Speech Functions of Doctors and Patients on Medical Consultation Process

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Abstract—This study was aimed to analyze is course structures which focus on speech functions and reason for the use of speech functions between doctors and patient sin a clinic. This study was conducted by using descriptive qualitative research. The data was words, phrases, and sentences which uttered by doctors and patients and writing all non verbal linguistic that doctors and patients do on medical consultation process. The data was analyzed based on Fairclough theory (2004). The result of analysis found that there were 4 speech functions used by doctor-patient interactions on medical consultation namely statement(S), question(Q), offer(O), and demand(D). It is realized linguistically internal speech function in response statement to question followed by question. In this case, question does not replied by answer, but question replied by question. The researcher found the different case of conversation and it does not fulfil the system or conversation structure theory. It was because the social context and situation of medical consultation that include to language style of doctors and patients. The factors of the discourse structures realized by doctors patients were age, social class and education, and time pressure. Even the patients have high education but it does not mean the patient active to do the conversation with the doctor.

Keywords: Speech Functions, Doctor and Patient

1. INTRODUCTION

In this study the researcher will focus on doctor (general practitioner) and patient interaction on medical consultation. According to Hambley [1] the most important thing to patients is the quality of their conversations with their doctors, specifically patients care about:

- Being listened to, and having their expectations met;
- Being involved in decisions about their healthcare;
- Receiving clear explanations about their medical status and treatment; and
- Being treated courteously and respectfully.

This is good because they are all factors that the physician can do to a large extent control. In other words, the patients want to have quality interactions with a health care provider who cares about them. Taking the time to communicate clearly, to listen intently, to understand each patient's individuality, and to respond compassionately goes along way to ward not only improving patient satisfaction, but also improving outcomes. Patients are much more likely to listen to and understand medical advice when they them selves feel listened to and cared about.

One of the causes of the most frequent incidence of malpractice according Sudary at moist be lack of communication between physicians and patients. Though communication between doctors and patients actually felt as the main key of doctors in finding the problems and appropriate treatment. Levinson concludes that the malpractice demands can be prevented by a dequate physician-patient communication [2]. Thus, it can be concluded that the rampant demands of malpractice insociety is a mirror of a condition of poor communication between the community and the health profession, more specifically between patients with doctors.

The general practitioners is the first rank in cases of all eged malpractice during 2006 to 2015. There are 317 cases of malpractice all egedly reported to the Indonesian Medical Council (KKI), 114 cases were general practitioners, followed by surgeons 76 cases, obgyn doctors (obstetricians) 56 cases and pediatricians 27 cases. According to Bambang the most reported malpratic cases by the community reached 297 cases, there are 11 cases of health personnel and 9 cases of instances, and the city with the highest complaint is Jakarta.

Sarbandi, Taki, Yousefian, & Farangi conduct the research in Iran and find that physicians controlled and dominated the medical consultations by questioning, interruptions, directive statements and tag questions [3].

The research question to guide this study is:

1. What are the structures of doctors and patients on medical consultation process?
2. How are the discourse structures linguistically realized by doctors-patients?
3. Why are the discourse structures realized by doctors-patients?

A. Speech Functions

Speech function refers to a function performed by a speaker in a verbal interaction or conversation which specifies his or her role and the contentor commodity transacted. When viewed from the perspective of both the speaker or addresser and the listener or addressee (who in his or her turn also becomes the speaker) a speech function involves an orientation. In other words, the speech function involves or specifies the role played by the conversant, commodity
exchanged and orientation taken by interlocutors in the interaction[4].

Speech function can be defined as the function of language in communication. This function comes from the human need in exchanging information and good sand service. To this point, a model has been outlined in which speech function (discourse semantic) has been statified with respect to mood (lexico grammar) on the content plane. This immediately raises two questions: (i) the determination of speech function on the absence of one to one correlation between general speech function categories and those of mood; and (ii) the nature of the units to which the speech function is assigned.

The primary speech functions is distinguishes are: Demand, Offer, Question, Statement—Acknowledgement is a relatively secondary one [5].

Speech function is related to grammatic al mood, to the distinction between the main 'sentence types' (declarative, interrogative, imperative), though the relationship is not a straight forward one(see below).

1. -Declarative
   - Subject precedes Verb (e.g. ‘The book is on the table’)
   - ‘Yes/no’ – Interrogative
   - Verb precedes Subject (e.g. ‘Is the book on the table?’)

