfaction in health care outcome. For example Dr Hen said:

> *Doctors here in IJN always like to spend quality time with patients. During the consultation session with patients, we always gather their information on their illness. We try to build a good relationship with the patients as well as the companion and make sure of their understanding about what thy going through (Dr Hen).*

Researcher perceived spending good time on the consultation hours with the patients and their family increase the concern of the doctors and its lead to patients' satisfaction. The statement as similarly based on the past research as duration of the visit included only the time that the physician spent in face-to-face contact with the patient (Mechanic, 2001).

iii) Patients waiting hours

In the health care system, a patient waiting for their turn to see their doctors is very common. As the doctors have to see numbers of patients in their consulting hours, the patients has to wait for their turn.

The doctors have to see their patients as fast as they can in order to serve all the patients. For instance Dr Shah shared her career life experience as:

> *After spend hours waiting, the patients only see their doctors, for 10 to 15 minutes. We doctors aware it's not right to make patients sit very long outside the clinic. (Dr Shah)*

Based on the observation, the doctors have numbers of patients waiting for consultation especially in the morning. Literature shown that the physician and other healthcare providers can use strategic health communication to help their patients who are experiencing significant pain and discomfort by providing timely, accurate, and sensitive information to promote palliative care and relieve discomfort (Bostrom, 2004 ; Kreps, 2004). At the same time, the patients expect their doctors to be able to contain the patients' emotions and experiences quite longer. But Doctor Hen elaborated that consultation time short as due to consider of patients waiting outside their clinicians:

> *The long queue and numbers of patients awaiting can limits the time doctors can spend to see their patients. (Dr Hen)*

Based on the observation, researcher found that patients are waiting to see the cardiology doctors well understood with the culture at IJN where doctors are really busy and they will be serve them accordingly. The literature also shown that patients do leave without being seen by the doctors associated with waiting, long delays can also impose physical and psychological distress (Bernstein,2009). Dr Deva said patients understand and respect doctors and never show any dissatisfaction on the waiting time, for example:

> *So far patients understand and respect our time as much as they respect their own. So they waiting for long hours but them also create some space for the patients won't create a frustrating and tiring delay for their appointment with patients. (Dr Deva)*

Researcher understands there is no any patients show their dissatisfaction on the cardiology doctors or to the nurses. However another study showed that waiting times for physicians have been shown to be important to patients, with those who see a physician more quickly (Mason & Locker, 2012).

1. Language barrier

Malaysia has different ethnicities live in and each with their own specific culture, language and dialect. Apart from time barrier in IPC skills of the doctors to their patients, language is another barrier where highly referred in IJN. Therefore, the way the doctors interact with patients and the communication barriers encounter are different, complex and, sometimes, unpredictable. The wide variation patients and the doctors languages may potentially limit effective interaction and the patient's or their companion are more interested in speaking in their own local language (e.g. Malay and Tamil), some of them even unable to speak English. Such a difference in language between doctors and patients often result in lack of interaction, misunderstanding and therefore, considered to be an important barrier for effective communication.

i) Mono language

Differing languages between doctors and patients is a barrier to communication. Doctors need to see their information in their own language as they describing information about their diagnosis, evaluation or treatment plan. The lack of adequate interpretation was a source of anxiety, confusion and dissatisfaction with patient education.

Through the interview process researcher able to get doctors experience on language as the respondent said language is an obstacle for doctors to deliver health related information especially patients whom from rural area. Dr Farah shares her experience by stated as:

> *"Language is a barrier made it difficult for cardiology doctors to communicate with patients especially patients whom from rural and agricultural field as they can only speak their native language." (Dr Farah)*

Shannon Barnet (2015) said removing language barriers and speaking with patients in their own language can help patients receive the care they need and, equally important, not receive the treatments they do not need. The researcher perceived that language is closely related to the racial differences and it also closely effect to health care outcome. A language barrier between patients and healthcare providers is a major obstacle to the provision of quality care to culturally diverse populations (Bischoff, 2003). Doctors are facing barrier in language during communicating with their patients using the IPC skills of the. Dr Guru emphasize on the language barrier as:

> *"Of course we have racial differences. We hope always we speak the same languages that are not always a case. If you tried to get translator or you can appoint any family member to translate. If you can't get it, you can appoint our*

staff member to do the translation. And usually we can achieve that. Of course you have to slow down a bit because when you translate you may not able to communicate."(Dr Guru)

Researcher found that effective communication between doctors and patients using proper language improves adherence to consulting, treatment plan and recommendations in the health care system. Past research pointed language barrier will lead to the perceptions on the difficulties posed in difference way especially in the health care (Hawthorne, 2003). One of the informant pointed language is very simple if speak on their languages.

