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IMPACT OF DOCTOR-PATIENT COMMUNICATION IN HEALTH STATUS OF THE INDIGENOUS PEOPLE IN PENINSULAR MALAYSIA

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ABSTRACT

The health status of the indigenous people of Peninsular Malaysia is generally considered poorer as compared to the mainstream population. Studies show that the poor health is due to various factors. One of the significant factors is poor communication between the attending doctor and indigenous patient. The objective of this study was to investigate the effectiveness of doctor-patient communications in helping to improve the health status of the indigenous communities. In-depth interviews were conducted with 18 people of the Jakun sub-ethnic of the Pahang State indigenous community. Data were transcribed, coded and subjected to thematic analysis. Results of the study show both positive and negative experiences of doctor-patient communications. Positive experiences indicated effective doctor-patient communications and thus show an increased level of confidence and trust in the attending doctor. This subsequently increases the frequency of health care visits among the indigenous communities. Whereas, negative experiences implied conflict between doctor and patient that was due to limited understanding of the language used by the attending doctor. This further causes patient being treated with minimal knowledge of their illness and patient may never return to the health care anymore. The analysis of the findings suggests that it is of utmost importance to ensure doctors understand the culture of the indigenous communities to promote effective doctor-patient communication.

Keywords: Doctor-patient communication, health status, indigenous community, Orang Asli, Jakun

INTRODUCTION

The Aboriginal Peoples Act of 1954 (Revised 1974), or Act 134, is the legislation created to provide for the protection, well-being and advancement of the aboriginal people of West Malaysia. In this Act, it is clearly stated that aborigine is limited to a racial group of Negritos, Senoi and Proto-Malays, where each consisting of several dialectic groups; and an aborigine is someone whose male parent is or was an aborigine ; was adopted by an aborigine living as an aborigine or a child of any union between a female aborigine and other race.

In the 2004 Population Survey of the Department of Aborigine Affairs (JAKOA, Jabatan Kemajuan Orang Asli), it is estimated that the total population of indigenous people in West Malaysia is at 141,230 and increased to 178,197 in year 2010 Census Survey, representing a mere 0.7 percent of the total population of Malaysia. The distribution of indigenous people community is based on the ethnic group in which the Negritos mainly resided in state of Kelantan, Perak and Pahang. Senoi people are based in state of Perak and Pahang and Proto-Malays in state Pahang, Johore, Negeri Sembilan and Selangor (Carey, 1976; Dentan et al, 1997).

The indigenous people in Malaysia like other indigenous people in the world, are considered the utmost marginalized communities as per previous studies (Nicholas and Baer,

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2007; Yew et al., 2015) comparing to mainstream and dominant population, they are far below in all social indicators, including the level of literacy and education attainment. Also, their communities routinely lack of basic infrastructure, resided in the deep hinterland and often rely on rivers or streams for their drinking water, washing and bathing. In the political sphere, due to their limited members, they are often represented by other dominant populations, where immediate token of rewards was awarded around the period of general election; long-term aspirations and well-thought development plans for the communities to elevate their economic status are unheard of.

The Department of Orang Asli Development (JAKOA) was created for the well-being of indigenous people, have in the past focused on "Resettlement Plan Scheme", due to the rapid development in the country where the aboriginal area of hunter-gatherer forest, especially those close to villages and cities are gradually converted to oil palm and rubber plantation, housing development projects, golf courses, use for timber extraction, building of highways and all other development projects. Encroachment to aboriginal areas continues incessantly and the aborigine communities are powerless in the face of all these onslaughts in the name of development by the government, states, conglomerates and individual entrepreneurs (Nicholas & Baer, 2007).

Consequently, the Resettlement Plan Scheme resulted in Orang Asli communities having to move out from the forest areas and settled in the fringes of villages and cities or at the villages and cities, exposing them to modern civilization, a new lifestyle and environment where they are ill-prepared to thrive. The new environment has numerous urban pollution of air and water and complex social fabrics, where Orang Asli communities are not accustomed to, these resulted in widespread of infectious diseases such as common cold, cough and running nose. This is particularly severe among the children of Orang Asli.

