

## Communication Experiences of Pekanbaru City Patients Receiving In Vitro Fertilisation (IVF) Treatment in Malaysia Fertility Clinics

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### ABSTRACT

Doctor-patient communication is important in all medical consultations including for In Vitro Fertilisation (IVF) treatment. An unfavourable communication experience can cause a patient to stop taking the treatment, move to another local fertility clinic, or even seek treatment abroad. There are still few studies documenting communication experiences of patients with infertility seeking reproductive treatment in other countries. This study aimed to describe the communication experiences of Indonesian IVF patients receiving IVF treatment from medical practitioners in fertility clinics in Malaysia. This study used Benner's interpretive phenomenology framework in its approach and when analysing the results. Data collection was carried out using in-depth and semi-structured interviews with 11 IVF patients from Pekanbaru city Indonesia who received IVF treatment in fertility clinics in Malaysia. This study found three main themes shared by the IVF patients' communication experiences: 1) memorable experiences (friendliness and caring, empathy, honesty and openness, clarity and adequacy of the information, and easiness of communication; 2) less memorable experiences (less interpersonal communication, less warm non-verbal communication, and miscommunication); and 3) communication barriers (English). These findings have important implications for both the prospective patients receiving cross-border fertility treatment in the future and for service providers providing fertility treatment to improve doctor-patient communication.

**Keywords:** *Health communication, doctor-patient communication, communication experience, infertility, cross-border reproductive care, in vitro fertilisation treatment.*

### BACKGROUND

Infertility is a reproductive health issue that is experienced by many married couples around the world. In Indonesia, at least 15% of married couples experience reproductive infertility (Bennett & Pangestu, 2017). There are various treatment procedures to treat infertile patients. Technological advances bring reforms in infertility treatment one of which is In Vitro Fertilisation (IVF). In Indonesia, fertility treatment through IVF procedure is increasingly in demand. Indonesians with infertility issues commonly seek treatment in Indonesia, but many also choose to have them in other countries. Today, many people in Indonesia travel abroad to access fertility treatment. This phenomenon is known as cross border reproductive care (CBRC) (Salama, et al., 2021)

CBRC refers to the movement of patients to foreign countries for fertility treatment (Lasheras, Mestre-Bach, Clua, Rodríguez & Farré-Sender, 2020), is a phenomenon in which national boundaries are crossed as people seek reproductive treatment (Jacobson, 2020). CBRC is referred to as fertility tourism and may be regarded as a form of medical tourism. According to

the World Health Organisation (WHO), medical tourism is the activity of traveling abroad to obtain medical treatment like aesthetic care, dental treatment, elective surgery, and fertility treatment (Taufik & Sulistiadi, 2018). Nowadays, more and more patients travel from one country to another to get medical treatment. Seeking medical treatment is one of the five reasons why people visit Malaysia in 2015 (Chandran, Zainuddin & Puteh, 2017). Malaysia to be among the countries recognized as one of the best medical destinations in the world for its world-class quality in terms of health and wellness facilities (Zailani, Albattat, Yee, Md Nazri & Zuraimi, 2021). The Malaysian Healthcare Travel Council (MHTC) said that at least 4,000 Indonesian patients underwent IVF treatment in Malaysia in 2019 (Handayani, 2020). This phenomenon is partly caused by the inability of medical practitioners and hospitals in Indonesia to communicate effectively with patients so that the patients feel satisfied with their treatment (Mulyana, Dida, Suminar & Indriani, 2019). On the other hand, emotional support is one of the driving factors for couples from Indonesia for CBRC (Bennett & Pangestu, 2017). The regulation of Indonesia's health sector, which prevents foreign doctors from working in the country, makes it more necessary for the wealthy middle and upper classes to choose neighbouring countries as a location for their medical treatment (Saragih & Jonathan, 2019).

Malaysia is a popular choice, especially for Indonesians who live in border areas to seek fertility treatment. However, the preference for Malaysia is not merely because of geographical proximity. Preferences for doing IVF treatment in Malaysia are related to cultural and religious context that matches patients' values, and perception that the procedure carried out in Malaysia is halal or legitimate in Islam (Bennett & Pangestu, 2017).