The informant clearly pointed the patients can understand the aids such as, pictures, model of the hearts when talk about the heart disease. Dr Min expresses his concern such as:

"Try to make as simple as possible speaking on their languages. So that they can understand and sometimes use aids also, pictures, model of the hearts most of the time we talk about the heart disease." Dr Min)

The researcher understood that doctors able to communicate with patients using appropriate language. If tit is different race between doctors and patients mostly the nurse takes charge to explain the health care information. Scholar found most of doctors provided language assistance or interpreters to facilitate their communications with same language as the medical institution make ease the treatment process for the doctors (Mercado, 2013). Dr Ben emphasized on the important of language barrier such as:

"The most common and important issue is language barrier...we actually do not have enough Indian staff nurses who can help the doctors to do translation as we have quite numbers of Indian patients are coming in."(Dr Ben)

ii) Medical jargons or clinical terms

Other than mono language IPC skill barrier also tailed of using medical jargon. this can lead the doctors giving unclear or inaccurate messages, and end up with misunderstanding. Use of medical jargon by doctors which is unfamiliar to patients constituted another aspect of communication barrier. Medical terminology such as 'Angiography', 'EPS (electrophysiology study)' and 'Cath (cardiac catheterization)' were often not sufficiently explained to patients, thus causing confusion about the nature of these procedures.

Dr Alvin understands doctors who speak on the clinical terms language may delivery inappropriate health care information such as:

"Doctors who speak on the clinical terms language may delay in result or in the delivery of an inappropriate care. Such a language barrier is causing inability in

exchange of information and therefore a potential for misdiagnosis and maltreatment, especially in the case of patients with acute conditions." (Dr Alvin)

The researcher observed that doctors pretty much concern on patients to understand on the medication and treatment explanation. This is because the doctors avoid their patients from taken their medications the wrong way. Literature supported that patients with limited language proficiency have problems with healthcare access, comprehension, adherence and receive lower quality of care overall (Jacobs, 2006). Dr Guru very sure as he said he won't be using any medical term to his patients for instance:

"Well I think not speaking in jargon la... Not using too much of high 5 languages and medical jargons also try not use too much of medical jargons. ."(Dr Guru)"

From the observation the researcher focused on what the patient needs to know and put into action, while avoiding medical terminology and unnecessary background information. Physicians often use medical jargon, deliver too much information at a time, and do not confirm patients' understanding of what was discussed (Sunil Kripalani, 2006). From the interview, Dr Bin shared his career experience that mostly doctors trained to not use medical jargons with their patients as some patient really can't understand the medical terminology. Dr Bin added as:

"No no… we don't. we trained to not use medical jargons when possible because we also trained in practice patients won't understand so it is no point of medical jargons unless the patients is educated know those terms or the patients from medical background. It is not common also because we got lot of patient whom their children are doctors also."(Dr Bin)

Conclusion

This study specifies on the interpersonal communication skills used by the cardiology doctors which would provide some data for bridging the barriers that faced by the doctors and patient. This study also discussed the barriers and the recommendations for the cardiologists to overcome them. The barriers related to this interpersonal communication skill between the doctors and patient is considering all the other challenges doctors facing in providing daily healthcare services to their patients. The barriers related in this paper is about interpersonal communication skills barrier that faced by cardiology doctors in their daily career life with their patients. However, as a trained doctor, he or she can begin to communicate in some difference by working together in the social, cultural, language and health literacy. Simple choices in words, information depth, speech patterns, body position, and facial expression can greatly affect the quality of one-to-one communication between the doctor and patient. These are conscious choices that can be learned and customized by the doctors to fit their patients in their health care situations. Avoiding communication barrier and sharpening the basic

communication skills previously suggested can help strengthen the doctors and patient relationship that much belief is lacking. These skills are not totally educated in the formed from medical school the overall communication skill set takes time and focusing on the interpersonal communication skills going practice. Generally overall cardiology doctors facing difficulties in communicating with their patient in terms of time. Time barriers were focused on doctors' busy time schedule; doctors time on see their patients and the waiting time for the patients. Apart from the time, the language barrier is another obstacle in this interpersonal communication skills used by the cardiology doctors. However, there are a number of language barriers where doctors facing using mono language and medical or clinical jargons.

