

“Tales of Time, Terms, and Patient Information-Seeking Behavior of Dental Practitioners—an Exploratory Qualitative Study”

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DOI: 10.36347/sjds.2019.v06i04.008

| Received: 11.04.2019 | Accepted: 23.04.2019 | Published: 30.04.2019

Abstract

Original Research Article

Background: Medical language frequently contains linguistic forms that create social distance between Physicians and patients, which in turn results in poor patient communication as the Physician uses it to modulate his interaction with the patient. Often, use of jargon leads to the inability of the patient to understand what the Physician is saying, but through a reversed logical process, the Physician is considered a good doctor when he or she speaks an incomprehensible language. The aim of this study was to assess the acceptance and use of Jargon in case history taking among Dental Practitioners. **Materials and Methods:** In this exploratory study, data were collected from 290 private Dental Practitioners, using a convenient sampling design. Information was collected using a semi structured questionnaire. Descriptive statistics (i.e., mean, standard deviation, percentages) and t-test was employed in Statistical analysis. **Results:** All the 290 respondents used jargon in case history taking. Approximately 100% of the respondents admitted that they always used Jargon and 63.4% admitted of using Jargon only when there was a lack of time. The majority of the respondents (40%) learned the jargon from their colleagues. Approximately 100% of the respondents admitted use of jargon in a history section. Approximately 70.6% were of the opinion that abbreviations should be permitted in case history taking. **Conclusion:** This study showed widespread use of jargon/abbreviations in case history taking among the respondents. There is a lack of knowledge regarding standard Medical abbreviations.

Keywords: Abbreviations, Case history, Private Dental Practitioners, Jargon.

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INTRODUCTION

When it comes to understanding Medical information, even the most sophisticated patient may not be smarter than a fifth grader. Nearly nine out of 10 adults have difficulty following routine Medical advice, largely because it's often incomprehensible to average people, the Centers for Disease Control and Prevention says, and that's bad for health care: Confused by scientific Jargon, Doctors' instructions and complex Medical phrases, patients are more likely to skip necessary Medical tests or fail to properly take their Medications, the agency says. Studies show that poor health literacy drives up costs to the Health-care system and worsens patient outcome [1].

Inappropriate use of Medical terms in Healthcare Professional–Patient communication has been associated with problems in relation to Patient empowerment, Patient autonomy, patient's emotional ease, satisfaction and compliance [2, 3]. Of particular concern is Professionals' use of expert Jargon, as patients may not understand it. Patients may employ different lexical items than health-care professionals for the same concept, also referred to as patientese, or

alternatively associate different quantities as well as kinds of information with specialist terms [4-6, 13].

In keeping with such concerns, Health-care Professionals are often advised to avoid Medical terminology when communicating with patients instead; they should translate Medical Jargon into lay-friendly lexis [7, 18]. Medical Jargon-as Medical students, Interns, and residents, we pick it up from our peers and from attending Physicians who should know better. We hear it at lectures and conferences. We read it in Journals and textbooks. Eventually, we become inured to it, and we no longer recognize how ugly it is and how often it impairs effective communication [16-17].

The word 'Jargon' comes from an old French word meaning 'the twittering and chattering of birds'. It came into English in the fourteenth century, when its meaning was extended to include 'meaningless talk' or 'gibberish'. The Longman Dictionary of Business English defines jargon as:

(1) Language, written or spoken, that is difficult or impossible for an ordinary person to understand because it is full of words known only to specialists

(2) Language that uses words that are unnecessarily long and is badly put together [10].

Medical Jargon, which is full of Latin terminologies and abbreviations, is used throughout Medical practice and tends to create barriers and social distance between the Physician and patient. So often we as Physicians speak to patients in Medical terms and do not realize how little the patients understand us, yet good Medical practice depends on complete understanding between Physicians and patients. Arguably, residents and young Physicians are guiltier of using Medical Jargon than older Physicians. When using Medical terminology, Physicians must ensure that the patient and relatives are receiving the intended message. Physicians should remember that even commonly used Medical terminology is often poorly understood by non-health care professionals and should therefore explain it carefully [11]. Communication of important information can be hindered when Physicians use Medical terminology that patients do not understand or when patients use Medical terminology incorrectly when speaking with Physicians [12].

Effective Physician-patient communication is vital, and all Physicians who wish to deliver the best health care should carefully consider the words they choose when communicating with their patients and patients' relatives. The importance of building effective communication skills should also be borne in mind while developing and implementing medical education curricula [13].