Various studies found that effective doctor-patient communication had a positive correlation with the increase of patients' satisfaction and obedience, expectation adjustment, self-regulation, and coping (Ismail & Omar, 2018; Leone, Borghi, Del Negro, Becattini, ..., & Vegni, 2018). There is evidence that doctors and nurses' communication skills play a major role in patients' experience, and it is also closely related to the quality and effectiveness of hospitals (Marca-Frances et al., 2020). Furthermore, doctors' interpersonal communication skills are also shown to affect patients' satisfaction (Effendi, Sukmayadi & Pandjaitan, 2019).

Patients regard quality communication as a critical thing in infertility treatment, but it is still lacking among healthcare providers which therefore raises the question of why this gap still exists and how to overcome it (Klitzman, 2018). Research proved that poor communication and relationship with Assisted Reproductive Technology (ART) health care professionals may cause dissatisfaction among patients, and it is one of the reasons why infertile couples stop treatment or move to another clinic (Leone et al., 2018). This is the basis for the importance of patient-centred communication in the ART process. It is necessary to pay more attention to the communication needs of infertile patients for medical professionals and hospitals so that the treatment produces the desired result.

So far, studies on CBRC are still limited to several areas such as anthropology (Whittaker Inhorn & Shenfield, 2019), economy and business (Jacobson, 2020; Saragih & Jonathan, 2019), and psychology studies (Lasheras et al., 2020). Furthermore, as far as the researchers know, there has not been any research that identifies the communication experiences of Indonesian infertile patients who experienced CBRC. This study aimed to describe communication experiences of

infertile patients from Indonesia with medical practitioners in fertility clinics in Malaysia and to identify which components of communication were memorable and which were less memorable.

#### LITERATURE REVIEW

Patients establish communication experiences through their interactions with the people around them.

Quality of communication experience is especially important because it captures the salient aspects of communicators' during social interactions experiences which includes clarity, responsiveness, and comfort (Liu, 2020). In terms of communication clarity, it refers to the cognitive aspect of an experience, and is defined as the level of understanding of what is being communicated. Responsiveness reflects the behavioural aspect of a communication experience, and it shows the norms of coordination or reciprocity that an individual experience in interpersonal interactions. Coordination and reciprocity indicate synchronisation of a speech pattern, response to informational questions, and express empathy with emotions expressed by others. The comfort reflects the affective aspect, which is defined as the condition of positive influence on the ease and pleasure when interacting with one another.

Interaction and communication carried out by an individual with other individuals will bring up a form of experience that is fully realised by the actors. Individual experience related to interaction and communication with other people is one of the studies of communication science. Any research that considers the subjective position of human beings and reveals personal experience, is what is usually referred to as the phenomenological approach (Mulyana Dida, Suminar & Indriani, 2019). Phenomenology is widely described as the study of phenomena as they manifest in our experience, the way we perceive and understand phenomena, and the meaning that phenomena have in our subjective experience (Neubauer, Witkop & Varpio, 2019). Phenomena that appear are reflections of reality that cannot stand alone because they have meanings that require further interpretation.

Furthermore, the experience will be categorised by the individual through the characteristics of the experience based on the meaning he gets. Every intentional experience is thematic, another aspect of the intentional experience is its hyletic character, and hyletic is the experience that we undergo (Moustakas, 1994). The communication experiences possessed by infertile women will be categorised into certain types of experiences, such as positive communication experiences and negative communication experiences. A positive communication will be a memorable communication experience and can be viewed through a relationship that shows a warm attitude and concern for each other. Negative communication, meanwhile, will lead to a less memorable communication experience. Communication experience is also influenced by the communication barriers that occur.

The phenomenological theory is used as a basis to analyse patients' experience of having CBRC through IVF treatment in Malaysian hospitals. This action goes through a long process, where each stage involves interaction and communication, especially communication with doctors and medical personnels.

One's communication experience can be the same, but the meaning of that experience can be different for each person. Humans learn meaning in their communication activities. Past communication experiences can influence how they think in the future in determining goals and

making decisions. Past communication experiences can influence how they think in the future in determining goals and making decisions. Communication experience is a statement of someone after experiencing an event (Hidayat, Anisti, Purwadhi, & Wibawa, 2020).

Patients and medical practitioners communicate symbolically by which each of them interprets verbal and non-verbal cues differently (Mulyana et al., 2019). Interaction in health care is based on an in-depth analysis of verbal and symbolic conversations, since most medical practitioners and patients share information, communicate with each other, based on their social worlds and symbolic systems through which they interpret their lives (Cersosimo, 2019).

