

# Bridging The Gap: A review of communication skills challenges for expatriate doctors in the Arabian Gulf

**Asif Parvez Malik**  
**Ameer Muhammad Khan**

Consultant Family Physician Primary Healthcare Corporation Qatar

## Corresponding author:

Dr Asif Parvez Malik  
Consultant Family Physician  
Primary Healthcare Corporation  
Qatar

**Email:** apmalik@phcc.gov.qa

Received: August 2020; Accepted: September 2020; Published: October 1, 2020.

Citation: Asif Parvez Malik, Ameer Muhammad Khan. Bridging The Gap: A review of communication skills challenges for expatriate doctors in the Arabian Gulf. World Family Medicine. 2020; 18(10): 107-111 DOI: 10.5742/MEWFM.2020.9381

## Abstract

Good interpersonal communication has always been a part of everyday life, and is imperative for an effective doctor-patient relationship, not least for those practising Family Medicine. However, the movement of doctors around the world brings with it discordance in language and culture, which can bring about a challenge to communication skills in this doctor-patient relationship. This challenge to delivering quality healthcare may be evident in the Arabian Gulf where many expatriate doctors of a non-Arabic speaking background are employed.

The aim of this literature review, focussing on the Arabian Gulf, was to see the potential communication challenges faced between expatriate doctors and patients of an Arabic-speaking background. A review of important literature is presented from the perspectives of patients, nurses and medical students.

This review has added to the existing literature by finding that language-barriers are just the beginning of the communication challenges that can inhibit the relationship between health professional and patient. Although there is enough to highlight awareness of the problem, among a lack of research, there is a lack of perspective found from expatriate doctors. This among other perspectives, including all healthcare providers and patients, is needed to guide further research into the needs of those involved in the relationship between patient and healthcare provider. Future research, best directed across the Arab-

speaking world, can guide the implementation of improved language and communication skills training, leading to the delivery of better quality healthcare across the region.

**Key words:** communication, expatriate doctors, Arabian gulf

## Introduction

Interpersonal communication is paramount to establishing professional relationships. It is the medium through which relationships are defined and benefit derived. One of the key interactions in which this is realised is that between the doctor and patient. Over the last 40 years the domain of communication skills from its beginnings in Western Europe has forged a well-established place in medical education and practice [1]. It is also considered to be the cornerstone of Family Medicine Physician post-graduate training [2]. In the midst of a fast-paced world where communication carries a different and rather virtual reality to what we have known before, the contemporary Primary Care Physician is seen to be at the forefront of knowing their patient, enhancing the professional yet interpersonal doctor-patient relationship through good verbal and non-verbal communication skills [3], thus increasing a patient's satisfaction on their journey of wellbeing through life [3].

In a globally evolving medical diaspora, one of the key and often critical perceived barriers to effective communication between doctor and patient is when each speaks a language which is foreign to the other. Without wanting to state the obvious, miscommunications in medicine due to language barriers can go as far as being life-threatening if key information is missed depending on the context [4].

One of the regions which is rapidly coming to the forefront of this evolving medical diaspora is the Arabian Gulf [5]. Doctors are among the many professionals which make up the large expatriate communities in GCC countries including the state of Qatar where Arabic is the national language [6]. Despite this, a doctor's knowledge of the Arabic language across most of the region appears to be at most, a mere recommendation rather than a requirement for the license to practice in most parts of the GCC [7][8].

This literature review aims to explore the discourse surrounding communication challenges between doctor and patient, through the medium of Arabic language, with Arabic-speaking patients, in the Arabian Gulf. The questions which will be explored are; what does existing evidence suggest regarding mutual language being key to improved patient-practitioner relations? How important is it for an expatriate doctor in the GCC to be able to communicate in Arabic with their patients? What are the challenges faced by health professionals and patients in such an ethnically diverse community? How should expatriate medical practitioners working in the Arabian Gulf respond to these findings?

In doing so this paper hopes to add to the current debates discussing whether speaking the language of the community should be a requirement for expatriate doctors.

## Findings

A number of scholarly articles were reviewed from varying perspectives. This included a patient-perspective study on language-discordance (when health-care provider and patient don't speak the same language) in an outpatient setting in Qatar [9], a review on nursing perspectives to communication barriers on various studies in Saudi Arabia [10] and the viewpoint of native Arabic-speaking medical students in the UAE [11]. Attitudes towards interpreters were also considered through the lens of migrant Arabic-speaking patients in Sweden [12].

