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# Jargon Be Gone – Patient Preference in Doctor Communication

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**Abstract**

While it has been shown that healthcare providers often use medical jargon, less is known about how patients prefer their clinicians communicate. This mixed-methods study aimed to better understand the general public's preference in healthcare communication. A volunteer cohort of 205 adult attendees at the 2021 Minnesota State Fair was presented a survey with two scenarios at a doctor's office sharing the same information: one using medical terminology and one using simpler, jargon-free language. Survey participants were asked which doctor they preferred, to describe each doctor, and to explain why they believe that doctors may use medical terminology. Common descriptive themes for the jargon-using doctor included that this doctor caused confusion, was too technical, and was uncaring, while the doctor who spoke without jargon was perceived as a good communicator, caring/empathetic, and approachable. Respondents perceived a range of reasons why doctors use jargon, from not recognizing they are using words that are not understood to trying to make themselves feel more important. Overall, 91% of survey respondents preferred the doctor who communicated without medical jargon.

**Keywords**

medical jargon, doctor preference, communication

## Key Findings

1. When given two example clinical encounters – one where the doctor speaks with medical terminology and one where they speak plainly – 9 of 10 adults surveyed preferred the doctor who did not use medical jargon.
2. Patients perceived the doctor who used less jargon as more caring, empathetic, and approachable.
3. There were a variety of reasons people felt doctors use jargon ranging from simply not realizing they are using confusing terminology to using jargon to make themselves feel more important.

## Background

Despite clinicians acknowledging the importance of avoiding medical jargon when communicating with their patients, its use in clinical scenarios remains common (1–5). Studies on jargon often address this mismatch through surveys assessing which commonly used terms and phrases are misunderstood by patients (6–10), or via observational studies quantifying the use of jargon in clinical settings (1–5). In this study, we aimed to further explore the patient perspective of jargon usage by looking at their preferences for whether the information is presented with or without jargon as well as their

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perceptions of the clinician in both scenarios. Additionally, we wished to gather information about why patients feel clinicians use jargon. With an improved understanding of the public, we aim to educate healthcare practitioners about more effective communication. A secondary aim was to better understand how to study jargon in the future, as existing studies of patient understanding typically rely on the patient reading a prompt and then reacting to it (6,10–13); yet much of the jargon that patients are exposed to in clinical practice is spoken aloud.

## Methods

This study was an IRB-approved, cross-sectional, mixed-methods survey of adults conducted at the 2021 Minnesota State Fair which draws a large cross-section of the state's population. The University of Minnesota operates a Driven to Discover research building which typically enrolls about 20,000 fairgoer volunteers per year into various research projects (14). We developed a four-question survey that presented two fictional scenarios at a doctor's office, asking participants to imagine their doctor was sharing information with them related to a chief complaint of chest pain. Both scenarios consisted of a doctor sharing the same information: one using extensive medical jargon and one utilizing simpler, jargon-free language (Supplement). We asked participants to identify which doctor they would prefer to provide their care, to describe how they felt about each doctor, and to write why they believe doctors use language that may confuse patients.

Participants were eligible if they were at least 18 years old, English-speaking, and had no prior medical experience or training. Upon agreeing to participate in the study, volunteers were randomized to receive the written or audio survey by roll of a die. In the written survey arm, participants read a written version of the doctor's statement in the study scenario on an iPad. In the audio version, participants clicked on a sound file to hear the clinical scenario read aloud by a voice actor.

We used descriptive statistics to summarize demographics and question responses, using Fisher's exact test to compare doctor preference between written and audio groups. SAS V9.4 (SAS Institute Inc., Cary, NC) was used for the analysis.

For the qualitative analysis, we analyzed the responses to the free-text questions using a modified-grounded theory approach (15) with two independent researchers doing the initial thematic coding of free-text responses and using a third coder to resolve discrepancies.

## Results

There were 205 respondents to the survey (102 written version/103 audio version). Demographics were similar by survey type (Table 1). The average age was 44 years, with 56% female and 61% with a bachelor's degree or higher. Overall, 91% ($n = 183$) of the participants preferred the doctor who spoke without jargon. There was no difference in preference between the written and audio versions of the survey (93% vs 88% $p = .34$).