The basic assumption of symbolic interaction theory is that an individual provides subjective meaning to activities and his/her environment (Mulyana et al., 2019). The focus of this theory is the interaction process which involves symbolic social action in an immediate reciprocal process. Symbols form the essence of symbolic interaction theory. Furthermore, symbolic interaction theory is the frame of reference for understanding how human interactions of each other create a symbolic world and how this world, in turn, shapes human behaviour (West & Turner, 2021).

#### METHODOLOGY

In conducting this study, the researchers used the interpretive phenomenology approach developed by Benner (1994). The interpretive phenomenology was adapted to the purpose of this study to gain a deep understanding of the communication experiences of patients receiving treatment from medical practitioners, both doctors and nurses. The focus was the subjective experiences on the meaning that each patient gave to the experience. The purpose of interpretive phenomenology research is to expand knowledge by describing things and phenomena as they occur through life experience (Tolotti, Bagnasco, Catania, Aleo, Pagnucci, Cadorin, Zanini, Rocco, Stievano, Carnevale & Sasso, 2018).

The research was conducted in Pekanbaru City, the capital city of Riau Province, Indonesia. Riau Province is an area located on the border of Indonesia-Malaysia. Not only geographically close, but the people of Riau also have cultural similarities with the majority of people in Malaysia. It is no wonder that Malaysia is one of the preferred destinations by many Riau people, especially from Pekanbaru City, to get medical care. There is no official data about the number of Riau people who travel for medical treatment to Malaysia. However, based on the Governor of Riau's statement, it is estimated that every year around 54,000 Riau people travel to Malaysia for medical tourism (Tanjung, 2016), this includes for fertility treatment.

This study applied the purposive and snowball sampling technique. The purposive technique is used for participants whose characteristics is predetermined while the snowball technique is used to find participants whose identity is not publicly unknown. Snowball technique was done by asking participants to provide recommendations of people who can participate in the research. A total of 11 infertile patients were selected in this study. In phenomenological study, research informants are considered those who can provide a good explanation and approximately 10 people are deemed as an acceptable number of samples (Creswell, 2018). Several criteria helped to select informants that were: (1) the patient had at least one IVF treatment at a fertility clinic in Malaysia, (2) the patient legally had the IVF treatment; (3) the patient was willing to share her experience during their fertility treatment in Malaysia. In

phenomenology research, the researchers tried to ensure the level of heterogeneity as high as possible in terms of age, education, and occupation to produce a broader range of phenomenological data for analysis (Tolotti, Bagnasco, Catania, Aleo, Pagnucci, ..., & Sasso 2018).

Data was collected by conducting in-depth interviews with the informants. The researchers conducted semi-structured interviews using interview guidelines so that the interviews were open and allowed new ideas to be discussed during the interview according to the answers given by the informants. Interview guidelines are used to anticipate various difficulties that might be encountered for example difficulties of using words in questions or asking sensitive topics (Sobur & Mulyana, 2020). Among the 11 research informants, 8 were interviewed face to face, and 3 were interviewed by telephone because of the Covid-19 pandemic which hindered the researchers and the informants from having face-to-face interviews. The face-to-face interviews were conducted at an office, cafe, or the informant's residence and conducted in the morning, afternoon or evening based on the agreement with the informants. They were free to choose the place and time of the interviews so that they felt comfortable and were more open in answering each question. Likewise, the time of the interviews conducted by telephone was also determined based on the agreement with the informants. An informant requested to be interviewed in the evening. Each interview lasted between 30 minutes to 2 hours, and an informant was interviewed 1 to 3 times. All interviews are recorded and transcribed verbatim (Tolotti et al., 2018).

Data were analysed based on the process described by Benner (1994), which was previously adopted by Tolotti et al. (2018). Data analysis consisted of two stages. Firstly, the researchers repeatedly read the entire interview transcript with the informants and then performed a thematic analysis line by line (Benner, 1994). The researchers identified the main themes and categorised them while noting their potential meanings (Creswell, 2018; Moustakas, 1994). The themes of the results in this study were determined based on the assumptions of the phenomenological theory by developing them according to the research findings. Secondly, the researchers analysed all situations to identify similarities and differences in the experiences reported by the informants (Benner, 1994). The communication experience of patients in this study consisted of 3 themes that were memorable communication experiences, less memorable communication experiences, and communication barriers.

