Analyzing Communication Issues in the Medical Field: A Case Study of a Multi-National Medical Assistance Company in Thailand

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Abstract: *This study investigates communication issues faced in the medical field by looking into a multi-national medical assistance company as a case. Depending on how medical personnel communicate with colleagues and customers, the result of their work can vary significantly. This study focuses on the issues workers in the medical field face when communicating with people not only outside of their profession such as patients and non-medical administrators but also with colleagues with various background within the same company. Qualitative method was employed in order to unearth how employees in a medical-related company perceived and tackled communicative problems to effectively carry out their work. Several concerns clearly emerged from the data such as, 1) language barrier due to lack of knowledge on medical-related terms, 2) different mind-sets and values derived by different cultural background and, 3) overload of information unique to the profession. This study contributes to the understanding of communication not only as a tool for effective work but also as a means to enhance and empathize on medical workers' work context where complex variables affect their attitude in communicating with others..*

Keywords: *communication issues, medical field, multi-cultural, language barrier, mind-sets*

1. Introduction

Effective communication clearly conveys and transmits information from one person to another leading to the creation and exchange of knowledge, ideas, emotions. In doing so, interlocutors aim for a holistic understanding of the message being exchanged to achieve mutual agreement (Keyton, 2014). Striving to study the context and empathizing with others does not necessarily mean that communication is always successful; it may not be delivered with the right tension to the right person as the sender expects. In order to assist audiences in making the right decision based on information communicated, the message needs to be delivered in an effective and efficient manner (Fischhoff, 2013). Effective communication is the core to successful businesses which is why people strive to deliver messages in such way so it allows the receiver to hear, interpret, and make use of that content. This is especially true when it comes to medical related organizations to ensure that they meet the goal of helping patients.

In this globalized era, effective communication with the respect for people from different cultural background is deemed most important (Lie, 2013) to assist customers who need specific guidance and the medical professionals cannot avoid this fact as well due to colleagues and patients coming from different parts of the world. It is vital to medical experts in apprehending and determining how patients understand their disease and illness (White, Plompen, Tao, Micallef, & Haines, 2019). In reality, however, various communication-related issues exist that hinder effective

decision making. For instance, medical experts struggle when deciding how and when to use medical terminology communicating internally with colleagues or externally with patients especially from a different cultural background. Such barriers of communication can create negative emotions leading to serious outcome (Schouten & Meeuwesen, 2007).

Numerous studies in the medical field have covered communication issues by employing the cost-effective perspective, such as the poor communication resulting in low efficiency of resource utilization which lead to much longer time spent by physicians, nurses, and patients (Berendsen, Kuiken, Benneker, et al., 2009; Moore, Wisnivesky, William, McGinn, 2003; Thorne, Bultz, Baile, Team, 2005; Van, Seth, Austin, Laupacis, 2007). Some focus on discussions related to poor communication itself (Nestel, Kidd, 2004; Roy, Poon, Karson, 2005; Vermeir, et al., 2015) whereas some take the psychological perspective by studying the stress or job satisfaction of healthcare stakeholders (Azmaniza & Shamsuddin, 2015). However, studies related to communication issues in medical field focusing on cultural aspects are limited, not to mention in the non-Western context.

This research therefore focuses on problems that lead to inefficient communication in the medical industry and aims to understand the perceptions of workers in this particular field by adopting specific communication concepts. The following research questions were addressed:

1. What are the major communication issues multi-national medical-related companies and workers face?
2. What are the key factors that lead to ineffective communication in the medical assistance companies?

By recognizing the communication issues and understanding the workers' perceptions on the problems they face, it is hoped that this study shed light on communicative approaches to improve internal and external communication in multi-cultural medical industry.

