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DOCTOR-PATIENT COMMUNICATION IN KOSOVO HEALTHCARE SERVICES: A LINGUISTIC CASE STUDY OF DOCTORS' PERCEPTIONS

Labinot KRASNIQI

University of Prishtina "Hasan Prishtina", Kosovo
E-mail: labinot-krasniqi@hotmail.com, ORCID ID: 0009-0004-9454-2544

ABSTRACT: This case study examines the perceptions of doctors in Kosovo institutions regarding doctor-patient communication from a linguistic perspective. A sample of doctors participated in the study by completing a questionnaire with 16 items, 14 of which had yes-or-no answers, and 2 of which were open-ended. The study found that doctors generally have a positive perception of doctor-patient communication in Kosovo, but they also face some challenges, including patients' health literacy, administrative issues, and patients' prejudices toward doctors. However, most doctors reported effective communication with their patients by using their names, explaining things in detail, listening to the patient's concerns, and checking for understanding. Patient consultations typically take between 15 to 20 minutes, during which doctors strive to establish a rapport with patients to ensure better treatment outcomes. Although the majority of doctors did not have any complaints about patient communication, some reported issues such as patient impatience, a lack of basic knowledge regarding the patient's health condition, a lack of health education, and resistance from some patients to be honest. These challenges underscore the need for targeted interventions to improve health education in the region. The study highlights the importance of effective communication in the healthcare environment and provides insights into the linguistic aspects of doctor-patient communication in Kosovo healthcare services. It also identifies areas for future research and practice in improving doctor-patient communication, including the development of training programs for healthcare professionals and the implementation of strategies to overcome communication barriers.

KEYWORDS: doctor-patient communication; healthcare services; perceptions; linguistic perspective, doctors' challenges, consultations' time

1. Introduction

In many works about doctor-patient communication, it is affirmed that to achieve optimal health results, there must be effective communication between patients and healthcare professionals (Faulkner, 1998; Handayani et al., 2022, p. 4; Hersh et al., 2019, p. 2316; Kasimtseva et al., 2019, p. 315; Kenny et al., 2010, p. 763; Lodhi et al., 2019, p. 80; Makoul & Clayman, 2006, p. 301; Stortenbeker et al., 2022, p. 1). Poor communication can result in misinterpretations, complaints about the care received, and even medical mishaps (Al-Mansori & Reishaan, 2022, p. 383; Makoul & Clayman, 2006, p. 301; Stortenbeker et al., 2022, p. 1). The patient's capacity to comprehend their health issues, available treatments, and self-management techniques depends heavily on the effectiveness of the communication with them. Additionally, a variety of previous studies in the field of medical communication demonstrate the importance of effective patient-provider communication for finding long-term solutions to patients' health issues (Cubaka et al., 2018, p. 2; Hersh et al., 2019, p. 2316; Lam et al., 2023, p. 58; Marino et al., 2023, p. 02; Mohd Salim et al., 2023, p. 2). In Kosovo's university programs in the field of medicine, students are offered ethical subjects to learn and develop the necessary skills they will need in the future for effective interaction with patients to provide safe and appropriate care. However, these programs currently lack specific communicative subjects for medical interaction, such as medical communication, despite the availability of such programs in other countries around the world.

As stated by Nowak (2011, p. 429), since the 1950s, there has been a growing scholarly interest in the characteristics and outcomes of doctor-patient encounters due to the significance of communication between doctors and patients regarding the outcomes of medical treatment. Before Nowak, Stott and Davis (1979, p. 201) demonstrated the necessity and importance of this issue in their work, stating that careful consideration should also be given to the outcomes of the doctor-patient interaction, including how to obtain an accurate medical history and conduct a physical examination. On the other hand, miscommunication between a doctor and a patient, non-adherence to treatment recommendations, and misconceptions may result in negative patient outcomes.

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Research focused on doctor-patient communication in primary care in Kosovo is so far unexplored, and to our knowledge, no study has investigated doctors' perceptions of the role of language in doctor-patient communication in primary health care in Kosovo. In order to have effective communication in the health care environment, we think it is important to understand the perceptions and practices of health care providers, especially to identify how the communication of health care providers or doctors is carried out in their interactions with patients and what could be the existing challenges that prevent the realization of this communication in the best possible way. This study aims to fill this gap by examining the perceptions of doctors in Kosovo about the role of language in doctor-patient communication and identifying any challenges or strategies they use to overcome language barriers. By understanding the perspective of physicians on this issue, we can develop targeted interventions to improve communication and raise the quality of health care for patients in Kosovo.