Also, the new settlement near villages and cities where land is scarce, Orang Asli living in a vastly crowded area; lacking room to roam and wander, suffer urban health problems like social stress and skin ailments, further impacting their composure living in a new settlement. Thus, Orang Asli are facing an increased level of illness and diseases (Bedford 2009)

Also, those settlements with higher population densities would sustain parasitical infections over a longer period (Chee, 1992). Besides, there are other health problems such as increased social stress and skin problem as well as pollution-caused diseases, which are associated with living in the urban environments in crowded areas. With that, the Orang Asli's health status remains far below the national average. In addition, due to their relocation under village resettlement projects, a large number of Orang Asli today face an increasing burden of illness and disease (Bedford, 2009).

The purpose of Resettlement Plan Scheme by JAKOA is to bring the Orang Asli nearer to modern amenities, like school, water and electricity supply, including better healthcare system with the view of uplifting the Orang Asli communities at par with other dominant population. Thus, in respect of healthcare, Orang Asli is expected to head to government hospitals and clinics instead of relying on traditional healing and practices (Yew et al., 2015; Davy et al., 2016).

RESEARCH FOCUS

In view of the new environment or settings coupled with increasing health issues of Orang Asli communities, the researcher wishes to explore and investigate the readiness and acceptance of Orang Asli to modern healthcare and willingness to forego old traditional health beliefs, and

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traditional healings and practices, especially on the impact of the individual's educational standing. In addition, this study will also focus on the communication process between the Orang Asli patients with the attending medical doctors (non-Orang Asli) in the government hospitals and clinics, and examining how the cultural divide affecting the effectiveness of doctor-patient communication.

According to Kee et al. (2018) and Ong et al. (1995), good doctor-patient communication is a complex interpersonal interaction that requires familiarity for mutual understanding between a medical doctor and the patient. The ease of the patient towards the doctor enables the patient to describe and share the symptoms of ailment, and the skill of the doctor to steer the patient for further elaboration and probes for other symptoms. Such an interactive doctor-patient communication will lead to an accurate diagnosis.

Nevertheless, it is expected that government medical doctors would make an effort to understand the patient's culture; given the Malaysian mix of multi-cultural and languages perspective and in like manner, knowledge of patient's cultural custom and belief will ease to avoid doubts and misunderstandings from the patients and improve the effectiveness of doctors to provide a comprehensive healthcare.

REVIEW OF LITERATURE

Several anthropological researchers have reported the Orang Asli's concept of health and illness and view them as specific to the Orang Asli's culture (Dentan, 1968; Endicott, 1979; Kleinman, 1988). They believe that illness is the result of disturbance by supernatural forces instead of otherwise. In turn, these beliefs steered their health treatment behaviour, where efforts of healings are by driving away the negative supernatural forces and the modern healthcare system plays no role in healing.

In the studies by Nicholas and Baer (2007) and Gianno (1986), the traditional Orang Asli believed the disease is caused by a spirit, or soul of patient detached from the patient, thus, treatment by way of incantations and ritual, will suffice instead of by modern medical practices. In the treatment of illnesses, healing ceremonies are often conducted by one or more shamans, and involvement of the entire community.

It is noted by Wolff (1965) that healing in Orang Asli communities is often carried out by the whole community and the shaman plays an important and intimate role with the patients, where the patients are often given a strong spiritual boost as well as support from the communities; in which the western medicine is lacking. Such mode of healing is desirable as long as the Orang Asli have retained their original thinking of contracting diseases.