2. Literature Review

2.1 Communication Barriers in the Medical Field

In order to communicate with others in the professional arena, thorough knowledge of a particular topic and experiences are vital (Femi, 2014); however, interlocutors must understand that not everyone holds the same level of understanding especially when it comes to specific jargons. This applies to the medical field where much medical terminologies are commonly used while communicating with colleagues. Though people may work within the same medical related company, depending on the work and department, employees' medical knowledge greatly differs. With this different levels of knowledge on terminologies, interlocutors are normally pressed to practice and hone their communication skills rapidly which can be stressful. Effective communication in healthcare organizations is critical in terms of making decisions, registering patients' health conditions, describing symptoms, discussing treatment, and informing outcomes correctly to both patients and colleagues (Matiasek & Wynia, 2006); therefore, careful word choices should constantly be practiced. In order to systematically practice and improve the communication system with employees with different knowledge and background, it is necessary to develop a

communicative structure for all employees to easily communicate even without knowing all medical terminologies.

Hironaka and Paasche-Orlow (2008) suggest that it is indeed effective to use plain language and avoid the usage of medical jargons in order to facilitate better comprehension between patient and provider. They go on by stating that providers should be more specific when giving out information step by step; this implies that using everyday language is crucial since it would be impossible for patients to grasp the medical jargons when providers delve into explaining specific procedure or process. Combining multiple tools such as pictures with written and oral explanation, computer-based materials or videos can assist patients' understanding to another level. Also, Hironaka and Paasche-Orlow (2008) claim that the best way to communicate effectively with patients is to try to listen. Being an active listener and guiding them to ask questions could greatly enhance trust. By applying Hironaka and Paasche-Orlow's (2008) suggestions not only towards patients but also to colleagues from different departments, communication issues may be reduced.

Information overload is widely perceived as a common communication issue these days largely due to the rapid advances in the field of in information and communication technology (Edmunds & Morris, 2000). Businesses and entities can gain abundant data and information thanks to easy access to resources, however, this can drive users to fatigue. Bawden and Robinson (2009) argue that vast quantity of information cause anxiety; they state that information overload may not just mean 'too much information' and improving information literacy may not be the best option to reduce stress. "Taking control of one's information environment" (p. 187) and training how to scan for relevant information needed can help solve this issue. In order to do so, human information behavior should be understood and institutions need to support and encourage employees to be in charge throughout the process of gaining will power and control the environment in which they feel powerless by overload of information.

Due to the unique and mostly confidential data and information dealt with in medical and health related organizations, it is not surprising to see employees struggling with too much information. Especially, with data that must be treated confidential need extra care and. Dealing with such information can put employees in a stressful situation where they may experience anxiety or fatigue. This can lead to ineffective communication and/or miscommunication with both colleagues and customers (Fava & Guidi, 2007).

Dalma, et al.'s (2020) study pinpoints that there are "attitudinal, emotional, educational, and systematic barriers to good communication" (p. 1) when it comes to physician-patient communication in different contexts. In a similar vein, it is not difficult to find the same communication barriers in businesses, particularly in healthcare organizations. Different attitudes and emotional communication barriers created by employees from different cultural contexts can be improved by focused trainings, continuing education, and re-organizing systematic and structural gaps within the company (Weller, Boyd, & Cumin, 2014).

2.2 Cultural Differences Affecting Communication

Respecting cultural differences is essential to communication (White, Plompen, Tao, Micallef, & Haines, 2019); different cultural beliefs, values, and norms naturally affect how people communicate in various contexts. These differences unique to cultures not only enrich communication but it also can lead to misunderstanding (Kastanakis & Voyer, 2014). Culture should not be left out when discussing communication since it plays a major role in the process and outcome of human relations and health behavior. Tan and Cho's (2019) study backs the importance of cultural appropriateness when communicating health-related information; by revising frameworks of cultural relevance in health communication interventions, they stress the consequence of negative and positive sides of communication that affect health.

Hofstede's Cultural Dimensions Theory explains six different scopes of looking into people's communication behavior based on their cultural background. Among the six dimensions, this study employs the concept based on group-oriented collectivism and power distance. People coming from collectivistic cultural background are generally group-oriented placing importance on collective decision and valuing group process (Pimpa, 2012). At work, these employees would rather listen and try to comply to blend in well with the group. When there is more than one nationality working under the same organization, differences in perceptions and cultural values can clash causing ineffective communication. On the other hand, different culture plays important roles in moderating people and help them interact (Taras, Kirkman, & Steel, 2010). Individual behavior is influenced and shaped by cultures and this is clearly witnessed in many multi-cultural institutions. Different behaviors can be observed in how employees eat with others, greet people, and show emotions, which can hinder or help communication (Engelen & Brettel, 2011).