Abdelrahim et al, outline the current language discordance between patients and health care providers in a hospital outpatient context in Qatar [9]. This was a multilingual and multicultural study with 24 out of the 84 patients interviewed being Arab-speaking. Patients were interviewed for their perspectives and experiences with language discordance. This study found that most patients had experienced language barriers during their visits to clinics. Among the reasons reported for these barriers were the dominance of English language in the hospital setting [9], [8]. Participants in the study reported a hindrance in the doctor-patient relationship, and a lack of information preventing informed decision-making. Patients also reported adaptive methods used to overcome language barriers such as involving incidental interpreters or relatives and friends for interpretation. Abdelrahim et al, also reported that patients had taken upon themselves strategies to learn Arabic or English [9].

A significant integrated review from Saudi Arabia [10], where most patients are Arabic-speaking, derived from studies with a nursing perspective, also found experiences of language and culture clashes with Saudi patients.

A further study conducted in Sweden [12], where Arabic-speaking migrant patients were interviewed with regards to their experiences with interpreters, corroborates the above findings. Participants in the study reported that although they were happy that interpreters facilitated verbal communication between them and the doctor, they found it difficult to express themselves if the interpreter did not share their dialect, culture or national identity [12].

The closest study to exploring the attitudes among medical professionals communicating in Arabic was carried out with Arabic-speaking medical students at UAE University [11]. Via questionnaires a small sample was asked about their confidence in consulting patients in Arabic after having been taught communication skills in English. Despite all students surveyed being native Arabic speakers, only 27.8% felt confident to communicate with patients in Arabic while 72.2% said they were confident to communicate in English [11].

This research has thus far concluded that the language-barrier as well as cultural differences, both served to inhibit communication between practitioners and their patients in the Middle Eastern context.

However, Abdelrahim et al, further suggested that as Arabic is one of many languages spoken in the Arabian Gulf [9], would it therefore be unfeasible to expect expatriate doctors to learn Arabic amidst a multilingual community and where English has become the lingua franca?

## Analysis

On review, there was very little literature studying or discussing this subject matter and particularly what it means for a migrant population of expatriate doctors. However, there are quite a few interesting points of discussion which may guide further research.

### 1. Language is just the beginning

Some studies in the Western World have suggested that language-discordance between clinician and patient is a hindrance to communication [13]. Abdelrahim et al, provide an insight into language-related difficulties and the effects from them that patients perceive [9]. Some patients in the study felt that language-discordance hindered the doctor-patient relationship, one even going as far as saying 'it made the doctor seem unfriendly' [9]. It's very interesting to see that there is a universal desire for patients to have an interpersonal and comfortable relationship in their interface with the clinician. As other participants pointed out, this would clearly improve information sharing and improve the level of autonomy that patients have in the quality of their care [9]. The consequences of language-discordance are seen not just from patients' perspectives but also from the point of view of a clinician. In Saudi Arabia, nurses reported difficulty in providing good quality of care due to the inability to speak and understand the Arabic Language [10]. Amongst the few studies were reports of the language barrier affecting end of life care discussions [14], family-centred care [15], and the ability to carry out duties [16].

The consequences of language-discordance are clear to see. However, meeting patient language requirements is just the beginning in the pursuit of effective communication skills and the provision of quality healthcare. By the researchers' own admissions, Abdelrahim et al, did not look comprehensively at communication challenges for Qatari native patients, as the study focussed specifically on language-discordance [9]. However, the review of nursing care in Saudi Arabia [10] reports frequently on how a clash of cultures hinders the health professional in understanding patients' needs. Many communication skills such as establishing rapport, and recognising verbal and non-verbal cues are embedded in recognising and understanding the culture and values of a patient.

In the Swedish study Hadziabdic and Hjelm identified that most patients were happy to have an interpreter in order to aid verbal communication, which would have otherwise been impossible in that particular context [12]. However, the desire for a shared identity with the interpreter which most participants sought shows a clear desire for a relationship that goes beyond language concordance. The wish to share culture, identity and even country

and dialect gives an idea of the further understanding required to enhance communication with people of a Middle Eastern background. Therefore, is language alone enough to suitably break down communication barriers?

Mirza and Hashim primarily focus on the implications of a communication skills training programme routed in western culture [11]. Although from the perspective of medical students, this study may serve to provide an idea of the challenge for expatriate doctors to meet Arabic language requirements, and therefore provide good quality of care through effective communication skills. This is worth noting considering the proportion of Arabic-speaking students who felt unconfident to take a history in Arabic [11]. What then for those who are non-Arabic speakers?