Education plays a major role in altering the mindset of Orang Asli on a general understanding of health and illnesses. According to Yew et al. (2015), when the younger generation of the Jakun community in Pahang received a proper education, the people in the community appeared to think about health differently. As regards to contracting illnesses such as diarrhea, vomiting and fever, most female informants cited poor hygiene as the natural cause of the illnesses. When the literacy rate and economic standing have improved, the Orang Asli preference towards modern healthcare is obvious. Thus, it is safe to point out that in the Jakun-community, beliefs in health and illness are influenced greatly by level of education as well as social interaction. Through social interaction, the older generation of Orang Asli Jakun would learn from the educated, younger generation. In this study, the majority of the informants subscribed to good health-seeking behavior by regularly seeking treatment from government hospitals and clinics when they have fallen ill.

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The study by Yew et al. (2015) concluded that majority of the study informants preferred modern over traditional medicine, as they are less inclined to believe in traditional healing and practices. A further conclusion can be implied that, with the high level of education or literacy level, most indigenous communities are ready for social change, by adopting modern health care to improve their health status.

Previous literature on the above matter (Nicholas and Baer, 2007; Yew et al., 2015) had revealed the need for primary care doctors in the government hospitals and clinics to treat Orang Asli with more sensitivity due to cultural factors. In Bolton's 1973 study, it is found that western medicine and indigenous traditional medicine may go hand in hand without conflicts for the benefits of Orang Asli. He also understood that the Orang Asli could not accept for being hospitalized for a long duration to fully recovered. As such duration of hospitalization would cut off the patients from their forest environment and their community, including the access to their traditional healers and treatments.

Next, Bolton in 1973 also acknowledged the importance of physician-patient or doctor-patient communication in primary care consultations, as it would accomplish certain purposes. For example, with adequate communication, patients are able to convey and describe their illness and vice versa patients received a clear explanation of the treatment plan, with growing understanding and confidence established with the physician, patients are more likely to adhere to treatment and recover from illness.

As mentioned by Towle et al. (2006), aboriginal people in Canada have poorer health than the rest of the population and poor communication between doctor and patient was cited as one of the main reasons concluded. According to Roter and Hall (2006), even though the benefits of good physician-patient communication are well noted by many, yet poor communication frequently surfaced and resulted in undesirable consequences. For instance, it is manifested in patient dissatisfaction with healthcare, incomprehension of treatment plans, non-adherence to the treatment plans, lower quality of care and physician-patient relationship, overutilization or underutilization of resources, and medical errors.

Whilst good communication brought desirable results reflecting in satisfaction with the healthcare provided, high quality of care and physician-patient relationship adherence to treatment plan and better treatment outcomes, as mentioned in research findings of Harmsen et al. (2008).

Unfortunately, communication difficulties are more prevalent among ethnic minority patients (EMPs), as reported by Schouten and Meeuwesen (2006). This is reflected in consultations with EMPs where the physicians are less affectionate, more misunderstandings occur, patients report lower satisfaction with care and with communication, and poorer treatment adherence. The research findings by Schouten and Meeuwesen indicated that culture plays an important role in interpreting and transmitting the patient's experiences through communication to the attending medical doctor. Besides transmitting objective information in terms of patient's illness symptoms, doctor-patient communication also conveys emotions, implicit content, and implicit meanings, which are derived from the patient's cultural systems. From the study of Schouten and Meeuwesen, one could conclude that communication difficulties between doctors and patients most probably could be explained by differences in cultural backgrounds of both interlocutors.

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RESEARCH METHODOLOGY

This study was conducted within a Jakun Orang Asli village of Kampung Pos Satak, located in the state of Pahang, Peninsular Malaysia. A total of 18 adults of 18 years old and above from the Jakun community participated in this study (September 2014 – October 2015) by responding to the interview. The interview schedule included queries on traditional healing practices in terms of availability, and utilization of various traditional health and illness rituals, traditional understanding of health and illness; use of self-medication, use of home remedies, use of traditional healing practices, as well as use of modern healthcare system. In addition, challenges in the aspect of doctor-patient communication faced by the informants when consulting a medical doctor in the government hospital or clinic were noted too.