Hierarchical system exists in institutions but the way power is distributed differs from organization to organization (Finkelstein, 2012). Hofstede's power distance dimension explains the extent of inequality of power that is perceived by people from different cultural background; people with more perceived power, generally those who hold higher positions, are more likely to be verbal and direct (Sims, Gong, & Ruppel, 2012). Power affects people's attitudes, behaviors, and perceptions which is shown in the way they communicate (Hofstede, 2001). Depending on the cultural background and the context where the communication takes place, people interact accordingly.

Within the same medical organization, not everyone is able to speak the same language to each other which is the major causes of misunderstanding in health information (Brisset, Leanza, & Laforest, 2012); this can lead to inappropriate report of diagnosis, poor treatment, complicated explanation to patients ultimately resulting in complaints of dissatisfied patients. Typically, at hospitals, the solution for linguistic problems is to work with an interpreter. However, this could create another problem: though the language may not be a problem, lack of cultural understanding and diverse styles of communication may negatively affect those who are overwhelmed.

3. Methodology

3.1 Participants

A global medical assistance company located in Bangkok, Thailand was selected as a case; this multi-cultural and multi-national organization is a medical assistance company regulated under

EEA (European Economic Area) policy. The headquarter of this company is in Switzerland, and the Bangkok branch staffed with various nationalities mainly serves Thai customers and foreign companies and expats residing in Thailand. The reason for choosing this particular company was due to the various cultural backgrounds of the employees since the study focuses on communication issues and effectiveness which are largely affected by cultural differences.

We invited 15 employees working at this company for in-depth interviews; a total of 13 participants aged between 25-50 years old with different lengths of experience in this field as well as different educational background were recruited. Out of the 13 participants, eight of them were from different cultures including European countries and East Asian countries. The other five participants were with Thai nationality. In addition, these participates took different roles including team leaders (management level), entry-level staffs, and mid-level administrators from six different departments in this organization: the claim department, assistance department, medical department, administrative department, operational department, and finance department.

The research proposal and its design went through vigorous ethical review process of the affiliated institution of the researchers (Mahidol University IRB Committee) and with approval, we contacted the medical assistance company. Under the company's consent, we then made initial contact with potential participants. The invitation letter and the consent form were distributed two weeks before the actual data collection started. Informed consent was promptly attained for the one-on-one interviews. After confirming with those who agreed to participate, the date and venue for the interviews were discussed and decided.

3.2 Data Collection and Analysis

Qualitative method was chosen to collect data due to the nature of the study; in order to gain in-depth perceptions from participants based on their real experiences and stories, semi-structured interview was decided as a fit method (Hsieh & Shannon, 2005). The semi-structured interviews were designed to take around 30-45 minutes per participant. Interviews were selected as the main data collection method since they are useful to get the story behind people's experiences and perceptions (Wellington, & Szczerbinski, 2007). The interview question set containing 15 questions was created by all three researchers and two pilot interviews were conducted before the actual interviews took place. All 13 interviews were conducted at the company after obtaining the company's approval; a room was reserved for the interviews for 15 days and the participants chose the time they wanted. The interviews were audio-recorded under participants' permission and notes were taken during the interview. The audio-recordings were immediately transcribed verbatim by the researchers and the transcripts were reviewed by all three researchers.

Thematic analysis was adopted as it was meaningful to analyze the rich data (Braun & Clarke, 2019). Data were categorized into broad groups initially, then were coded to generate themes that were defined and combined into final themes. During the first round of coding, we focused on summarizing the main points of each participant's conversations, and for the second round, the concentration was on particular words and phrases that kept on reoccurring leading to clear issues that they found in communication in the medical field. In order to maintain reliability, the three researchers chose different transcripts and coded them separately and then later on exchanged the transcripts and coded them again. Then all the codes generated were compared and discussed. The

codes generated by all three researchers matched (95%) and it was agreed to change the name of some codes to match the main themes.