2. Imperative
   - ‘Wh’ – Interrogative
   - Initial ‘wh’ word (‘who’, ‘when’, ‘why’, etc.–e.g. ‘Where is the book?’)
   - No Subject (e.g. ‘Put the book on the table’)

B. The Medical Consultation

According to the doctor and patient have been viewed a unique individuals who have their own understanding, experience, and knowledge, all of which will have an influence on how they enter the medical consultation. It is one of the doctor’s roles to manage the consultation appropriately, so that both doctor and patient can understand each other, share their knowledge, apply it to a common problem, which is the one that the patient has brought, and then come up with a common solution. The technique for managing a consultation, known as consultation analysis, has been developed and become an integrated part of a doctor’s training. It aims to emphasise how the mutual understanding of the doctor-patient relationship can be brought about in the consultation[6].

A doctor’s consultation style has been developed a long side consultation analysis, resulting in most medical training as a dopting a patient centred approach. This consultation style is less authoritarian, asit enourages the patient to express their own feelings and concerns by using open-ended questions. This enables to doctor to discover more information on the psycho-social apects of the patient’s illness. Thus, an integrated approach to information gathering, seeking to identify physical psychological and social factors, is likely to produce a better outcome[6].

Body language is an important skill in the patient centred consultation style a sit helps to establish rapport and empathy, which is crucial to forming a doctor-patient relationship based on mutual understanding. Even how the doctors its affect show he projects himself. If the patient is a cross the desk, and the doctors its like a headmaster, then the consultation becomes more authoritarian, while if a desk does not separate the patient and doctor, then the consultation is held on a more equal footing[6].

Pilgram says that in medical consultation, it is the doctor’s task to advise patients about health related problems. Such advice or there a sons forsmith not immediately be acceptable to the patient: the patient might have to drastically change his behaviour, he might be diagnosed with a life-threatening disease, or his symptoms might be medically unexplainable. An important way in which the doctor can none the less attempt to make his recommendations acceptable is by means of argumentation. A doctor could, for example, recommend a change of diet by arguing that the patient’s cells do not properly respond to insulin and, hence, the level of glucosein his blood has to bestea died by controlling food in take [7].

II. METHODOLOGY

Qualitative descriptive design was used in this study. Because this study investigated the doctor-patient interactions on medical consultation in clinic Medan Indonesia. The data was collected in the form of words, phrases, and sentences which uttered by doctors and patients and writing all non verb a linguistic that doctors and patients did on medical consultation process in clinic. The source of the data in this study consisted of doctor and patient in Pratama Aksara Clinic Medan. The researcher used the mast he subjects because the purpose of this study was to analyze the utterances of doctor and patient. The general practitioner was chosen as the source of data. The total number of general practitioners in the clinic were three doctors, so in this study the researcher used all population as the source of data, those were three general practitioners. The doctors were graduated from majoring general practitioner. They were three female general practitioners. They were between 26-35 years old. Then, the patients consisted of male and female patients are between 17-50 years old.

The data were collected by observation, interview, transcripts, field notes, video recordings, personal documents, memos, and other official records to know the utterance suffered by the doctors and the patient sin the room while medical consultation process and classified the min to speech function.

The data were analyzed based on Interactive Model proposed by Miles, Huberman and Saldana (2014:33). Miles, Huberman, and Saldana elaborate several steps of analyzing data, they are (1) data condensation (2) data display and (3) data verification/conclusion.

III. RESULT AND DISCUSSION

Speech function that occurs in their conversation are divided into initiating. Initiating that occurs in their
conversation are statement(S), question(Q), offer(O), and Demand(D). Statement is the most dominant used in the doctor-patient interactions, because the first one is doctor wants to give direction, suggestion, recommendation, treatment, related to the patient’s problem. Then the patients also deliver what they feel to the doctor by giving information, so that is why this speech function is dominantly used in the interaction. Question is speech function which uttered to search for information. In speech function terminology, question is derived from the combination a sking and confirmation. It is related with the questions in doctors and patients conversation and some others were uttered by the doctors when the medical consultation process. There was an exception of this case. In the dialogue of doctors and patients, it was found that some questions were not there presentative of asking for justification. When the speaker raised the question, it was not for asking information but for asking justification. When the speaker raised the question, it was not for asking information but for asking justification.

The conversation above shows that when the doctor asked information from the patient about how often the patient visit the clinic. The patient also gave the conversation that she has visited the clinic for about 5 years. So the patient replied or gave there sponse of doctor’s question or confirmation by coded question(Q) which refers to justification. Where as the patient response was not asking for information but confirm that something is true or not, or to encourage a reply from the person we are speaking to or for asking justification.

It was very interested that the question was replied by the question. From the dialogue between doctors and patients, this result can be seen in the following dialogue.