In order to identify areas for improvement and ensure that patients receive effective and efficient care, it is crucial to obtain feedback from doctors on how they communicate with their patients. Another aspect of research indicates that physicians' communication styles are influenced by their goals for self-presentation and are also associated with patient perceptions (Markowitz, 2023, p. 1).

In the context of Kosovo, where two official languages, Albanian and Serbian, are spoken, along with several minority languages with smaller populations, this research focused specifically on the Albanian language. Understanding the dynamics of communication and language usage in Kosovo is essential, and this study delves into the intricacies of the Albanian language in this diverse linguistic landscape.

Previous studies have emphasized the significance of effective communication in the healthcare environment and the requirement that healthcare providers use patient-centered communication strategies (Makoul & Clayman, 2006, p. 301). However, there is a lack of knowledge about doctors' communication practices and perceptions in Kosovo.

An approach to doctor-patient communication that emphasizes language recognizes the importance of language in communication and focuses on how language is used and perceived in the context of medicine, identifying linguistic features characteristic of medical interaction and their functions within the healthcare context (Staples, 2016, p. 180). Through this method, it may be possible to gain insight into how communication difficulties with patients can impact the doctor-patient relationship.

The process, quality, and dynamics of interpersonal connection are increasingly the focus of training and reflection, especially in high-income nations that are still developing (Cubaka et al., 2018, p. 2). Patient-centered care is a generalized guiding model that should be used in health care and should be at the heart of physician-patient communication. It is frequently described by its components, which include 1) paying attention to the needs, perspectives, and experiences of the patient, 2) providing opportunities for patient participation and involvement, and 3) enhancing partnership and understanding in the doctor-patient relationship (Cubaka et al., 2018, p. 2). Despite the fact that technical skills could receive more focus in physician training, communication is crucial in practice (Tran et al., 2020, p. 2).

The purpose of the study was to examine the role of language in doctor-patient communication and to identify challenges or strategies used by doctors to overcome barriers. The hypotheses for this study were that doctors in Kosovo perceive language as a significant barrier in doctor-patient communication and that they use specific strategies to overcome this barrier.

This study aims to analyze how doctors in Kosovo perceive patient communication. The study focuses on various communication-related topics, such as addressing patients by name, interrupting patients during conversations, explaining things in detail, encouraging patients to discuss health issues, confirming understanding, informing patients about the examination and tests, discussing treatment options, and taking into account patient feedback. The study also examines the amount of time spent with patients during conversations, as well as any criticisms or recommendations that doctors may have regarding patient communication.

In conclusion, the study intends to evaluate how doctors in Kosovo perceive patient communication, while also accounting for demographic aspects, and offering insight into potential areas for development in

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order to enhance patient outcomes. The study will employ a survey design and apply descriptive statistics to examine the results.

2. Materials and Methods

The methodology of this study is an exploratory qualitative approach using the survey method, with a questionnaire as the primary instrument. The questionnaire was distributed to a sample of doctors practicing in Kosovo, and the data were analyzed using descriptive statistics. The questionnaire consisted of 16 questions, which included multiple-choice as well as open-ended ones for physicians to provide additional comments. The questions are related to the courtesy and respect shown by the doctor during the consultation, the informative aspect of the consultation, and the time management during the consultation. The questionnaire, which was presented to doctors, focused on evaluating their communicative skills and the way they interact with patients, their perception of the effectiveness of different forms of communication with patients, as well as the time devoted to explaining the patient's health condition to ensure that the information about the latter's health has been fully received by the doctor. Some of the questions relate to the doctor's ability to actively listen to the patient, explain things in detail, and consider the patient's perspective when making treatment decisions.

Since this research had an ethical component involving the participation of doctors, we obtained prior approval from the Commission on Ethical Issues to conduct the study.

The sample for this study consisted of physicians practicing in healthcare institutions in Kosovo, and data were collected using a self-administered questionnaire. Three healthcare institutions were selected as case studies. Because the number of doctors in primary care institutions is not large, and since this is a case study, a total of 30 doctors participated in the research. This sample size is small and may not be representative of all physicians in the region or country.