**Table 1.** Summary of Demographics by Group.

| | Total n = 205 | Verbal n = 103 | Written n = 102 | P-Value† |
|---|---|---|---|---|
| Age, mean (SD) | 44.4 (16.4) | 42.9 (15.8) | 45.8 (16.9) | .2117 |
| Range | 18–86 | 18–77 | 18–86 | |
| 18–24 | 34 (16.7) | 18 (17.6) | 16 (15.7) | |
| 25–34 | 30 (14.7) | 16 (15.7) | 14 (13.7) | |
| 35–44 | 30 (14.7) | 20 (19.6) | 10 (9.8) | |
| 45–54 | 46 (22.5) | 23 (22.5) | 23 (22.5) | |
| 55–64 | 40 (19.6) | 13 (12.7) | 27 (26.5) | |
| 65+ | 24 (11.8) | 12 (11.8) | 12 (11.8) | |
| Gender, n (%) | | | | .4385 |
| Female | 115 (56.1) | 61 (59.2) | 54 (52.9) | |
| Male | 89 (43.4) | 42 (40.8) | 47 (46.1) | |
| Other | 1 (0.5) | 0 | 1 (1.0) | |
| Education, n (%) | | | | .8874 |
| Some high school | 5 (2.4) | 2 (1.9) | 3 (2.9) | |
| Highschool or GED | 19 (9.3) | 8 (7.8) | 11 (10.8) | |
| Associates | 14 (6.8) | 6 (5.8) | 8 (7.8) | |
| Some college | 41 (20.0) | 22 (21.4) | 19 (18.6) | |
| Bachelor's | 60 (29.3) | 33 (32.0) | 27 (26.5) | |
| Grad or professional | 65 (31.7) | 32 (31.1) | 33 (32.4) | |
| Other | 1 (0.5) | 0 | 1 (1.0) | |

†Two group t-test for age and Fisher's exact test for categorical variables.

Full results of the thematic analysis are in Table 2. The three most common themes identified in the participant descriptions of the doctor who spoke with jargon were that the doctor caused confusion (45%), was too technical (31%), and was uncaring (19%). The three most common themes describing the doctor who spoke without jargon included that the doctor was a good communicator (56%), was caring or empathetic (20%), and was approachable (19%).

Participants most commonly (40%) explained that they felt clinicians become highly accustomed to "doctor talk" and therefore have difficulty switching out of that mode when talking to patients. Many respondents felt doctors use jargon because they are unaware that their patients do not understand what they are saying (29%). Other participants gave more negative responses to why doctors use jargon, including that they are poor communicators (13%), wish to feel important (10%), or lack empathy (9%).

## Discussion

While most studies on medical jargon focus on patients' understanding of terminology (6–12) and quantify the use of jargon in clinical settings (1–3), this study looks at people's preferences on how clinicians communicate and *why* patients think they use jargon. Our findings revealed

**Table 2.** Most Common Themes of Description of Each Doctor and for why Patients Feel Doctors use Medical Jargon.

| | Themes | Total (%) | Representative Quotation |
|---|---|---|---|
| Descriptor of jargon doctor | Caused confusion | 45 | *"Gibberish, nobody would understand this. Useless information."* |
| | Too technical | 31 | *"Used words that were too big, too technical for the average person."* |
| | Uncaring | 19 | *"Not interested in my well-being."* |
| | Thorough | 9 | *"I am pleased that Doctor A is willing to take further actions in order to understand the true cause for my chest pain issues that I am experiencing"* |
| | Condescending | 8 | *"Pretentious, unhelpful, aggressive in recommending treatment."* |
| | Competent | 8 | *"He seems to know what he is talking about."* |
| Descriptor of non-jargon doctor | Good communicator | 56 | *"Very easy to understand and most people would comprehend and be more at ease."* |
| | Caring/empathetic | 20 | *"Tuned in, empathetic."* |
| | Approachable | 19 | *"I would feel like this doctor is someone I can actually talk to about my concerns."* |
| | Thorough | 7 | *"Very informative. Gave me a sense of what is going on with me in easy terms and explained the thought process of why I should be getting a test. They also explained what would happen after my results which helps give me piece of mind."* |
| | Taking Problem Seriously | 7 | *"Sounds genuinely concerned about the patient and interested in making his diagnosis clear to him/her."* |
| | Vague | 6 | *"I would appreciate some more hard info, on the types of tests to be run, what the results of the tests may be, what the potential treatments could be, and what the other diagnoses could be. This discussion may be too dumbed down for me."* |
| Reasons why doctors use jargon | Doctor talk | 40 | *"They get in or they are always in 'doctor mode' and some doctors have a hard time making the code switch from Dr speak to patient speak."* |
| | Unaware /Forget to explain | 29 | *"They don't realize not everyone understands technical information."* |
| | Poor communicators | 13 | *"They have never had an interpersonal communication class."* |
| | To make themselves feel important | 10 | *"To make them feel that they are better than you because they spent years in school."* |
| | Lacking Empathy | 9 | *"Because they're not tuned in to their patients, unempathetic or arrogant and don't care if they're connecting with their patients."* |