Hence, this study was conducted to assess the acceptance and use of jargons in case history taking among private Dental Practitioners

MATERIALS AND METHODS

Study design and setting

This exploratory study was conducted from June 2018-July 2018, with mixed discipline Private Dental Practitioners.

Sample size and sampling technique

As of June 2018-July 2018, Dental Practitioners enrolled were 290 for this study. The

minimum sample size needed to maintain a 5 % margin of error, 95 % confidence interval.

Of the 290 questionnaires distributed, all were returned by Practitioners. The response rates of 100 % were assessed using convenience sampling.

Study instrument development

The respondents were asked to answer and return the questionnaire immediately. The respondents present on the day of data collection were included in the study. A multi-disciplinary team of authors developed a semi-structured questionnaire based on relevant literature [6, 14-15].

Data collection

The participants were provided with questionnaires by the data collection team. Participants were also informed of the study's purpose. The instrument consisted of the following three parts.

First, the survey instrument was pre-tested on 10 participants to assess presentation, acceptability, and ease of understanding of the questions. Second it was distributed to the participants.

Second, Demographic information: - participants were asked to describe their age (in years), gender (male, female), pre-enrollment education /designation. (Graduate, Post-Graduate respectively).

The third part contained 12 questions on the acceptance and use of jargon in Dental case history taking. Six of the 15 questions were open ended and six questions were closed ended.

Statistical analysis

All returned questionnaires were coded and analyzed. The results were expressed as number and percentage of response for each question and were analyzed using Statistical Package for Social Sciences software (SPSS version 21, SPSS Inc., Chicago, IL, USA). Descriptive statistics (i.e. frequency distribution, percentages, and measures of central tendency) were the primary analytical methods used.

RESULTS

Table 1-represents Respondent's profile

Table-1: Social -Demographic Variables of Respondents (n=290)

Individual Scenario			
Variable		Response (n)	Frequency (%)
Total no of respondents		290	100
Gender	Males	99	34.1
	Females	191	65.8
Designation-Dentist	Graduate	200	68.8
	Post graduate	90	31

Statistical significance was accepted at $p < 0.0001$.

Among the participants of 290, 65.8% (191) were female, while 34.1% (99) were male.

The participants educational profile included Dental Graduate 68.8 % (100) followed by CRR1.34.4 % (100), with the lowest level of participation from Postgraduate students 31 % (90).

Table 2-represents Response to questions regarding the acceptance and use of JARGONS

Table-2: Response to questions regarding the acceptance and use of JARGONS

Individual Scenario					
Question	Variable	Response n (%)	Mean± SD	Z-value	Inferential statistics
Are you aware of standard Medical abbreviations?	Yes	138 (47.5)	145±9.89	14.647	<i>p</i> <0.0001 SS
	No	152 (52.4)			
Do you find any difficulty in understanding abbreviations written by others?	Yes	162 (55.8)	145±24.04	6.031	<i>p</i> <0.0001 HS
	No	128 (44.1)			
Do you think the use of abbreviations should be permitted in case history taking?	Yes	205 (70.6)	145±84.85	1.708	<i>p</i> < 0.087 NS
	No	85 (29.3)			
Do you use abbreviations only when there is a lack of time?	Yes	184 (63.4)	145±55.15	2.629	<i>p</i> <0.0001 SS
	No	106 (36.5)			
Do you use abbreviations while taking case history?	Yes	290 (100)	145±205.06	0.707	<i>p</i> < 0.479 NS
	No	0			
Do you use other abbreviations even after knowing that only standard Medical abbreviations are permitted in case history?	Yes	200 (68.9)	145±77.78	1.864	<i>p</i> < 0.062 NS
	No	90 (31)			
How did you get these abbreviations?	From books	59 (20.3)	72.5±31.03	4.672	<i>p</i> < 0.0001 HS
	From colleagues	116 (40)			
	From teachers	71 (24.4)			
	My own	44 (15.1)			
What kind of abbreviations do you use?	Standard only	160 (55.1)	96.66±69.69	2.080	<i>p</i> < 0.0001 SS
	Both	108 (37.2)			
	My own	22 (7.5)			
What are you comfortable with?	Case history with abbreviations	154 (53.1)	96.66±59.61	2.432	<i>p</i> < 0.0001 SS
	Case history without abbreviations	35 (12)			
	Doesn't matter	101(34.8)			
When do you use these abbreviations?	Always	74 (25.5)	96.66±100.4	1.444	<i>p</i> < 0.1487 NS
	Occasionally	216 (74.4)			
	Never	0			
Where do you use abbreviations?	History and Clinical exam	130 (44.8)	72.5±44.23	3.278	<i>p</i> < 0.0001 SS
	Diagnosis and treatment plan	43 (14.8)			
	Personal info	33 (11.3)			
	All of the above	84 (28.9)			
Why do you use abbreviations?	As it is easy	95(32.7)	96.66±60.51	2.396	<i>p</i> < 0.0001 SS
	Following peers	37(12.7)			
	For saving time	158(54.4)			