Data collected from the questionnaire were analyzed using qualitative and quantitative content analysis, a method that involves a systematic and interpretive examination of the content of the findings. The data were analyzed from a linguistic perspective, applying Halliday's functional grammar (Halliday & Matthiessen, 2013, p. xiv) and the maxims of language philosopher Paul Grice (Grice, 1975, p. 47). The study examined demographic factors related to communication, such as gender, age, and area of expertise.

In general, the methodology of this study aims to provide an initial examination of the perception of doctors in Kosovo regarding the role of language in doctor-patient communication. Employing a qualitative exploratory approach and a questionnaire survey, the study yields valuable insights into the challenges faced by physicians in overcoming language barriers in healthcare communication and the strategies they employ.

3. Results and Discussion

3.1. Demographic characteristics of participants

In this study, a survey was conducted among physicians, in which a total of 30 doctors participated. The sample comprised nine male doctors and 21 female doctors, representing a roughly 3:1 gender split. As shown in Table 1, women constituted the majority of doctors (73.3%), while men comprised the remaining 26.7%.

Table 1: Distribution of doctors by gender.

Gender	Number	Percentage
Male	9	26,7%
Female	21	73,3%

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Total	30	100%

The age of the doctors ranged from 24 to 64, with an average age of 49. The majority of the doctors were over 31 years old, as shown in Table 2.

Table 2: Distribution of doctors by age.

Ranking by age	Number of doctors	Percentage
21-30	3	10%
31-40	8	27%
41-50	6	20%
51-60	8	27%
61-70	5	17%

Among the doctors in the sample, family medicine was the most common area of specialization (46.7%), followed by occupational medicine (13.3%), internal medicine (10%), and ophthalmology (6.7%). The sample included both primary care and specialty care doctors, representing a varied range of medical specializations, gender, age, and year of graduation.

This sample provides a broad representation of medical professionals in Kosovo, allowing for the examination of how these variables affect doctor-patient communication. However, it is important to note that this sample may not fully reflect the characteristics of doctors practicing in other parts of the country, as it is limited to the province of Kosovo. Therefore, further investigation is necessary to draw more conclusive generalizations regarding the demographics of doctors in Kosovo.

Overall, the survey's demographic data reveals that the majority of the doctors surveyed were middle-aged and female, while family medicine, occupational medicine, internal medicine, and ophthalmology were the most frequently practiced specialties among the doctors surveyed.

3.2. Linguistic Analysis of Doctor Responses to Communication between Patients and Doctors

The results of the survey, which we have presented in Table 3, provide an overview of how doctors perceive their communication with patients based on the questionnaire questions. Since the study of doctor-patient communication can be approached through two main perspectives: a medical-sociological approach that considers institutional structures and a linguistic approach that analyzes micro-level communication and interaction (Wodak, 2006, p. 682), we have analyzed the results from a linguistic approach, using the framework of systemic functional grammar (SFG) and the maxims of a philosopher of language Paul Grice for the principles of importance, quantity, and quality. SFG, a model of language developed by Michael Halliday and his colleagues, views language as a social semiotic system used to fulfill various social and communicative functions (Halliday & Matthiessen, 2013, p. xv). We used the maxims of Paul Grice to analyze the responses of the doctors in terms of respecting or violating some principles, such as the maxim of quality, quantity, relation, and manner, which are part of his theory of implication that describes how people rely on the general principles of conversation when producing and interpreting utterances (Grice, 1975, 1989, p. 47-48; Hadi, 2013, p. 69). In our results, it seems that the maxim of relation will be mostly used to describe the doctors' answers.

Table 3: Results of the questionnaire given to doctors.

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No.	QUESTIONS	YES	%	NO	%
1	Do you address the patient by name during the conversation?	17	57%	13	43%
2	Do you interrupt the patient while talking to them?	18	60%	12	30%
3	Do you have time to explain things in detail to the patient?	29	97%	1	3%
4	Do you encourage the patient to talk about all health problems and concerns in detail?	27	90%	3	10%
5	Do you check if you understood correctly what the patient meant?	28	93%	2	7%
6	Do you inform the patient what you are going to do?	29	97%	1	3%
7	Do you explain the need for any examination or health test if the patient needs to do it?	26	87%	4	13%
8	Do you ask the patient about his knowledge about that disease before you inform him?	25	83%	5	17%
9	Do you inform the patient about the possible diagnosis of the disease?	28	93%	2	7%
10	Do you inform the patient about the possible consequences of the disease?	28	93%	2	7%
11	Do you discuss treatment methods with the patient, showing the advantages and disadvantages of each method?	27	90%	3	10%
12	Do you consider the patient's reaction to the information provided?	28	93%	2	7%
13	Do you wonder if the patient will have any difficulty following the treatment you prescribe?	27	90%	3	10%
14	Do you have many experiences with "difficult patients to talk to"?	8	27%	22	73%
15	How much time do you spend on average for a patient consultation? (Write how many minutes)	15 minutes the average			
16	What are your complaints regarding communication with patients?	This is analyzed in subsection 3.3.			