All the participants identified for in-depth interviews are conversant in the Malay language, thus all interviews were conducted in the Malay language. Further, full consent of participants is obtained by explaining the purpose of this present study as well as the freedom to leave the study if the participant feels uncomfortable continuing with the researcher's interviewing process (Karubi & Ching, 2015).

In this qualitative research, non-participant observation and in-depth interviews were conducted on selected members of the Orang Asli community (9 males and 9 females). It is significant to highlight in this study that more than half (12/18) of the informants have had either lower or higher secondary education. Further, the data obtained from in-depth interviews were first recorded as field notes and were later transcribed before the study can be concluded. This process of transcribing is essential to facilitate readers' understanding at the data analysis stage. Also, in the transcribed data, informants' names are replaced with pseudonyms for confidentiality throughout the whole research period and later during publication of the study findings (MacLean et al., 2004). Throughout the whole interview process, the use of a tape recorder was not introduced to eliminate any hesitation on the part of the informants to speak freely and openly.

There isn't any medical clinic in the village. However, there is an empty house in the centre of the village whereby the mobile medical team of the Ministry of Health Malaysia uses it, once every week or twice a month. This medical team mainly caters for babies and pregnant mothers. Old adults with non-communicable diseases such as high blood pressure or diabetes are given free medication as well. Other adults who are ill when the medical team is not available in the village will have to travel by motorbike or car to the nearest clinic in town, which takes about 35 minutes traveling time.

RESEARCH FINDINGS AND DISCUSSION

The Orang Asli population scattered throughout the Peninsular Malaysia with a sizeable numbers of the population live mainly in rural, forest, coastal and other remote environments. The other less than half of the total population lives in the near town or the town areas. Over the years, the Orang Asli of Peninsular Malaysia continues to experience poorer health compared to the rest of the population in the mainstream society. The health disparities are due to various reasons in terms of social and economic factors. Among these factors, effective communication between doctor and patient plays an important role in providing health care quality and determining health outcomes of the patients.

This section addresses two main components of the study, namely various challenges on effective doctor-patient communication faced by Orang Asli Jakun community in the state

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of Pahang in Peninsular Malaysia and the importance of cultural differences in verbal communication between doctors and indigenous patients. Four categories were identified under the challenges component of the study. There are doctors' biased perceptions, language barriers, indigenous patients' medical beliefs and dominance of biomedical culture. The component of cultural differences covers two categories, which are patients' submissiveness against orthodox doctors and lack of cultural sensitivity in clinical practice.

i) Challenges on Effective Doctor-Patient Communication faced by Indigenous Patients

In this study, doctor-patient communication commonly means the interaction between a physician and a patient. To be more specific, this study looks at the verbal communication between a medical doctor and an indigenous patient. In a society where the indigenous people of the Peninsular Malaysia or the Orang Asli tend to be treated as one of the most marginalised and impoverished communities, their low health status is commonly associated with the indigenous communities' ignorance and cultural practices (Yew et al., 2015). However, recent studies (Ashton et al., 2003; Perloff et al., 2006; Paternotte et al., 2016) on indigenous health indicate the importance of effective doctor-patient communication to improve the health status of the indigenous communities.

The following discussions on challenges on doctor-patient communication concerning the informants in this study are based on the informants' perceptions and definitions of the concept of doctor-patient communication in their medical visits. In this study, the majority of the informants refer to doctor-patient communication as essential in providing a better doctor-patient relationship. In this respect, communication has been linked to improve patient's health outcomes ranging from blood pressure control to dietary control for diabetics. What follows below are the challenges on doctor-patient communication informants faced according to these subtopics: doctors' biased perceptions, language barrier, indigenous patients' health beliefs, and dominance of biomedical culture.

a) Doctors' Biased Perceptions

In this study, doctors' biased perceptions commonly meant that the attending doctors may have some biases against indigenous patients. Informants of the study claimed that they are sometimes being treated with disrespect. More than half (56 percent) of them agreed that sometimes the doctors were not listening to the patient or ignoring the patient. Consequently, such experiences led to the patients to hardly disclose their actual health information (e.g. alternative medicine use):