4. Results

Three main themes emerged from data analysis: 1) language barrier due to medical terms, 2) information overload, and 3) different mind-sets and sensitivity level closely related to various cultural background, which are discussed below.

4.1 Perceptions of Language Barrier

Participants in this study were from different cultural background; though they all worked in a medical assistance company located in Bangkok, Thailand, they came from different parts of the world. English was used in this institution as the medium of communication. Participants agreed that on some levels, using English hindered their communication since it was not the mother tongue for many of the employees. Also, they found it difficult to effectively communicate with patients in particular due to the languages used. However, majority of the participants (10 out of 13) claimed that the main issue was not English, it was the usage of medical terms that hindered the verbal communication the most.

Participants explained that due to their work, it was natural and common to use medical terms amongst themselves while communicating within the company and with some clients related to the medical field. However, all 13 participants agreed that depending on the department or the position of an employee, the knowledge level of medical terms varied a lot which did delay communication. Though they tried their best to use layman's terms, they found it difficult to think of easier terms to convey the message to these group of people; also, if they did use easier terms, the messages could be distorted or misunderstood which should never happen when dealing with people's health. Therefore, they sometimes hesitated using mundane terms. Participants therefore were in a dilemma that if they used medical terms, the listener would not be able to understand fully, but if they used easier, everyday language, the message that had to be correctly conveyed to them might be misunderstood. With this in mind all the time, communication was seen as hassle. All participants agreed that this could be the biggest issue that stalled effective communication with outsiders. In order to somehow solve this problem, participants chose to speak slowly and repeated what they had to say several times. If this did not work out, they would contact the person via written format to reduce issues and misunderstandings.

Another problem they faced was on the usage of abbreviation; medical terms are often abbreviated to save time when writing charts and prescriptions. However, the problem was that these abbreviated terms were sometimes misunderstood by personnel from different departments. Some participants (4 out of 13) admitted that those abbreviated terms often slipped out during verbal communication sessions. Other participants said many employees from certain departments kept using acronyms or abbreviated terms since they were familiar with the terms which made it difficult and time consuming to fully grasp the communication. Among 13 participants, five of them said that apart from easier words, they also tried to explain by using pictures, drawings, and sometimes send video links to help the communication. Most of the time, they would physically walk over to those who they need to communicate with and talked directly. Though this took more time and they

knew it was not so effective nor efficient, they did not know what else they could do to clearly convey their medical opinions.

4.2 Information and Communication

The majority of the participants (11 out of 13) stated that they had constantly received a lot of tasks and information in a very short time frame, which was another factor they stated as a reason for ineffective communication. Due to the large amount of information pouring in, they struggled to catch and organize detailed information; this, they said, could be interpreted incorrectly and therefore lead to serious problems. Most of the time, in order to make sure nothing was missed or misinterpreted, the participants kept returning to the huge pile of information sent to them and spent long time consolidating and repeating the same files.

Another reason the participants felt like they were swarmed by loads of information affecting their communication was due to numerous training sessions. They understood that training sessions were vital to health and medical related fields since the work focused on human health and well-being. However, they felt like many of the training sessions were useless with again too much information to absorb. With endless information flowing in, majority of the participants (9 out of 13) perceived that this hindered effective and efficient communication with colleagues and caused them to feel anxious whenever they had to communicate with others. While accepting the fact that even tiny information can help assist colleagues and customers, overload of information was another problem blocking good communication much needed in medical assistance companies. Instead of overwhelming guidelines with loads of information, they preferred to have more practical trainings related to interpersonal communication skills.