## RESULTS AND DISCUSSION

### *Socio-Demographic Profiles*

All informants in this study were female aged between 30-54 years old. 46% of them were aged between 40-44 years old. The informants in this study had a high level of education in which 55% of them held an undergraduate degree and 45% of them held a master degree. The informants had various types of occupations and professions, but most of them were housewives and government employees, respectively at 27%. Three fertility clinics became the preferred destination for these respondents to undergo IVF treatment. 82% of them chose Mahkota Medical Center Melaka. In detail, the data on the socio-demographic profile of informants is presented in table 1.

Table 1: Socio-demographic Profiles of Participants (n=11)

| Characteristics                                      | N | %  |
|--|---|----|
| Age  |   |    |
| 30-34 years old                                      | 2 | 18 |
| 35-39 years old                                      | 2 | 18 |
| 40-44 years old                                      | 5 | 46 |
| 45-49 years old                                      | 1 | 9  |
| 50-54 years old                                      | 1 | 9  |
| Level of Education                                   |   |    |
| Undergraduate  | 6 | 55 |
| Master degree  | 5 | 45 |
| Occupation   |   |    |
| Housewife  | 3 | 27 |
| Government employee                                  | 3 | 27 |
| Teacher/lecturer                                     | 2 | 18 |
| Doctor   | 1 | 9  |
| Nurse  | 1 | 9  |
| Entrepreneur   | 1 | 9  |
| IVF hospital/clinic                                  |   |    |
| Makhota Medical Centre Melaka                        | 9 | 82 |
| KL Fertility & Gynecology Centre Kuala Lumpur        | 1 | 9  |
| Genesis IVF & Women's Specialist Centre Pulau Pinang | 1 | 9  |

Table 1 shows that the informants in this study are heterogeneous in terms of age, education level, occupation, and their choice of provider for IVF treatment. We determined the heterogeneity to fit the characteristics of the phenomenological method used in this study. In phenomenology research, ensuring the level of heterogeneity as much as possible in terms of age, education, and occupation is able to produce a broader range of phenomenological data for analysis (Tolotti et al., 2018).

### *Communication Experiences of Infertile Patients*

Based on Benner's phenomenological analysis, it was found that there were 3 main themes of the communication experiences of the patients that were memorable experiences, less memorable experiences, and communication barriers. Each theme was divided into sub-themes which are presented in Table 2:

Table 2: Thematic analysis of research finding

| Theme                              | Sub-themes   |
|------------------------------------|--|
| Memorable communication experience | Friendliness and caring<br>Empathy<br>Honesty and openness<br>Clarity and adequacy of the information<br>Ease of communication |
| Less memorable experience          | Less interpersonal interaction<br>Less warm non-verbal communication<br>Miscommunication                                       |
| Communication barrier              | Language   |

The communication experiences possessed by respondents are categorised into certain types of experiences, such as positive communication experiences and negative communication experiences. A positive communication experience will be a memorable communication experience for the patient while a negative communication experience will lead to a less memorable communication experience.

### *1. Memorable Communication Experiences*

Most patients had memorable communication experiences when interacting with the doctors and nurses in Malaysia. Some patients said they did not experience this when interacting with the doctors and nurses in their home country.

#### *Friendliness and Caring*

Being treated well by doctors and nurses brings joy to patients who experience physical and psychological pressures to conceive. Friendliness and caring were some of the positive attitudes shown by medical practitioners in fertility hospitals and clinics in Malaysia. One informant, a patient who had IVF treatment three times in Malaysia said:

The nurses cared for me. During the hormone injection process, the nurse gave me motivation and said not to cry because it would cause me to become more stressed out and could affect the hormones. She also suggested I go shopping and be just happy. (Informant RR2)

The friendliness of the doctors and nurses was also manifested through their verbal and non-verbal communication. This was conveyed by one informant who said:

There (in Malaysia), the doctors and nurses served us well. They even greeted us from afar. Wherever they were, they remembered our names and schedule, and they were friendly as well. They would give us directions to places we wanted to go when we were unsure. (Informant EC6).