### 2. Are interpreters enough?

The advantages and potential pitfalls of interpreter use have been discussed above. In their paper, Hadziabdic and Hjelm recognise that interpreters were found to have variation in the ability to translate [12]. This may also be a difficulty with the health professional so certainly doesn't negate the use of an interpreter. However, it should also be considered that an interpreter brings a third party to the relationship, and with that all its implications. An understanding and relationship between doctor and interpreter becomes just as important as the relationship between interpreter and patient, in order to achieve the higher goal of a good doctor-patient relationship. This skill required can vary depending on whether this interpreter is a professional or a relative and possession of the identity factors mentioned above.

In an ideal world, the doctor should be able to speak the same language as the patient. But surely for a doctor to anticipate and know the language of every patient they encounter is an insurmountable task? However, if the language in question is the official language of a country, as is the case with Arabic in all countries in the Arabian Gulf, is it too much to require doctors to be able to speak that language? "Why is English required in an Arab country" was the frustration of one Arabic-speaking participant in the study conducted in Qatar [9], a study where a lot of the Arab-speaking participants were appropriately concerned about the dominance of the English language in the hospital setting. The authors can testify to the fact that in the Western setting the ability to speak English is a prerequisite for any health professional. The British regulatory body for doctors, The General Medical Council, stipulate knowledge of the English language as a prerequisite for the license to practice in the UK [17]. Why then is Arabic not a prerequisite in large parts of the Arabian Gulf? This remains yet to be explored.

### 3. Perspectives

Despite the limited number of studies and sample sizes, this review has managed to elucidate perspectives of Arab-speaking patients [9], [14], Nurses [10], [15], [16] and medical students [11]. In the pursuit of developing quality healthcare in a two-sided relationship it would

make sense to know the views of both parties of that relationship. However, the perspective of the expatriate doctor in the Arabian Gulf, which is the import of this discussion, can only be elucidated through analogy in this review, and therefore requires further research. The greatest source of this so-called analogy is the study conducted at the UAE University [11]. Medical students are the doctors of the future and the earlier they can be trained for a particular clinical context, the better. The struggles of a non-Arabic speaking doctor are merely left to the imagination considering the challenges faced by a native Arabic medical student. However, as close as this study came, it is also very far from understanding the difficulties for an expatriate doctor. The participants in this survey were third-year medical students who were yet to approach the clinical setting. There is a chasm of difference assessing their confidence in history-taking in Arabic and the views of a qualified Family Medicine Consultant who is likely to possess skills and experiences which transcend languages and cultures. A clinician experienced in communications skills would have a better understanding of how language and culture impact those skills, reflecting on fitness to practice and quality of care, rather than someone who has just been recently trained in those skills. Somewhat similar limitations can be found when trying to analogise from a nursing perspective to a doctor's perspective if one is to appreciate that these are two very different careers requiring different skills and experiences. Having said that all perspectives are useful, and certainly for the import of this discussion further study is required into the perspectives of patients and doctors in order to expand the body of research in this area.

## Conclusions and future implications

This literature review highlights the importance of health professionals understanding patient language, culture and values in order to deliver safe, effective and quality healthcare. Studies in Arabian Gulf states have shown that language-discordance as well as lack of cultural awareness can be a barrier to good communication thus hindering the doctor-patient relationship. Having said that the studies found in this research are very limited to say the least and illustrate the need for deeper exploration of this topic, particularly from the perspective of an expatriate doctor. Although the authors of this article consider it important for expatriate doctors relocating in the Middle East to be able to speak Arabic, qualitative perspectives are required from a wide range of parties. It is vital to hear more from patients and certainly in the interests of this research, doctors. From this, needs can be fully assessed whether that be a patient's unmet needs or a doctor's educational needs in order to enhance communication in this two-way relationship. Once such needs are elucidated, only then can those needs be met by implementation of quality training. Perspectives from all relevant parties, qualitative study in greater quantity, are needed, whether it be patients, relatives, doctors, nurses and all health professionals. This would include looking more at the challenges of language-discordance, communication-barriers and cultural awareness. It is hoped further research will be carried out across the Arabic-speaking world. From this more attitudes and opinions can be discerned with regards to learning language as well as the challenges of culture, dialect, identity and values in developing communications

skills. With all the above taken into account, then and only then, can healthcare systems across the Arabian Gulf begin bridging the gap.