NS: Not significant; SS: Significant; HS: Highly significant

47.5 % (138) of the respondents reported that they were aware of the standard Medical abbreviations.

55.8% (162) of the respondents had difficulty understanding abbreviations written by others which were highly statistically significant.

A majority of the respondents 70.6 % (205) were of the opinion that abbreviations should be permitted in Case History taking.

A majority of the respondents 40% (116) learned the jargon from their colleagues which was highly statistically significant.

63.4 % (184) admitted they used jargon only when there was a lack of time. Approximately 54.4 % (158) used abbreviations as it saved time.

Almost half of the respondents used Jargon in a history section and almost 44.8 % (130) in clinical examination. 53.1 % (154) of the respondents reported that they were comfortable with case history with abbreviations and only

DISCUSSION

The terms argot and Jargon refer to special, often secret vocabularies used by practitioners of certain trades or professions to discuss their activities or their equipment and its use. One reason behind the development of such special” shop talk” is the desire for a shared, exclusive language as a source or symbol of solidarity, somewhat like the vestments and rites of a secret society or a religious sect[17].

This aspect of Medical Jargon appeals particularly to Medical students and Physicians in training, which are quick to appropriate and perpetuate esoteric expressions heard from instructors. A second motive for the development of a trade Jargon is the need or wish to communicate by means of a code that can not be understood by outsiders. (Another meaning of *jargon* is ‘unintelligible language, gibberish’.) This feature also has its application to Medicine [17].

The Jargon of Medicine, like most other jargons ranging from thieves’ cant to the highly technical vocabularies of international law and Nuclear Physics, can be divided into two broad categories: specially coined terms and ordinary words to which special meanings have been assigned [18].

The adjective that most often comes to mind when we attempt to define slang is *unconventional*. Slang can be thought of as a sort of eccentric or irregular dialect that exists in parallel with the more formal vocabulary that we find codified in dictionaries. We all use dozens of slang expressions and understand hundreds more when we hear them. We also recognize that slang is inappropriate in some settings, such as a resume or a letter of sympathy. Some slang expressions are objectionable because most people don’t understand them; others because they are too brash, flippant, or frivolous for formal discourse, or perhaps are even offensively vulgar. Since the language of Medicine is full of slang and all dictators use it, the competent Medical transcriptionist must develop the ability to judge which expressions to transcribe verbatim, which ones to translate into formal terms (and what terms to use), and which ones to flag[19].

Only C/O, H/O, and W.R.T among the abbreviations reportedly being used by the respondents can be described as standard Medical Jargon [20]. It is noteworthy that over 60% of the respondents used Jargon recording to patient’s personal information and history section. Guidelines in case history taking indicate that that these sections demand the use of a language the patient can comprehend [20].

This study thus throws light on an issue which demands serious action. Furthermore, this study warns us that this practice is leading to damage to the use and purpose of Medical record keeping, which can have a serious impact in the long run.

LIMITATIONS OF THE STUDY

The sample of the study is restricted to only Dental Profession.

RECOMMENDATIONS

With the lack of awareness being one of the most common reasons for this observation, efforts are recommended to improve the awareness by incorporating the same in the curriculum.

CONCLUSION

This study revealed widespread use of Jargon/abbreviations in case history taking among the private Practitioners.

ETHICAL DISCLOSURES

- Protection of human and animal subjects: The authors declare that no experiments were performed on humans or animals for this study.
- Confidentiality of data: The authors declare that no patient data appear in this article.
- Right to privacy and informed consent: The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

Conflict of interest & source of funding

The author declares that there is no special financial support for this research work from the funding agency and there is no conflict of interest among all authors

ACKNOWLEDGMENT

The author express sincere gratitude to all respondents whose honest attention help and support and the participants of the study lead the Research project to worthwhile outcome

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