

# Speech Functions of Doctors and Patients on Medical Consultation Process

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**Abstract**---This study was aimed to analyzed 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 intermof 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 research her found the different case of conversation and it does not ful fill 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 butit does not mean the patient active to do the conversation with the doctor.

**Keywords:** *Speech Functions, Doctor and Patient*

## I. 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 themselves feel listened to and cared about.

One of the causes of the most frequent incidence of malpractice according Sudary at most he 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 in society 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 concultation 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 service. To this point, a model has been outlined in which speech function (discourse semantic) has been stratified 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 distinguishing are: Demand, Offer, Question, Statement–Acknowledgement is a relatively secondary one [5].

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

-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?’)

- Wh’ Interrogative

Initial ‘wh’ word (‘who’, ‘when’, ‘why’, etc.–e.g. ‘Where is the book?’)

- Imperative

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 a dopting a patient centred approach. This consultation style is less authoritarian, as it encourages the patient to express their own feelings and concerns by using open-ended questions. This enables the doctor to discover more information on the psycho-social aspects 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 as it helps to establish rapport and empathy, which is crucial to forming a doctor-patient relationship based

on mutual understanding. Even how the doctor affects show he projects himself. If the patient is across the desk, and the doctor is 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 son’s for it might 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 glucose in his blood has to be reduced by controlling food intake [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 verbal 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 most 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 uttered by the doctors and the patient in 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.

-for instance

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 inite 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 al information, automatically the doctor has known that the patient came to the clinic with the intention to consult the disease. So the patientonly asked back about how normal level of the glucose. Base dont he conversation that was investigated by the researcher, it was found that there are some questions replied by question too.

Based on data analysis, it was found that there is a huge difference level between question and response statement to question. There were not balanced number of question and response statement to question. It was not balanced to the initiating of question. This is to say that was found the different case of conversation. Because in normal conversation, it should be a balance between statement or response statement to question with question. Because the typically question will be responded with the statement. This is to say that question and answer conversation is often found in daily conversation, but it is different with the doctor-patient

interactions especially when the doctor asked about the patient's condition. It can be seen that there was one demand in the conversation. It means that response statement to question, and demand has a very closely level rate. It happened because the patient gave demand to the doctor while the doctor asked to get information. In other words, when the doctor 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

Text	Speech Function
Doctor : <i>Udah sering kemari ya buk ya?</i> ( Do you often visit here?)	
Patient 1: <i>Udah berapa taun ya 5 taun ada ya?</i> (look at her son (It's been already five years, hasn't it?)	
Doctor : <i>Emm..sering rutin kemari.</i> (It means you often vis here.)	
Patient 1: <i>Tapi ibu gak pernah terlambat bayar, tiap bulan bayar 160.</i> (But I'm never late to pay, in every month I pay 160.)	
Text	Speech function
Patient 1: <i>Kemarin periksa di Imelda, gulanya ..e... kurasa udah lebih tinggi dari normal.</i> (I checked the glucose at Imelda yesterday..e.. I think it is higher than normally.)	Statement
Doctor : <i>Berapa kemarin buk?</i> (How was level of the glucose Madam?)	Question
Patient 1: <i>Kalo normal 120 yah?</i> (It's normally 120, isn't it?)	Question
Doctor : 126.	Acknowledge-ment
Doctor : <i>Kenapa?</i> (Why?)	Question
Patient : <i>Suntik tetanus dok.</i> (I want to get vaccine Doctor.)	Demand
Doctor : <i>Kalo kita serumnya gak ada lho kak.</i> (We don't have the serum sister.)	Statement

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 ful fill 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 doctor-patient interaction, as the data below the interaction between doctor and aretired.

Text	Speech Function
Doctor : <i>Ini obat untuk Bou sama untuk abang.</i> (These medicines are for you and your son.)	Offer

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.

After analyzing the data, it was found that the 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 does not ful fill the system or conversation structure theory. It means that the patient's answer is not congruent to the doctor's question.

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 questionsis 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 concultation. 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 concultait 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 o f 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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