Throughout the process of IVF treatment, the motivation given by the doctors became the strength for the patient to be able to undergo all stages. One informant, a patient who had failed IVF treatment said:

When conveying to me that my treatment failed, the doctor said not to be discouraged. Before the injection, the doctor said that.... I had to be patient. After the injection, the doctor said that I have to relax and I could go strolling. After the Frozen Embryo Transfer (FET) treatment, he said that I have to rest a lot. (Informant EC6)

The IVF treatment has a relatively small success rate. ART in particular, is a treatment in which the level of success is low around 30 percent per cycle (Leone et al., 2018). Generally, unsuccessful patients would feel great disappointment, even though doctors have previously

given them indication that the treatment may likely fail. Therefore, support from doctors is very important for patients to reduce the disappointment that they might feel later. The choice of words is also important to consider when doctors convey to patients that their IVF treatment failed.

### *Empathy*

Often patients need emotional support while going through the treatment. They need someone who can understand what they are going through and how they feel. One way to show this support is by allowing patients to talk about their concerns before suggesting a solution for them. Informant NV1, a patient who underwent two IVF treatments said:

I felt comfortable with the doctor because the doctor listened to me more. The doctor listened to my words first and then gave a detailed explanation. (Informant NV1).

Empathy is the comfort factor felt by patients during consultation with the doctors and nurses. Reproductive treatment is a long process, a hard struggle, and an emotional thing. The willingness of doctors to allow patients to convey what they feel is greatly appreciated by the patients. Good doctor-patient interpersonal relationships will increase when the context of doctor-patient communication skills takes place with the doctor's friendliness, polite behaviour, social behaviour, and empathetic behaviour during consultations (Larasati, 2019).

Patients were impressed with the empathy shown by doctors and nurses during IVF treatment in Malaysia. Especially for patients who had unpleasant experiences with treatment in Indonesia. Informant YR5 said:

I am disappointed with the doctors in Pekanbaru. Very disappointed. I think the doctors in Pekanbaru should empathise more with their patients ... They just need to be entertained, given explanations, encouraged. I want the doctor to say that patients will be cured. (Informant YR5)

Some unpleasant communication experiences that patients ever had were not only with doctors. Some patients also felt that the nurses were also unfriendly. This indicates that so far there have been communication barriers between patients and medical practitioners in Indonesia, and it has been stated in previous studies (Mulyana et al., 2019). These disappointing experiences encouraged patients to choose other alternatives, including seeking treatment in Malaysia.

### *Honesty and Openness*

One of the most memorable experiences experienced by infertile patients when consulting with doctors in Malaysia is the honesty and openness in conveying information related to the medical problems they face. The informant DS4 admitted that the doctor who handled her treatment did not give a high expectation of the treatment. She said:



The doctor conveyed information as it is and did not give a high expectation. The doctor said that IVF treatment had only a 17 percent success rate. He didn't want me to have a high expectation of the treatment. I was told to pray to Allah more. The doctor said, for example, I said 99 percent it is a success, but 1 percent is up to God and if He said it won't succeed, it definitely won't succeed. (Informant DS4)

The informant EK10 also had the same experience. She admitted that she liked the communication style of the doctors in Malaysia which was more open in conveying information. She said:

The doctor conveyed the information openly. If it was severe, the doctor would say it was severe. I like the style of the communication. (Informant EK10)

The informant SY11 also felt another difference regarding the doctor's communication style. She said that the doctor was more assertive in communicating. The doctor would openly prohibit any activity that endangered the patient's health condition. Her doctor also considered conveying something as it is, not trying to just please the patient. The informant SY11 said:

Doctors in Malaysia are more assertive in communicating. For example, when the doctor explained placenta previa to me, the doctor said that if I don't take it seriously, I would die. The doctors were more straightforward, not trying to please the patient too much. So, the doctor's communication style is different. (Informant SY11).

This finding is interesting considering that open doctor-patient communication is usually more common in western countries but not so much with doctors in Asian countries. Patients in the western countries prefer hearing bad news in person with the physician's full attention, so they are confident of the physician's skills. They want honesty, simple and clear language that they can understand, and adequate time to ask questions (Berkey, Wiedemer & Vithalani, 2018).

In Indonesia, many medical practitioners still view patients passively as subjects of medical practice, consigning them to a life of ignorance regarding their own condition and treatment. Additionally, many patients are hesitant to ask their doctors about their health, as they consider themselves to have a lower social status (Mulyana et al., 2019). This is also experienced by infertile patients when they undergo infertility treatment in Indonesia. While interacting with the doctors in the hospital in Indonesia, some patients felt that the doctors were not very open about the fertility problems they had. The patients also assumed that the doctors did not want to give lengthy explanations because the doctors thought that patients might not understand their explanations. A patient with a background in nursing said:

Some doctors in Indonesia, in conveying information, only want to please the patients. They do not explain in detail how the patients' real condition is. Maybe, they are worried about making the patients sad so they don't tell the condition as it is. (Informant SY11).