4.3 Cultural Differences

All 13 participants said that they had received complaints coming from patients and outsiders; though not all, more than half of the participants (7 out of 13) mentioned that they also had received negative feedback or mild complaints informally from colleagues, too. When asked the reasons of these internal complaints from colleagues, interestingly, instead of mentioning work-related misunderstandings, the majority of the participants (6 out of 7) perceived that it was mainly due to lack of understanding on mind-sets and emotional states of people coming from different contexts. It is generally perceived that when people from different cultural context communicate, the linguistic differences would be the biggest issue they face (Hartog, 2006). However, the participants from this study pointed out that differences in mind-sets in dealing with medical issues and how people displayed their emotion were salient problems in communication in this particular institution.

Most patients are physically and mentally stressed with their situation; they have to wait at the hospitals for a long time without any knowledge of the procedure or treatment with a lot of questions in their mind. Finally, when they have the opportunity to meet their doctors, they are rushed into the consultation process. In a situation like this, a lot of the times, patients desire to communicate with hospital staff and want detailed step-by-step explanations which can give them peace of mind. For participants with high-context cultural background, empathetic gesture from non-verbal communication was deemed as quite important when communicating with not only the patients but

also with colleagues. Most of the Thai participants (4 out of 5) claimed that in such situation, they tried to put themselves into the audience's shoes. They would imagine the situation and would handle it by calming down their own feelings. However, this had caused misunderstanding and mental pressure as elaborated from the participants:

"… we show respect but we don't receive it back. I understand it because we are not from the same cultural background. But, a lot of the times, we cannot guess the meaning of their words or sometimes, gestures...it's stressful." (Participant J)

"Not only the patients but we [the employees] are suffering, too. Working in a multi-national company can be really emotional because it's hard to understand colleagues from different countries." (Participant E)

The foreign (non-Thai) participants (5 out of 8) on the other hand held different opinions regarding this. They perceived that additional attention to listener's personal feelings and emotions would halter their objective judgement on their work that needed specific medical decisions. They explained that they were not only caught in between institutional policy and outsiders' expectation when communicating, but received negative feedback from both patients and their fellow colleagues which was stressful. This issue is well elaborated by the study participants B, C, and K:

"When I'm frustrated with communicating directly, well, I just listen. I understand their feelings but I need to be professional about my work. So, I will try to get the main point of what the other person is saying and try to focus on my task. Uh, yeah, sometimes, this is emotionally difficult. And I do think it is related to cultural differences." (Participant B)

"Sometimes, we get complaints saying that we don't understand their (other colleagues) feelings…and these complaints don't come to us directly. But, we have to be objective with communicating with them to make correct judgements." (Participant C)

"The organizational structure where there is obvious hierarchic power in the system, we can't say much. I'm not sure how it is at the headquarter in Europe, but our branch is located in an Asian country where position equals power, better not go against it…yeah, but this does create miscommunication, I think." (Participant K)

As regards to sources and solution to the above-mentioned problems, both the Thai and non-Thai (foreign) participants mainly agreed that different cultural norms and beliefs affect the quality of their communication. To avoid sending wrong intentions or using jargons with Thai staff, the foreign employees (6 out of 8) chose to stop making small talks or jokes. They also said that they tried to use subtler words when communicating to show respect and avoid unnecessary contacts. All 13 participants agreed that they often faced misunderstanding and witnessed errors when exchanging information especially during oral communication. Thus, many of them (7 out of 13) preferred to write messages rather than directly facing others to orally communicate, however, when it came to discussing complex issues they would make time to walk over to the colleague and have a face to face talk rather than speaking on the phone. Dealing with this situation daily increased participants' anxiety level whenever they had to communicate, particularly with colleagues in different departments coming from different cultural contexts.

5. Discussion and Conclusion

This study has explored communication issues in a multi-cultural and multi-national medical assistance company located in Thailand in order to deeply understand the factors that hinder effective communication. The detailed interview results indicate communication issues in this certain medical organization can be summarized into three main categories: language issues, overload of information, and variances in cultural practices.

5.1 Language Issues

English was used in this medical assistance organization as the employees were from various cultural background. This was already a challenge for most of them because English was not their mother tongue. However, in addition to the usage of English, one of the most difficult issues was how to handle the medical terms that were naturally and commonly used in medical institutions (Schnitzler, et al., 2017). The different levels of medical terminology usages in various departments created communication issues which caused anxiety among employees. In order to assure the correctness of the information being exchanged, much time and energy were spent with providing additional materials such demonstrations, pictures, graphics, or video clips.