Functional linguists contend that language serves a variety of purposes in communication, including informing, persuading, and associating (Matthiessen, 2013, p. 34; Nga, 2017, p. 25; Pane et al., 2018, p. 136; Xi, 2019, p. 22). An important part of manners and rapport-building in doctor-patient interactions is specifically calling a patient by name. For instance, the answers to question 1 indicate that 17 out of 30 doctors (57%) answered with "yes" to the question, stating that they address the patient by name during the dialogue. This response demonstrates that the doctor is being polite and developing a rapport with the patient, which can be considered as adhering to the maxim of relation (Grice, 1989, p. 47). However, 13 of the 30 doctors (or 43%) who responded "no" to the question did not use the patient's name during the conversation, which may suggest that they did not make an effort to use the patient's name in communication and did not place a high priority on developing a good rapport with the patient. In this situation, using the patient's name to address them can be considered as serving a socializing function because it demonstrates the doctor's desire in getting to know them and fostering a sense of familiarity and

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comfort. Additionally, it helps to individualize the patient so that he is not treated like a generic or nameless person.

In a similar vein, when asked whether doctors ever interrupt their patients when speaking with them, question 2 revealed that 18 out of 30 doctors (or 60%) responded "yes," indicating that they frequently do so. As it implies that the doctor is not fully engaged in the patient's speech and does not place a high priority on letting the patient express himself fully, this reaction might be considered a violation of the manner and rapport maxim (Grice, 1989, p. 47). In contrast, 12 out of 30 medical professionals (or 40%) responded "no" to the inquiry, suggesting that they do not interrupt the patient while they are speaking with him. This remark, which implies that the doctor is providing the most important information, might be considered as adhering to the maxim of rapport-building (Grice, 1989, p. 47).

Generally, questions 3 through 14 are about how doctors interact with their patients. The findings suggest that most doctors engage in practices such as explaining things in detail to patients, encouraging them to discuss all health issues and concerns in detail, confirming that they understood what the patient was trying to say, informing the patient of what they were going to do, and discussing treatment options with them.

As these procedures demonstrate that doctors place a high value on their patients' knowledge of and involvement in their healthcare as well as their communication, they can be seen as adhering to the maxim of rapport-building. Doctors make sure that their patients grasp the information they are receiving by going into great depth, and they also make sure that their patients feel heard and understood by encouraging them to discuss all health issues and concerns in great detail. Similarly, by ensuring they fully comprehended what the patient meant to say, doctors show that who they are paying attention to their communication, and by telling the patient what they plan to do, doctors foster openness and confidence. In this way, doctors provide patients with the knowledge they need to make decisions about their health care by discussing treatment options with them and highlighting the benefits and drawbacks of each option.

The majority of doctors (between 68% and 96%) responded "yes" to these questions, indicating that they engage in practices such as explaining things in detail to the patient, encouraging the patient to discuss all health issues and concerns in detail, ensuring that they understood the patient correctly, informing the patient of what they were going to do, and talking about treatment options with the patient. These responses demonstrate that doctors emphasize their patients' knowledge of and involvement in their healthcare as well as their communication with them, which can be considered as adhering to the maxim of rapport-building. Jucks and Bromme (2007, p. 267) affirm in their work that it is important for doctors to adapt themselves to their patients' knowledge level and to make sure that they make themselves clearly understood.

However, we can observe that there are some variations in the responses of doctors when we take into account demographic information like gender, age, and area of specialty. For instance, when we examine the responses to the question "Do you explain everything in detail to the patient?" we can notice that female doctors (95%) gave more "yes" responses than male doctors (80%). This may suggest that female doctors are more likely to engage in practices that value patient education and participation in their care. When we examine the responses to the question "Do you discuss treatment methods with the patient, indicating the advantages and disadvantages of each option," we obtain similar results. We can see that more general practitioners (96%) than orthodontists (86%) responded "yes" to the question. This may suggest that family medicine doctors are more inclined to engage in procedures that emphasize patient education and participation in their care.