Openness and clarity of information are important for patients. Describing the patients' disease is one of the most important and challenging communication tasks in health care practice. A lack of adequate information and communication between patients and healthcare providers has been shown to negatively impact patients' experiences of the quality of care they receive (Skär & Söderberg, 2018).

#### *Clarity and Adequacy of the Information*

Clarity and adequacy of the information are important factors that will determine the next steps that patients should take concerning the care being carried out. To get clarity and adequacy of information, doctors should allow the patients to ask questions until the patients feel their questions are answered. The informant DS4 said:

I feel that the information provided by the medical practitioners was sufficient and it fulfilled my needs. (Informant DS4)

A long queue is usually a classic problem that makes doctors seem to be in a hurry when serving patients. In Malaysia, patients feel that they are given more time so they are free to ask any questions without feeling uncomfortable. The YR5 informant, a patient who had the IVF treatment four times said:

I did a consultation with the doctor until I had no more questions. I didn't feel uncomfortable. If I still had questions, the doctor would kindly answer the questions. (Informant YR5)

Clarity of information related to treatment procedures and costs is also provided to patients. This makes patients feel that they have a clear plan of the decisions and steps to be taken, next. The clarity of information is very important considering that patients come from afar and do not want to spend more time and money on unclear information. Informant EK10, a patient who succeeded in her IVF treatment at Mahkota Medical Center Melaka said:

I feel satisfied to do a consultation with the doctor. He made a definite decision. This programme cost this much, the medicine cost that much, so we could immediately get an idea about what we should do next. (Informant EK10)

Clarity and adequacy of the information are not only needed by patients, but also by doctors. To be able to make the right diagnosis for patients and decide which medical action to take, doctors also need clear and honest information from patients. In terms of exchanging information, patients and doctors have the same position. The exchange of information is the process by which doctors obtain information from patients to establish the right diagnosis and to base the patient's treatment plan, while patients will feel understood and understood by doctors and get desired information about their disease (Larasati, 2019).

### *Ease of Communication*

The ease of communication provided by medical practitioners and hospitals in Malaysia is recognised by patients as one of the factors they considered to have reproductive care in Malaysia. The informant YR5 underwent four times of IVF treatments at Mahkota Medical Center said:

One of my considerations was that the doctor could be contacted through telephone and the nurses were also friendly even though the communication has occurred through WhatsApp. Ever since the first treatment, I was able to do consultation directly only through telephone. (Informant YR5)

A similar opinion was also conveyed by the informant EC6 who had IVF treatment at the same hospital. She said:

When I was in Indonesia and had consultations through WhatsApp, the responses were immediate. (Informant EC6)

The distance factor was not an obstacle for informants to do consultation with doctors in Malaysia. Not only are they able to provide facility, but patients also feel that the medical practitioners are friendly even though the consultation is only via telephone or WhatsApp. Moreover, they feel that the nurses are also friendly and answer the patients' questions through telephone or WhatsApp. Advances in technology have made it easier for patients in Indonesia to communicate with doctors in Malaysia, and the distance factor is no longer a barrier. Moreover, the hospital's willingness to provide convenience for patients to communicate through the media is appreciated by patients as providing benefits for them because it can save them time and costs. This is one of the advantages of having the treatment in Malaysia.

### *2. Less Memorable Communication Experiences*

However, not all communication experiences are memorable to the informants. Some informants complained about several things related to doctor-patient communication during their IVF treatment in Malaysia. Although this was only experienced by a small number of informants, health service providers in Malaysia should pay attention to these issues. Some of the less memorable communication experiences are less interpersonal interaction, less warm non-verbal communication, and miscommunication.

#### *Less Interpersonal Interaction*

There were a small number of patients who felt that although the doctors and nurses were friendly, the communication that occurred only discussed medical-related matters. They felt that many doctors did not ask for other personal problems that psychologically also affect the patient's condition. Informant NR3 said:

My conversation with the doctor was only about matters related to the medical problems I had. (Informant NR3)

Interpersonal communication between doctors and patients is one of the important aspects that can influence a patient's medical decisions, therefore good communication competence from a doctor is important. The three goals of doctors and patients communication are (1) creating a good interpersonal relationship, (2) exchanging information, and (3) making medical decisions (Larasati, 2019). Doctors' interpersonal communication skills are an integral part of health services and are one of the main indicators of patient satisfaction with health services (Effendi, Sukmayadi & Pandjaitan, 2019).