From the piece of conversation, based on the finding of research from Bukit the researcher found the question replied by question too. The first utterance shows that the patient gives statement and need the response from the doctor. Based on the structure off iner and subject, both of sentences above were question. But meaning fully it can be classified as the statement. It can be seen that when the doctor asked about the glucose, the patient did not give the answer, because although the patient didn’t answer there all information, automatically the doctor has known that the patient came to the clinic with the intention to consult the disease. So the patient only asked about the patient’s condition, the patient gave demand to the doctor, where as the doctor does not diagnose the patient first. It is shown in the following dialogue between doctor and patient in Pratama Aksara Clinic Medan.

---for instance---

<table>
<thead>
<tr>
<th>Text</th>
<th>Speech function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 1: Udah berapa taun ya? (Do you often visit here?)</td>
<td>Statement</td>
</tr>
<tr>
<td>Patient 1: Udah berapa taun ya? (Do you often visit here.)</td>
<td>Question</td>
</tr>
<tr>
<td>Patient 1: Tapi ibu gak pernah terlambat bayar, tiap bulan bayar 160. (But I’m never late to pay, in every month I pay 160.)</td>
<td>Acknowledge-ment</td>
</tr>
</tbody>
</table>

From the piece of conversation, it was found that the exchange structure realized linguistically interm of speech function in question followed by demand and then replied by statement. In this case, question was not replied by the answer, but question was replied by demand. It was found the different case of conversation and it doesn’t fulfill the system or conversation structure theory. Because ink 1 that should give information, but in this case the patient asking for good sand services. It means that the patient’s answer is not congruent to the doctor’s question.
It was also found of feron the term of speech function in
docotor-patient interaction, as the data below the interaction
between doctor and aretired.

<table>
<thead>
<tr>
<th>Text</th>
<th>Speech Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ini obat untuk Bou sama untuk abang. (These medicines are for you and your son.)</td>
<td>Offer</td>
</tr>
</tbody>
</table>

Based on the data above it was found that speech function
that used by the participants were offer. In this case, offer was
not followed by response. This called by offer because offer
include threatening[5].

After analyzing the term of speech function in the data, it was
found that the statement was dominantly used by doctor
and patient in medical conversation, because the doctor more
give the information about the health and patient’s condition,
and the other hand the patients also more described what the
patients felt about their condition and health.

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And the nall of speech functions are congruently expressed
mood which build conversational structure. In other words,
with reference to these miotic system of the speech function is
an alogous meaning and the mood is expression. Declarative
was an important clause mood while medical concultation
process in the clinic because doctor gives information of the
health related to patient’s condition. Then doctors and patients
lack to use imperative, because the doctor more gave the
information about the health.

The research results found that there are some
conversations did not follow the theory. In this case age,
social class and education affect communication between
doctor and patient. Patients of higher social class and better
educational background spent more time in the consultation
and received alarger quantity of information. It has also been
shown that educated people tend to challenge the doctor’s
authority more often. In addition, younger patients were more
likely to confront their doctors than olderones. The finding
showed that the high education and background does not
always mean that the patient of higher social class and better
educational background spent more time in the consultation
and received alarger quantity of information. Then it is not
always shown that educated people tend to challenge the
doctor’s authority more often.

As regards gender, some women feel that asking
questionis considered in appropriate behaviour ,it is precisely
the greater number of questions that women ask that allows
physicians to give more information to females than to males.
Roterand Hall (1992) found that physicians used more
medical jargon with their female patients, which prompted the
women to ask more questions to clarify those terms. Roterand
Hall (1992:43) indicate that female patients also gave more
information of a medical nature to the doctor than male
patients did perhaps in reciprocation of receiving more
technical language. The research result found that the social,
education and background affect to medical consultation.
The patient more gave the information first even the doctor did not
ask something to get information from the patient. But the
patient more active to give the information related to what she
feels and she gets about her health.

IV. CONCLUSION AND SUGGESTION

Based on the data analysis and the discussion, it was clear
that statement is dominantly used in medical consultation.
The structures realized in that are social class, age,
education and gender that include to language style of doctors
and patients on medical consultait on process. In addition, the
doctors want to get more information from the patient to give
treatment and service in order the patient’s desease can be
cured.

It is suggested that the students of linguistics and
literature should analyze other cases of discourse structures.
There are many intersting subjects which are relevantly
analyzed by the study of discourse analysis. The readers
should find the meaning of language application in works of
literature by applying linguistic studies. The ories of
linguistics are applicable to the analysis of literary work. To
the doctors and patients that involved in the medical
consultation should have good knowledge of discourse
structures so that can interact in the medical consultait on
effectively.

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