When considering the age aspect, it is possible that senior doctors tend to spend more time with patients than younger ones. This could be because they have more experience and expertise in patient communication and can provide clearer explanations.

It is significant to remember that a variety of factors may influence communication between doctors and patients, so these factors or changes should be treated with care (Epstein et al., 2005, p. 1517; Kwame & Petrucka, 2021, p. 2; Udvardi, 2019, p. 389). For instance, family medicine, a specialty that promotes patient involvement in their health care, may be more patient-centered than other specialties. As an

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alternative, the field of orthodontics may place greater emphasis on the technical components of care, which may necessitate less doctor-patient interaction. However, the relationship between demographic characteristics and communicative behaviors would require more investigation.

Although the results should be interpreted cautiously, demographic factors including gender, age, and location of specialization may have an impact on physicians' communicative patterns. For example, younger doctors may have different communication issues or styles than older doctors, and doctors with various specialties may have distinct communication requirements. The study demonstrates that most doctors place a high value on patient education and participation in their care.

3.3. Complaints and suggestions of doctors - qualitative analysis of results

When examining the responses to the inquiry on grievances or recommendations about patient contact, a number of difficulties stand out. A typical problem is that some doctors find it difficult to communicate with patients who are less educated or who are unaware of their medical issues. This is emphasized in responses to the last question, where they were asked if they had any complaints or suggestions, which they were required to write. For instance, participants' responses included statements such as 'I don't have any complaints, given that we have different levels of education and education in general,' and 'Lack of basic information about the patient's health status', which highlights a crucial issue within healthcare, emphasizing the need for improved communication strategies that ensure patients are well-informed about their medical conditions, treatment plans, and overall health status.

Frustration with administrative processes and the way they affect patient communication is another recurring theme. Numerous medical professionals express annoyance with administrative processes, which might degrade communication and patients' comprehension of their health situation and available treatments. This is highlighted in responses to the last question such as "Patients' frustration during the visit due to administrative procedures" and "From time to time, their frustration due to administrative procedures". As seen in comments like "Impatient to listen to the doctor, impatient to wait in line, patients difficult to talk to," and "They arrive with prejudices about doctors," complaints were also made about patients who were difficult to interact with or with whom they were impatient. As stated by Mohd et al. (2023, p. 14) physicians should also exhibit their concerns on patients and relatives, and be more attentive by listening to them. Several studies found that strengthening listening skills is one of the essential components to improve communication. Physicians can better respond to patient inquiries by listening, while at the same time taking note of the patient's concerns and illness (Kee et al., 2018, p. 98). There are also some complaints regarding patients who disregard the doctor's recommendations and refuse to follow the prescribed therapy. Additionally, there were several doctors who had no specific complaints or recommendations. It is significant to stress that the context of the healthcare system and the existing rules must be taken into account while evaluating these complaints and recommendations. The relationship between patient outcomes and complaints and suggestions would require more investigation.

3.4. Medical discourse regarding physician-patient consultation time as perceived by the physician

The results of the survey regarding physician-patient consultation time as perceived by the physician are presented in table 4.

Table 4: Results of the physician-patient consultation time as perceived by the physician.

Doctor	Sex	Age	Specialty	Time Spent (minutes)	Doctor	Sex	Age	Specialty	Time Spent (minutes)
1	M	33	Orthodontics	5	**16**	M	26	Doctor of Medicine	15

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2	F	49	Famliy Medicine	8	**17**	F	24	Doctor of Medicine	20
3	F	60	Famliy Medicine	10	**18**	F	62	Famliy Medicine	20
4	F	63	Famliy Medicine	10	**19**	F	44	Famliy Medicine	20
5	F	51	Famliy Medicine	10	**20**	M	50	Famliy Medicine	20
6	F	24	Oral Surgery	10	**21**	M	61	ORL	20
7	F	25	Doctor of Medicine	13	**22**	M	64	Internal Medicine	20
8	F	53	Famliy Medicine	15	**23**	F	64	Occupational Doctor	25
9	F	58	Ophtalmology	15	**24**	F	26	Doctor of Medicine	25
10	F	61	Internal Medicine	15	**25**	F	57	Orthodontics	60
11	F	57	Famliy Medicine	15	**26**	M	33	Famliy Medicine	10
12	F	25	Doctor of Medicine	15	**27**	M	36	Orthodontics	10
13	F	27	Doctor of Medicine	15	**28**	M	33	Radiology	15
14	M	57	Occupational Doctor	15	**29**	F	36	Doctor of Medicine	30
15	M	56	Family Medicine	15	**30**	F	28	Doctor of Medicine	8