#### *Less Warm Non-Verbal Communication*

Body language such as facial expressions and eye contact is part of communication that plays as important as the role of verbal communication. A person's comfort and satisfaction in communication are also influenced by non-verbal language. The informant RR2, who had IVF treatment three times with the same doctor, had an unpleasant experience related to the non-verbal language of the doctor. She said:

The doctor who treated me was known for rarely using eye contact with the patients. But I don't think that the doctor did not pay attention. Maybe, it's his character. The doctor told me that I was positively pregnant without expression. Even though I felt like I wanted to hug the doctor, but from his body language, it seemed that the doctor said not to touch him. I wanted him to feel my happiness.  
(Informant RR2)

Warmth in communication is necessary and expected by patients. Body language such as eye contact, smile, and other body expressions support pleasant doctor-patient communication. Patients hope doctors give facial expressions of happiness when delivering good news. Eye contact is also considered necessary by patients when communicating. Both verbal and non-verbal communication have a significant relationship with patient satisfaction. Non-verbal communication is as important as verbal communication. Verbal and non-verbal communication have a significant relationship with patient satisfaction (Ratna Sari, Kartikasari & Herya Ulfah, 2021)

#### *Miscommunication*

Although most patients admit that they do not experience communication barriers, the difference in terms in Indonesian and Malay language has resulted in some miscommunication for patients. Informant YR5 admitted that she experienced miscommunication with her doctors and nurses. However, it did not cause any significant problems. She said:

Sometimes there are miscommunications with the doctors or nurses due to differences in language, but so far they did not cause any significant problems.  
(Informant YR5)

A similar experience was also experienced by the informant NV1, who had IVF treatment at the KL Fertility Center. She said:

I've had a miscommunication about medicine for uterine strength. I misunderstood the explanation of how to consume it. So, we need to ask over and over again to make sure we don't take any wrong action. I was afraid that I would do something wrong. (Informant NV1)

Miscommunication occurs between doctors and patients as a result of communication barriers. It is undeniable that language plays an important role in causing this problem to occur. Some patients from Indonesia have limited English skills, and the differences in some Malay and Indonesian language terms resulted in communication barriers. Some of the messages and information conveyed by doctors and nurses were not well understood by patients. This miscommunication can have an impact on the current treatment process. Patients who are not aware of the occurrence of miscommunication may misunderstand the instructions given by doctors or nurses. There is also strong evidence from around the world showing that misunderstandings between healthcare providers and patients play an important role in the healthcare system and that medical language is an obstacle to providing effective healthcare service (Bhuiyan, Urm, Chowdhury, Rahman, Hasan & Simkhada, 2019).

### *3. Communication Barriers*

Most informants in this study did not experience significant problems with language. However, several informants admitted that they experienced a little communication barrier, especially if the medical practitioners spoke English mostly during the communication. This was experienced mostly by the patients who had IVF treatment at fertility clinics in Kuala Lumpur or Pulau Pinang. Infertile patients at the two clinics were treated by Indian and Chinese doctors. During communication, they spoke English more than Malay. The informant NV1, a patient who had IVF treatment at the KL Fertility Center said:

I feel there was a language barrier. In the KL Fertility Center, the doctors and nurses spoke English mostly. The doctor spoke Malay, but our communication mostly was in English. I found it a bit difficult to communicate there with Chinese nurses. The Indian nurses were rather OK. (NV1 informant)

Informant YN7 who was a health worker and had IVF treatment at IVF fertility clinic, Genesis, in Pulau Pinang also felt that the doctor had limited communication with her. In her opinion, the doctor who did the treatment did not communicate in detail. However, because she had sufficient background knowledge about the IVF treatment, she had no problems with communication. On the other hand, her friend who also had IVF treatment felt uncomfortable communicating with her doctor. Informant YN7 said:

The problem of communicating with the doctor is the same as in Indonesia. Moreover, the explanation of the doctors there (in Malaysia) was shorter. Maybe, it was due to the language factor. But I understood what the doctor said because I'm a health worker. For common people who do not have background knowledge in medicine, communication may not always be easy. One of my friends who had IVF treatment felt uncomfortable because of the communication factor. (Informant YN7)