Recommendation

It is recommend incorporating communication barriers from multiple perspectives into clinical guidelines to inform best practices to ensure continuous quality improvement in patient care and outcomes. The researcher understands some of the steps can be taken in order to bridge barriers and gaps using interpersonal in communicating with their patients. A doctor well trained in active listening skill will concentrate on both verbal and non-verbal communication in conveying messages to patients. The next steps in overcoming the barrier in interpersonal communication skills faced by the cardiology doctors are using simple language during communicating with the patients. This is important and doctors use language that can be easily understood and have the knowledge to avoid using medical terminology or jargon when speaking to patients and their families. Patients are often scared by such language, and can be anxious to admit that they don't understand the message being delivered. The institution management has to recognize that doctors to be trained formally in order to enable them effectively attend their patients with the proper time schedule. Doctors need to well train to occupy their time during communicating with their patients. If doctors have a strong belief that they can perform with a perfect time management then it can change previous patterns of long waiting hours. It is advised that IPC skills barriers should be accessible to the doctors through workshops. When language is a barrier in the IPC skill by doctors, the use of professional, credentialed interpreters is recommended. They can be used alone or in conjunction with a medical institution -based translators. Certified interpreters can be hired by the hospitals in order to assist the doctors to do the translation whenever needed (Noreen Esposito, 2001). Through this process, the healthcare institution can develop and support initiatives to standardize communication between referring and consulting doctors.

References

Ajjawi, R., & Higgs, J. (2007). Using Hermeneutic Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning. *The qualitative report*, *12*(4), 612-638.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioural change. *Psychological review*, *84*(2), 191.

Bandura, A. (1999). Social cognitive theory of personality. *Handbook of personality*, *2*, 154-196.

Bandura, A. (2002). Social cognitive theory in cultural context. *Applied Psychology*, *51*(2), 269-290.

Bernstein, S. L., Aronsky, D., Duseja, R., Epstein, S., Handel, D., Hwang, U, & Schafermeyer, R. (2009). The effect of emergency department crowding on clinically oriented outcomes. *Academic Emergency Medicine*, *16*(1), 1-10.

Bischoff, A., Perneger, T. V., Bovier, P. A., Loutan, L., & Stalder, H. (2003). Improving communication between physicians and patients who speak a foreign language. *British Journal of General Practice*, *53*(492), 541-546.

Bredart, A., Bouleuc, C., & Dolbeault, S. (2005). Doctor-patient communication and satisfaction with care in oncology. *Current opinion in oncology*, *17*(4), 351-354.

Bystad, M., Bystad, C., & Wynn, R. (2015). How can placebo effects best be applied in clinical practice? A narrative review. *Psychology research and behaviour management*, *8*, 41.

Charlton, C. R., Dearing, K. S., Berry, J. A., & Johnson, M. J. (2008). Nurse practitioners' communication styles and their impact on patient outcomes: an integrated literature review. *Journal of the American Academy of Nurse Practitioners*, *20*(7), 382-388.

Cortes, D. E., Mulvaney-Day, N., Fortuna, L., Reinfeld, S., & Alegría, M. (2008). Patient–provider communication: Understanding the role of patient activation for Latinos in mental health treatment. *Health Education & Behaviour*, *36*(1), 138-154.

Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks: Sage Publications.

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks: Sage Publications.

Denzin, N. K. & Lincoln, Y. S. 2000. 'Introduction: The discipline and practice of qualitative research', in N.K. Denzin & Y.S. Lincoln (eds.*), Handbook of qualitative research*, 1-29. Second Edition. California: Sage Publications, Thousand Oaks.

DiMatteo, M. R., Haskard-Zolnierek, K. B., & Martin, L. R. (2012). Improving patient adherence: a three-factor model to guide practice. *Health Psychology Review*, *6*(1), 74-91.

Duffy, F. D., Gordon, G. H., Whelan, G., Cole-Kelly, K., & Frankel, R. (2004). Assessing competence in communication and interpersonal skills: the Kalamazoo II report. *Academic Medicine*, *79*(6), 495-507.

Dugdale, D. C., Epstein, R., & Pantilat, S. Z. (1999). Time and the patient–physician relationship. Journal of General Internal Medicine, 14(S1), 34-40.

Epstein, R. M., & Street JR, R. L. (2007). Patient-centred communication in cancer care: promoting healing and reducing suffering.

Epstein, R. M., Franks, P., Fiscella, K., Shields, C. G., Meldrum, S. C., Kravitz, R. L., & Duberstein, P. R. (2005). Measuring patient-centred communication in patient–physician consultations: theoretical and practical issues. *Social science & medicine*, *61*(7), 1516-1528.

Goold, S. D., & Lipkin, M. (1999). The doctor–patient relationship. *Journal of general internal medicine*, *14*(S1), 26-33.

Gottschalk, A., & Flocke, S. A. (2005). Time spent in face-to-face patient care and work outside the examination room. *The Annals of Family Medicine*, *3*(6), 488-493.