According to the survey, doctors said they spend between 10 and 20 minutes consulting with patients, with the typical consultation lasting between 5 and 60 minutes. This can mean that some doctors do not have enough time to thoroughly address patients' worries and queries, which might make patients angry or frustrated. Compared to other doctors, one doctor claims to spend up to 60 minutes per visit; this could be because of the specialist's area of expertise or the case's intricacy.

The average time spent with patients during communication between male and female doctors did not differ significantly when the findings of the question about the time spent with patients during communication were broken down based on gender. The average amount of time spent communicating with patients varied, though, when replies were broken down by age. For instance, doctors between the ages of 21 and 30 spend 10 minutes on communication on average, while doctors between the ages of 61 and 70 spend 15 minutes. Due to their inexperience or inefficiency, this may suggest that young doctors are more likely to spend less time speaking with patients during consultations.

The average amount of time spent with patients during conversation also varied when responses were analyzed by specialized area. For instance, family medicine specialists spend an average of 15 minutes in conversation, compared to 10 minutes for doctors with the specialty of orthodontics. This may suggest that doctors who specialize in orthodontics are more likely to communicate with patients for shorter periods of time, possibly due to the more technical nature of their field.

Although not accounted for in this research, the length of words, reaction times, speech rates, interruptions, simultaneous speech from both parties, brief and long pauses, the use of gestures like nodding and gesturing while speaking, finally laughing in certain situations, etc., all affect how long a conversation lasts (Quagliariello, 2018, p. 64). It is significant to remember that a variety of factors may influence these changes, so they should be analyzed with care.

The findings might also imply that some physicians are hurrying consultations in order to see more patients in a shorter amount of time.

The survey's overall findings emphasize the significance of taking demographic factors into account when examining physician-patient communication, as well as the necessity of ongoing research

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and evaluation to enhance both communication and patient outcomes. To ensure the best possible patient outcomes, it is also critical that doctors have enough time to speak with patients and address any administrative issues that may arise.

4. Conclusions and Future Directions

In summary, the survey findings indicate that there is room for improvement in doctor-patient communication. The results demonstrate that many doctors use their patients' names when speaking to them, spend time explaining things in detail, and make efforts to carry their message across successfully. However, there have also been instances where doctors have cut off patients in the middle of their sentences and have not encouraged them to discuss all of their health issues. Additionally, some doctors have claimed that certain patient groups, such as those with lower educational levels or mental illnesses, are challenging to communicate with.

Future studies are advised to concentrate on finding practical methods and treatments to enhance doctor-patient communication, taking into consideration demographic elements, including gender, age, and specialty. Linguistic studies may show the necessity of finding new methods or approaches to the utilization of communicative training programs for medical professionals, as well as the creation of patient-centered communication strategies that consider the particular requirements and preferences of different patients.

In conclusion, the survey results provide valuable insights into physician communication practices and highlight areas where improvements can be made. According to the survey findings, doctors should prioritize addressing patients by name, taking the time to explain things in detail, and ensuring that they understand. Physicians should also urge patients to talk about all of their health-related issues and concerns and be aware of any potential communication-affecting demographic characteristics.

The survey results also demonstrate that there may be issues with the length of time spent on administrative tasks and patient consultations, which may have a detrimental effect on the clarity of the patient's comprehension of their health condition and available treatments. To provide the best possible patient outcomes, it is crucial that doctors have enough time to talk to their patients and deal with any administrative issues that may arise.

The findings of this study could be used to develop communication guidelines for the healthcare system and communication training and education programs for Kosovo's healthcare professionals. Additionally, the study's outcomes may assist Kosovo's policymakers and administrators in identifying areas where the healthcare system can be improved. One of the corollaries of the survey may hint at the fact that healthcare professionals should consider using patient-centered communication tactics to ensure that patients are actively involved in their healthcare and have a better understanding of their health condition and treatment options.

Overall, this survey offers data that can be utilized to evaluate patient-doctor communication and provide recommendations for further study, which could have a positive impact on patient health outcomes.

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