However, on the other hand, the similarity in the language is one of the reasons for choosing Malaysia to do IVF treatment by some infertile patients from Pekanbaru. For patients, being able to understand the information conveyed by the medical practitioners is an important factor that must be considered when choosing a hospital or doctor. Most doctors at Mahkota Medical Center Hospital Melaka spoke Malay when communicating with Indonesian patients, and some doctors could even understand Indonesian. Although medical practitioners also used terms in English, most patients could still understand them. Informant NR3 said:

Because they spoke Malay so it was easier for me to understand. There were not too many problems with communication. Previously, I thought about having IVF treatment in Singapore, but then we decided to go to Malaysia because the language was easier to understand. We understood their language, they also understood our language. I am a native of Tanjung Balai Karimun, bordering Malaysia. (Informant NR3)

Language acts as a communication barrier for some infertile patients who had IVF treatment in Malaysia. The language difference between doctors and patients sometimes becomes a major obstacle to achieving a successful treatment outcome (Bhuiyan et al., 2019). The language barrier is a problem that many Indonesians experience when they are in Malaysia, such as previous research that has shown that the language barrier is also experienced by Indonesian housemaids who work in Malaysia, the difficulty of understanding Malay especially with employers who use languages other than Malay makes them depressed (Saad & Ahmad, 2021; Wen, Hu, Ma, Fang & Daly, 2014).

In this study, patients who were less proficient in English were the patients that mostly experienced language barriers. A previous study found that English language proficiency creates an additional layer of barriers to healthcare access, utilization, and patient satisfaction (Pandey Maina, Amoyaw, Li, Kamrul, Michaels & Maroof, 2021). Some patients were assisted by their family members to overcome language barriers. Although these strategies can be helpful, it is not always as effective as needed. Family members provide the patient with an incomplete or unclear interpretation of the conversation, which could negatively affect medical practice (Alshammari, Duff & Guilhermino, 2019)

The reproductive care service providers and patients planning to travel abroad for medical care need to consider this language barrier. Patients come from increasingly diverse linguistic, culture, and socio-economic backgrounds with very different frame of reference who can increase the risk of miscommunication (Cox & Li, 2020). The results of this study complements a

previous study which found communication barriers between doctors and patients in terms of cultural differences, educational differences, time barriers, and psychological differences (Mulyana et al., 2019; Mounce, 2013; Leydon, Boulton, Moynihan, Jones, Mossman, Boudioni & McPherson, 2000; Ngamvichaikit & Beise-Zee, 2014).

The three communication experiences described above are important experiences for infertile patients. Each of these experiences is related to one another. The phenomenological theory explained that people actively interpret their experiences and attempt to understand the world through their personal experiences. The current patients' communication experiences are formed from past experiences which will lead the patient to determine decisions for the future. Present experiences will affect a person's future. This shows that the communication process occurs non-linearly (West & Turner, 2021). Experience does not only affect knowledge and interests but also encourages a person to act due to encouragement of communication activities (Hidayat, Anisti, Purwadhi & Wibawa, 2020). Also, a patient's communication experience, obtained from verbal and non-verbal symbols that are captured by the patient during the reproductive treatment process, varies. In line with the basic assumption of symbolic interaction theory that individuals give subjective meaning to their activities and environment (Mulyana et al., 2019), infertile patients interpret communication experiences during reproductive treatment as memorable experiences and less memorable experiences.

#### CONCLUSION

The empirical findings of this study contribute to our understanding of the communication experiences of patients with medical practitioners, especially for infertile patients undergoing cross-border reproductive care. During IVF treatment in Malaysia, the patients from Pekanbaru city had different communication experiences, memorable and less memorable experiences. Although the majority of informants claimed to be satisfied and felt happy when communicating with doctors and nurses at fertility clinics in Malaysia, some also found their communication experiences less memorable due to less interpersonal communication, less warm non-verbal communication, miscommunication, language barriers. Furthermore, the language barrier that the patients experienced in IVF treatment in fertility clinics is that there are some doctors and nurses that mostly speak English, a language that the patients do not usually use.

There are limitations to this study as it only provides information of communication experiences from the patient's perspective. It is suggested that future studies explore communication experiences from medical practitioners' perspectives when interacting with foreign patients so that an efficient two-way communication could be developed. This study finds important areas that require attention for both patients and fertility care service providers, however further research involving more representative informants is needed.

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