that in a large sample of the general public, over 90% of respondents preferred the doctor who used jargon-free language. The themes used to describe the doctor who spoke with jargon were predominantly negative: participants commented that the doctor caused confusion, was too technical, was uncaring, and was condescending.

It is worth noting that even in this highly educated sample population (>60% with a bachelor's degree or higher compared to the national average of 35%) (16) greater than 40% of our participants indicated that they found the jargon-using doctor to be confusing. This supports results of two other studies we performed at the state fair (with different participants) on jargon understanding, where education was not consistently related to accurate understanding of medical terminology (17,18).

Study participants generally felt positively about the doctor who used simpler, jargon-free language, with the most common themes describing the doctor as a good communicator, caring, approachable, thorough and taking the problem seriously. However, even though the jargon-free doctor was overall well-received, some felt a bit of unease with the way in which the doctor was communicating; The fifth most common theme (6%) when describing the jargon-free doctor was that the doctor was too vague.

A similar percentage of respondents who indicated the jargon-free doctor was vague (6%) indicated that the doctor who used jargon was competent; 8% of the responses coded to this theme, making it the fifth most common theme for describing the jargon-using doctor. This implies that, to some degree, patients may see jargon as a measure of their clinician's knowledge, meaning that eschewing it entirely may cause patients to question a provider's competency.

Respondents listed many different reasons why they thought healthcare practitioners use jargon. The two most common themes mapped to our previous concept of "jargon oblivion," where the clinician either forgets to codeswitch from doctor-talk to patient-talk (40%) or believes their patients understand terms they actually do not (29%) (19,20). However, more than a third of respondents offered negative explanations of jargon use, with common themes that clinicians do it because they are poor communicators (13%), aim to make themselves feel important (10%), or because they lack empathy (9%). Understanding the assumptions patients make when their clinicians use jargon may be a valuable tool in helping healthcare practitioners optimize their communication behaviors.

Lastly, we did not find differences in doctor preference or overall themes based on how the survey was administered,

in written versus audio format. This mirrored a lack of consistent difference in results based on audio or written methodology in other surveys we performed at the fair (17,18). This lack of difference in responses by survey type supports using the less time-intensive written survey approach in future studies.

## Limitations

Our study had several limitations. Although our goal was to recruit a sample that represented a cross-section of the general public, our study population was noted to be highly educated, with respondents reporting bachelor's degrees or higher at nearly double the national average (16). In addition, fairgoers who opted to visit the University's research building in 2021 were required to wear facemasks, adding a possible selection bias.

The choice of a male voiceover actor may have affected study findings in unmeasured ways. Further specific studies of the effects of clinician gender and other demographic characteristics would be beneficial to better understand this issue.

Finally, while we intended to replicate a real-life scenario in which a doctor is speaking to their patient, we recognize that reading a prompt or even listening to a recording of a doctor is an artificial experience and does not fully capture the feelings evoked in real-life situations and this may alter communication preferences. Furthermore, we only tested a single pair of prompts, designed to demonstrate extremes of jargon usage, and these two examples may not reflect the nuanced middle ground of communication. Future studies would be helpful to see if these themes hold up over a broader sampling of clinical scenarios.

## Conclusion

More than 9 out of 10 survey respondents in a large sample preferred the clinician who communicated without medical jargon. Participants perceived the jargon-using doctor more negatively, describing them as cold, condescending, and difficult to understand, while the doctor who communicated without medical jargon was more positively received, described as empathetic, approachable and a good communicator. By better understanding patient preferences and perspectives regarding how their clinicians share information, healthcare practitioners can continue to improve their communication with their patients and families.

### Declaration of Conflicting Interests

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### Ethical Approval

Ethical approval to report this case was obtained from the University of Minnesota's Institutional Review Board STUDY00012955.

### Statement of Human and Animal Rights

All procedures in this study were conducted in accordance with the University of Minnesota's Institutional Review Board STUDY00012955 approved protocols.