## References

- [1] G. Ferreira-Padilla, T. Ferrández-Antón, J. Baleriola-Júlvez, M. Braš and V. Đorđević, "Communication skills in medicine: where do we come from and where are we going?", *Croatian Medical Journal*, vol. 56, no. 3, pp. 311-314, 2015. Available: [10.3325/cmj.2015.56.311](https://doi.org/10.3325/cmj.2015.56.311).
- [2] S. Cocksedge, B. George, S. Renwick and C. Chew-Graham, "Touch in primary care consultations: qualitative investigation of doctors' and patients' perceptions", *British Journal of General Practice*, vol. 63, no. 609, pp. e283-e290, 2013. Available: [10.3399/bjgp13x665251](https://doi.org/10.3399/bjgp13x665251).
- [3] J. Silverman and P. Kinnersley, "Doctors' non-verbal behaviour in consultations: look at the patient before you look at the computer", *British Journal of General Practice*, vol. 60, no. 571, pp. 76-78, 2010. Available: [10.3399/bjgp10x482293](https://doi.org/10.3399/bjgp10x482293).
- [4] R. Meuter, C. Gallois, N. Segalowitz, A. Ryder and J. Hocking, "Overcoming language barriers in healthcare: A protocol for investigating safe and effective communication when patients or clinicians use a second language", *BMC Health Services Research*, vol. 15, no. 1, 2015. Available: [10.1186/s12913-015-1024-8](https://doi.org/10.1186/s12913-015-1024-8).
- [5] [Assets.aspeninstitute.org](https://assets.aspeninstitute.org/content/uploads/files/content/images/GCC%20and%20HWM%20Policy%20Brief.pdf), 2020. [Online]. Available: <https://assets.aspeninstitute.org/content/uploads/files/content/images/GCC%20and%20HWM%20Policy%20Brief.pdf>. [Accessed: 19- Aug- 2020].
- [6] "Qatar | History, Population, Language, & Facts", *Encyclopedia Britannica*, 2020. [Online]. Available: <https://www.britannica.com/place/Qatar>. [Accessed: 18- Aug- 2020].
- [7] "Ministry denies expatriate doctors must learn Arabic", *Gulfnews.com*, 2020. [Online]. Available: <https://gulfnews.com/uae/ministry-denies-expatriate-doctors-must-learn-arabic-1.422296>. [Accessed: 19- Aug- 2020].
- [8] "WCM-Q study finds language barrier impact on healthcare", *Gulf-Times*, 2020. [Online]. Available: <https://www.gulf-times.com/story/553525/WCM-Q-study-finds-language-barrier-impact-on-healthcare>. [Accessed: 18- Aug- 2020].
- [9] H. Abdelrahim et al., "Patient Perspectives on Language Discordance During Healthcare Visits: Findings From the Extremely High-Density Multicultural State of Qatar", *Journal of Health Communication*, vol. 22, no. 4, pp. 355-363, 2017. Available: [10.1080/10810730.2017.1296507](https://doi.org/10.1080/10810730.2017.1296507).
- [10] M. Alshammari, J. Duff and M. Guilhermino, "Barriers to nurse-patient communication in Saudi Arabia: an integrative review", *BMC Nursing*, vol. 18, no. 1, 2019. Available: [10.1186/s12912-019-0385-4](https://doi.org/10.1186/s12912-019-0385-4).
- [11] Mirza. D. M and Hashim. M J, ". Communication Skills Training in English Alone Can Leave Arab Medical Students Unconfident with Patient Communication in their Native Language", *Health*, no. 23, 2010. [Accessed 18 August 2020].
- [12] E. Hadziabdic and K. Hjelm, "Arabic-speaking migrants' experiences of the use of interpreters in healthcare: a qualitative explorative study", *International Journal for Equity in Health*, vol. 13, no. 1, 2014. Available: [10.1186/1475-9276-13-49](https://doi.org/10.1186/1475-9276-13-49).

- [13] P. Ebden, A. Bhatt, O. Carey and B. Harrison, "THE BILINGUAL CONSULTATION", *The Lancet*, vol. 331, no. 8581, p. 347, 1988. Available: 10.1016/s0140-6736(88)91133-6.
- [14] Z. Mani and M. Ibrahim, "Intensive care unit nurses' perceptions of the obstacles to the end of life care in Saudi Arabia", *Saudi Medical Journal*, vol. 38, no. 7, pp. 715-720, 2017. Available: 10.15537/smj.2017.7.18454.
- [15] H. Alabdulaziz, C. Moss and B. Copnell, "Paediatric nurses' perceptions and practices of family-centred care in Saudi hospitals: A mixed methods study", *International Journal of Nursing Studies*, vol. 69, pp. 66-77, 2017. Available: 10.1016/j.ijnurstu.2017.01.011.
- [16] D. Alosaimi and M. Ahmad, "The Challenges of Cultural Competency Among Expatriate Nurses Working in Kingdom of Saudi Arabia", *Research and Theory for Nursing Practice*, vol. 30, no. 4, pp. 302-319, 2016. Available: 10.1891/1541-6577.30.4.302.
- [17] "International medical graduates – evidence of your knowledge of English", *Gmc-uk.org*, 2020. [Online]. Available: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english>. [Accessed: 18- Aug- 2020].