> *I normally do not talk much until the doctor ask me… Even if he or she ask me, I would just answer in a few words… I am worry that the doctor shows unhappy face to me.*
>
> *Sometimes when I try to explain a little bit more about my illness, the doctor just cut off my conversation. That hurts me and I told myself that I am not coming to clinic anymore.*
>
> *I think government doctors always very busy… too many patients waiting to see them. I am not sure if other races get the same treatment like us. I found that doctors normally don't look at our face when they talk to patients.*

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> *Many a time, I have to accompany my old father to see a doctor in the clinic outside our 'kampung' (village). This is because my mother thought that I could explain better to the doctor checking on my father. I studied until Form Five (higher secondary school). But, normally, doctors never want to listen to me. Perhaps too patients are waiting outside.*

b) Language Barrier

The language barrier (Meuter et al., 2015) also emerged as a cultural theme in our in-depth interviews with informants in the village. Most elderly informants ranged in age from 50 to 70 years, describe their difficulties associated with language barriers when they see a clinic doctor without any interpreter to make communication smooth between doctor and patient. Thus, informants have a feeling that they may not be given adequate treatment.

> *For so many times, I get 'tegur' (comment) from the doctors because I could not explain my illness in proper Malay words… Haha… 'Dah biasa lah' (I am used to it already).*

> *Sometimes, when I could not explain my illness properly to the doctor, I am not sure I have been given the right medication. Anyway, I just finish up the 'ubat-ubat' (medicines).*

As a result, some informants turned to informal interpreter such as their children or their friends who can speak better Malay language.

> *I will never see a doctor in the clinic if my children not coming along to help me explain to the doctor about my illness.*

> *Sometimes, I have to wait for my children to come back to the village; they are working in Raub (a bigger town much further from their village), to take me to the clinic.*

However, one of the younger informants aged 52 years informed that sometimes the informal interpreter like his daughter could not explain the actual situation of his illness to the clinic doctor. That makes him feel frustrated.

> *I am always happy to have my daughter coming with to see the doctor… she has had good education. She can explain to the doctor and the doctor listen to her. But, there are cases when she actually could not find proper Malay words to explain my illness. This is what makes me feel frustrated… But, 'apa boleh buat' (what can I do), 'kan sendiri tak pandai cakap' (I could not speak better Malay language).*

c) Indigenous Patients' Health and Illness Beliefs

Traditionally, indigenous people of the Peninsular Malaysia or the Orang Asli hold strong to their many indigenous health and illness beliefs. From the in-depth interviews with some of the quite elderly informants, this study finds that these few informants sometimes have contradicted opinions with the clinic doctors and thus causes communication difficulties between doctor and patient. The situation occurs due to differences in beliefs and values about the health and illness of both parties. Even though the informants shared their concerns about having doubts with the doctors' diagnosis, they are basically in a submissive manner and they will somehow accept the diagnosis and medication prescribed to them. The role of indigenous' health and illness beliefs about the patients' illness is clearly exemplified in the following account:

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> *I said all diseases kill people. Don't be telling about if we take Western medication and we will be saved. All that medication kills in due time. Like my problem of high blood pressure, our Orang Asli believe that if we could find some medicinal plants from the forest, then we will be cured in due time. I am saying my older brother who was having same type of problem – high blood pressure and he had been taking medications from the clinic all the time. And eventually he died due to high blood pressure. Meaning that his illness had not been cured at all.*

iv) Dominance of Biomedical Culture

Generally, the modern Western scientific medicine is called as "biomedical" because from the Western perspective, health is explained in terms of biology. This further enhanced that the biomedical model becomes an integral part of western cultures and it dictates how health and healthcare are perceived in a Western world. According to Kleinman (1988), biomedical culture is expressed in particular institutions such as hospitals, clinics, medical schools and ~~is~~ now seen as key to the problems in doctor-patient relationships, clinical communication, transmission of stigma, institutional racism, and the development of health disparities.