### Statement of Informed Consent

We obtained verbal consent from all participants of this study using language approved by the IRB. We also provided a handout outlining the study risks and benefits.

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### Supplemental Material

Supplemental material for this article is available online.

### References

1. Charpentier V, Gotlieb R, Praska CE, Hendrickson M, Pitt MB, Marmet J. Say what? Quantifying and classifying jargon use during inpatient rounds. Hosp Pediatr. 2021;11(4):406–10. doi:10.1542/hpeds.2020-002790
2. Miller AN, Bharathan A, Duvuuri VNS, et al. Use of seven types of medical jargon by male and female primary care providers at a university health center. Patient Educ Couns. Published online 2021;105(5):1261–7. doi:10.1016/j.pec.2021.08.018
3. Bracaglia. Surgeon use of medical jargon with parents in the outpatient setting. Physiol Behav. 2017;176(3):139–48. doi:10.1016/j.pec.2019.02.002.Surgeon
4. Castro CM, Wilson C, Wang F, Schillinger D. Babel babble: physicians' use of unclarified medical jargon with patients. Am J Health Behav. 2007;31(Suppl 1):S85–95. doi:10.5555/ajhb.2007.31.supp.S85
5. Killian L, Coletti M. The role of universal health literacy precautions in minimizing "medspeak" and promoting shared decision making. AMA J Ethics. 2017;19(3):296–303. doi:10.1001/journalofethics.2017.19.3.pfor1-1703
6. Pieterse AH, Jager NA, Smets EMA, Henselmans I. Lay understanding of common medical terminology in oncology. Psychooncology. 2013;22(5):1186–91. doi:10.1002/pon.3096
7. Rau NM, Basir MA, Flynn KE. Parental understanding of crucial medical jargon used in prenatal prematurity counseling. BMC Med Inform Decis Mak. 2020;20(1):1–7. doi:10.1186/s12911-020-01188-w
8. Dua R, Vassiliou L, Fan K. Common maxillofacial terminology: do our patients understand what we say? Surgeon. 2013;13(1):1–4. doi:10.1016/j.surge.2013.09.009
9. LeBlanc TW, Hesson A, Williams A, et al. Patient understanding of medical jargon: a survey study of U.S. Medical students. Patient Educ Couns. 2014;95(2):238–42. doi:10.1016/j.pec.2014.01.014

10. O'Connell RL, Hartridge-Lambert SK, Din N, St John ER, Hitchins C, Johnson T. Patients' understanding of medical terminology used in the breast clinic. Breast. 2013;22(5):836–8. doi:10.1016/j.breast.2013.02.019
11. Chapman K, Abraham C, Jenkins V, Fallowfield L. Lay understanding of terms used in cancer consultations. Psychooncology. 2003;12(6):557–66. doi:10.1002/pon.673
12. Barker KL, Reid M, Minns Lowe CJ. What does the language we use about arthritis mean to people who have osteoarthritis? A qualitative study. Disabil Rehabil. 2014;36(5):367–72. doi:10.3109/09638288.2013.793409
13. Peckham T. Doctor, have I got a fracture or a break? Injury: Int J Care Injured. 1994;25(4):221–2.
14. D2D: The Driven to Discover Research Facility – Bringing University Research to the Minnesota State Fair. Accessed December 18, 2022. http://d2d.umn.edu/
15. Charmaz K. Constructing grounded theory. 2nd ed. Sage Publications; 2012.
16. Educational attainment distribution in the United States from 1960 to 2020. Statista. Accessed March 5, 2022. https://www.statista.com/statistics/184260/educational-attainment-in-the-us/
17. Hause E, Praska C, Pitt MB, et al. What's in a name? Laypeople's understanding of medical roles and titles. J Hosp Med. 2022;17(12):956–60. doi:10.1002/jhm.12971
18. Gotlieb R, Praska C, Hendrickson MA, et al. Accuracy in patient understanding of common medical phrases. JAMA Netw Open. 2022;5(11):e2242972. doi:10.1001/jamanetworkopen.2022.42972
19. Pitt MB, Hendrickson MA. Response to letter to the editor re: eradicating jargon-oblivion—a proposed classification system of medical jargon. J Gen Intern Med. Published online 2021;36(4):1112. doi:10.1007/s11606-020-06545-z
20. Pitt MB, Hendrickson MA. Eradicating jargon-oblivion—a proposed classification system of medical jargon. J Gen Intern Med. 2020;35(6):1861–4. doi:10.1007/s11606-019-05526-1