Hawthorne, K., Rahman, J., & Pill, R. (2003). Working with Bangladeshi patients in Britain: perspectives from primary health care. *Family Practice*,*20*(2), 185-191.

http://www.moh.gov.my/images/gallery/Polisi/Operational_Policy_Anaesthesia_And_Intensive_Care_Service.pdf

Jensen, J. D., King, A. J., Guntzviller, L. M., & Davis, L. A. (2010). Patient–provider communication and low-income adults: Age, race, literacy, and optimism predict communication satisfaction. *Patient education and counselling*, *79*(1), 30-35.

Kim YM, Figueroa ME, Martin A, Silva R, Acosta SF, Hurtado M, Richardson P, Kols A (2002). Impact of supervision and self-assessment on doctor–patient communication in rural Mexico. *International Journal for Quality in Health Care*, *14*(5), 359-367.

Kim, S. S., Kaplowitz, S., & Johnston, M. V. (2004). The effects of physician empathy on patient satisfaction and compliance. *Evaluation & the health professions*, *27*(3), 237-251.

Krauss, R. M., Krauss, R. M., & Fussell, S. R. (1996). Social psychological models of interpersonal communication. In *Social Psychology: Handbook of Basic Principles*.

Kripalani, S., & Weiss, B. D. (2006). Teaching about health literacy and clear communication. *Journal of General Internal Medicine*, *21*(8), 888-890.

Kruger, D. (1988). *An introduction to phenomenological psychology* (2nd Ed.). Cape Town, South Africa: Juta.

Lasswell, H. D. (1948). The structure and function of communication in society. *The communication of ideas*, *37*, 215-228.

Levinson, W., Stiles, W. B., Inui, T. S., & Engle, R. (1993). Physician frustration in communicating with patients. *Medical care*, *31*(4), 285-295.

Lovell, B. L., Lee, R. T., & Brotheridge, C. M. (2010). Physician communication: barriers to achieving shared understanding and shared decision making with patients. *Journal of Participatory Medicine*, *2*, e12

Martin, L. R., Williams, S. L., Haskard, K. B., & DiMatteo, M. R. (2005). The challenge of patient adherence. *Therapeutics and clinical risk management*, *1*(3), 189.

Mason, S., Weber, E. J., Coster, J., Freeman, J., & Locker, T. (2012). Time patients spend in the emergency department: England's 4-hour rule—a case of hitting the target but missing the point?. *Annals of emergency medicine*, *59*(5), 341-349.

Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *BMJ: British Medical Journal*, *320*(7226), 50.

Mead, N., & Bower, P. (2002). Patient-centred consultations and outcomes in primary care: a review of the literature. *Patient education and counselling*, *48*(1), 51-61.

Mechanic, D., McAlpine, D. D., & Rosenthal, M. (2001). Are patients' office visits with physicians getting shorter? *New England Journal of Medicine*, *344*(3), 198-204.

Mercado, V. (2013). Health Care Litigation: Overcoming Language Barriers to Reduce Liability. *Health Law and Policy Brief*, *1*(1), 9.

Neo, L. F. (2011). Working toward the best doctor-patient communication. *Singapore medical journal*, *52*(10), 720-725.

Polkinghorne, D. E. (1989). Phenomenological research methods. In *Existential-phenomenological perspectives in psychology* (pp. 41-60). Springer US.

Risso-Gill I, Balabanova D, Majid F, Ng KK, Yusoff K, Mustapha F, Kuhlbrandt C, Nieuwlaat R, Schwalm JD, McCready T, Teo KK, Yusuf S, McKee M. (2015). Understanding the modifiable health systems barriers to hypertension management in Malaysia: a multi-method health systems appraisal approach. *BMC health services research*, *15*(1), 254.

Salmon, D. A., Sapsin, J. W., Teret, S., Jacobs, R. F., Thompson, J. W., Ryan, K., & Halsey, N. A. (2005). Public health and the politics of school immunization requirements. *American Journal of Public Health*, *95*(5), 778-783.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and health*, *11*(2), 261-271.

Sparks, L. (2013). Health Communication and Caregiving Research, Policy, and Practice. *Multidisciplinary Coordinated Caregiving: Research Practice Policy*, 131.

Street, R. L., Makoul, G., Arora, N. K., & Epstein, R. M. (2009). How does communication heal? Pathways linking clinician–patient communication to health outcomes. *Patient education and counselling*, *74*(3), 295-301.

Travaline, J. M., Ruchinskas, R., & D'Alonzo, G. E. (2005). Patient-physician communication: why and how. *J Am Osteopath Association*, *105*(1), 13-8.

World Health Organization, & International Council of Nurses. (2007). *Atlas: nurses in mental health 2007*. World Health Organization. http://www.who.int/mediacentre/factsheets/fs220/en/print.html.