In this study, a few younger age groups (between 18 and 30 years old) of Orang Asli informants perceived biomedical culture as the dominant culture in the aspect of health and illness. In this respect, these young informants looked up to their attending doctors for the doctors' knowledge, expertise and credential. In most cases, they rely on their doctors for medical advice, particularly when their illness is of chronic diseases. This further indicated effective doctor-patient communications and thus shows an increased level of confidence and trusts in the attending doctor.

> *I have confidence in the clinic doctors… they must be very clever in order to study a medical degree.*

> *As I do not have much knowledge about illnesses, I choose to trust my doctor… I will follow the doctor's advice in taking the medicines prescribed to me and to drink a lot of water and then take good rest.*

> *You know, our village for many years does not have any more shamans that used to be looked upon by the villagers when anyone is attacked by illness. Also, our parents are busy working in the farms and thus do not have free time to look for medicinal plants in the forest which is very away from our village… well, the only choice for us is to trust the clinic doctors… so far, I am very happy with the medical treatment given to me, from the clinic outside our village.*

ii) The Importance of Cultural Differences in Verbal Communication between Doctors and Indigenous Patients

Discussions on the above research findings show that culture plays a significant role in making the task of communicating with medical doctors more challenging for the indigenous patients. Under this section, the importance of cultural difference in doctor-patient communication was discussed according to two subtopics: patients' submissiveness against orthodox doctors, and lack of cultural sensitivity in clinical practice.

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a) Patients' Submissiveness Against Orthodox Doctors

In Malaysia, it is commonly known that the main culture found in the medical institutions such as the government clinics or hospitals is the national culture. Doctor-patient communications occur, which shared beliefs, norms, and rules of the culture of mainstream society. It is here when Orang Asli makes a visit due to illnesses, the earlier national cultural context changes in order to accommodate the micro-cultural context (Neuliep, 2012) of Orang Asli. According to Neuliep, micro-cultures refer to all groups within the general cultural group who possess different beliefs, traditions, and behaviours than the general culture. It is at the same time, the Orang Asli's culture also influences the verbal communication between doctors and patients.

However, because the Orang Asli do not have much knowledge about modern biomedical culture as compared to their traditional medicine culture, in many cases, the Orang Asli patients choose to be submissive under the authority of the orthodox medical doctors.

b) Lack of Cultural Sensitivity in Clinical Practice

According to Well (2000), *Culture* is defined as the dynamic and multidimensional context of many aspects of the life of an individual, which includes gender, faith, sexual orientation, profession, tastes, age, socioeconomic status, disability, ethnicity, and race. And *Cultural Sensitivity* is defined by Fleming and Toway (2001) as, "the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences, self-awareness, knowledge of a patient's culture, and adaptation of skills".

Research findings of this study indicate that indigenous patients would practice a submissive approach during doctor-patient communication when their indigenous culture is not considered as the main culture in the medical system. This odd situation happens because generally the medical doctors are too busy with too many patients within a day and thus become lacking in cultural sensitivity during their clinical practice. In order to obtain a better doctor-patient relationship through effective doctor-patient communication, doctors should pay more attention to the social aspect of their patients by their understanding and awareness of the cultures they serve.

CONCLUSION

In conclusion, effective doctor-patient communication is important for better health outcomes of Orang Asli as well as for them to gain a higher quality of care from the health care providers. In order to achieve optimal benefits for both doctor and patient, it is encouraged that medical doctors should be more concerned with the indigenous culture in order to alleviate the negative experiences of Orang Asli. At the same time, the indigenous patients should have no fear of facing the orthodox medical system and speak out their pain and symptoms bravely. As such, this study provides several important contributions by allowing a deeper understanding of the gap between effective doctor-patient communication, doctor's awareness about cultural sensitivity, their attitudes towards patients, and how Orang Asli patients response to their non-indigenous medical doctors.

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