5.2 Overload of Information

Apart from the routine-based workload, the participants had also been suffering from receiving overloaded tasks and information that must be taken care of in a very short time frame, which obstructs them to interpret or digest the information correctly and efficiently. The study results are in line with Bawden and Robinson's (2009) claim that employees facing overload of information have a hard time understanding the message as a whole and furthermore, they struggle to focus on the message.

The employees were also requested to participate in all kinds of trainings that were either too theoretical or not closely related to their work. Even though they agreed that training sessions were vital in health and medical related fields since the work focuses on human health and well-being, they perceived that many of the training sessions were useless due to too much information given. This finding is in line with Bawden and Robinson's (2009) and Schouten and Meeuwesen's (2007) studies that assert endless information flowing in would hinder effective and efficient communication causing people to feel anxious, which may lead to negative outcome.

5.3 Culture-related Issues

In addition to language issues and overload of information, the findings suggest that differences in mind-sets due to cultural values and practice could cause miscommunication (Kastanakis & Voyer, 2014; Shapiro & Kirkman, 2001). The attitude and understanding towards personal stress at work is different which largely derive from cultural identity of people from carious background (Tan & Cho, 2019); participants with high-context cultural background assert the importance of using empathetic gesture when communicating placing importance on relationship-based communication while those from low-context cultures point out that their attention and focus should

be put on providing professional advice. Due to cultural differences, participants had different values and viewpoints on interpersonal communication skills. As "interpersonally sensitive" (Shapiro & Kirkman, 2001, p. 69) communication strategies are crucial in the medical industry in order to gain trust and bring positive outcomes (Slade, et al., 2015), it is essential to strengthen employees' interpersonal skills by training them on the importance of cultural differences so that they can practice culturally sensitive and effective communication.

5.4 Implications

This study provides important theoretical implications which can be added to the existing literature on communication in medical fields. It sheds light on discussing communication issues in the medical field from a cultural perspective by focusing on the communicative issues and concerns within a multi-cultural medical assistance company. This study has also brought practical contributions to the current literature in both communication and medical fields. Healthcare and medical-related organizations should recognize practical communicational needs of workers to improve and better the communication process throughout the organization. Opening up space and inviting colleagues from different departments to share daily communication challenges and actively listening to the problems could be the steppingstone to solve problems and enrich communication.

Lack of competency in interpersonal communication skills result in mistrust especially in the medical and health related field which is largely derived by the gaps between communicational expectations and what is practiced (Choy and Ismail, 2017). Medical and healthcare organizations should understand the perceptions their employees have on effective communication and strive to provide practical trainings to improve interpersonal skills rather than asking them to participate in sessions which only make available overload of information. These trainings should also focus on understanding cultural differences and try to create a safe and transparent working environment to allow employees to express their opinions in a relaxed manner. By providing various practical training sessions which the employees can choose from and are willing to participate in, healthcare organizations may make a step forward in improving not only employees' satisfaction but patients' satisfaction.

5.5 Limitations and Recommendations

Due to the nature of the method chose for the study (face-to-face interviews), data were drawn from a small pool of participants. Subjective opinions of a small number of participants may have disposed the data to be biased though the researchers tried their best in interpreting the data in a professionally objective manner. Even with these limitations, the researchers believe the study has contributed to the hardships healthcare workers' face every day communicating with outsiders as well as colleagues within the same organization.

We suggest that further studies be conducted to expand knowledge on effective communication in the medical and health related industry. By recruiting other stakeholders such as patients or partners and investigating their viewpoints could help enrich the narrative of communication in healthcare. Depending on different cultural contexts, communicational challenges and needs may

vary. It would be worthwhile to employ other methods such as observations, written logs, and questionnaire with a larger sample too add valuable intuitions into the topic.

Disclosure Statement

The authors declare no potential conflicts of interest.

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