CHAPTER I

INTRODUCTION

1.1. Background of the Study

Communication is a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior (Webster's New Collegiate Dictionary 1981: 225). By communicating using language, human can interpret their ideas, thought, reality, concept or feeling and give information to other. There are three components of communication process, they are: (1) the participants (2) the information to be communicated and (3) a means that is used in communication. The third component that is a means of communication can be in the form of language, sign, gesture, etc. According to Chaer (1995:26) there are two kinds of communication based on the means that is used. They are non-verbal and verbal communication. Non-verbal communication is a communication using a means except language, such as light, whistle, gesture, etc. While verbal communication is a communication that uses language as its means. What most people mean when they say "language" is talk, communication, and discourse.

Interaction is a kind of action that occurs as two or more objects have an effect upon one another. The idea of a two-way effect is essential in the concept of interaction, as opposed to a one-way causal effect. A closely related term is interconnectivity, which deals with the interactions of interactions within systems: combinations of many simple interactions can lead to surprising emergent phenomena. Interaction has different tailored meanings in various sciences. Communication of any sort, for example two or more people talking to each other, or communication among groups, organizations, nations or states: trade,

migration, foreign relations, transportation; The feedback during the operation of a machine such as a computer or tool, for example the interaction between a driver and the position of his or her car on the road: by steering the driver influences this position, by observation this information returns to the driver.

Another example of interaction is between doctor and patient. As in this study the researcher will focus on doctor (general practitioner) and patient interaction on medical consultation. According to Hambley (2015) 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 healthcare 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 a long way toward 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.

When patients are facing a difficult medical situation (for example, a new diagnosis, discomfort, or an uncertain outcome), they are in a threat state — their emotions get triggered, their limbic system gets activated, and their prefrontal

cortex starts to deactivate. This makes people not being able to think as clearly, listen well, or appreciate a wider perspective.

One of the causes of the most frequent incidence of malpractice according Sudaryatmo (2013) is the 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 (1999) concludes that the malpractice demands can be prevented by adequate physician-patient communication. 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 alleged malpractice during 2006 to 2015. There are 317 cases of malpractice allegedly 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 (2015) 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.

Choundary and Javed (2016) adapt Sinclair's IRF model to analyze doctor and patient conversation as medical discourse in pakistani context. It was found that here is a patterning of two types i.e. instruction – response move ends in confirmation and inquiry – response move ends in prescription and/or diagnosis move in the discourse that is typical to their primary referents doctor and patient. Costello (2016) analyzes the role that patient-provider communication has in

shaping online health information seeking in patients diagnosed with chronic kidney disease (CKD) and suggests providers should foster an open attitude towards online health information seeking; they should also encourage patients to verify information found online.

Based on the research conducted by Chang, Park, & Kim (2013) patient active communicative behaviors varied considerably depending on individual patients. In addition, among physicians' nonverbal behaviors, eye-contact showed significant correlation with physician empathic listening and supportive talks. They suggest to better serve patients, physicians should first identify components of their empathic communicative behaviors that need improvement and then attempt to refine their skills. Henrysson (2015) in his study finds that doctors dominate in making statements, asking questions and uttering commands. The doctors' and patients' way to communicate differed given the fact that doctors are trained in their roles as doctors while patients are not. Furthermore, gendered interruptions were found in the data, all of which came from male participants and the findings could be linked to the social and cultural roles of the participants. It was concluded that there was a power relationship between doctors and patients.

Bagheri, Ibrahim, Habil (2015) do research in a public heathcare centre in Malaysia and find that there are some deviations from the mainstream structure of clinical consultations. Deviations are marked in the opening and closing phases of consultation. There is a straightforward manner of beginning medical consultations. The absence of greetings may have naturally reduced the length of talk. Hence, by directly entering medical talks, the doctors voice their concern on the curing aspects of the consultation rather than its caring facets. The preference

of curing priority to caring is more goal-oriented and in alignment with the consultation as an activity type.

Sarbandi, Taki, Yousefian, & Farangi (2017) conduct the research in Iran and find that physicians controlled and dominated the medical consultations by questioning, interruptions, directive statements and tag questions. All Woods' (2006) strategies were applied in Iranian physician-patient interactions. Then there was a significant relationship between power strategies and physicians' experience and gender. The finding show that the female and inexperienced physicians tended to control consultations by questioning, interruption, directives and tag questions more than the male and experienced physicians.

In this study the researcher will analyze exchange structures of doctors-patients interaction on medical consultation. Martin and Rose (2007) was applied as theory of exchange structure. By understanding the social purpose and discourse structures of specific professional speech events, it is useful to interpret the communicative intentions, content and ways of speaking of both the professional and client. In addition, it is useful to understand the structure and communication works in an interpreted dialogue (Tebble, 2014). Moreover, how people talk with one another influences their identity, their position and what they are allowed to do (Zwet, Jonge, Scherpbier, Croix, Stalmeijer, Teunissen, 2014).

Negotiation is concerned with interaction as an exchange between speakers: how speakers adopt and assign roles to each other in dialogue, and how moves are organized in relation to one another. The dialogue may take more than two moves to negotiate information or goods-and-services and it might take less. An exchange of goods-and-services can involve one, two, three, four or five

moves. This depends on who actually initiates the exchange and on whether or not they follow up. Minimally speaking, exchanges consist of one obligatory move. When negotiating goods-and-services, this is the move that proffers the goods or performs the service; when negotiating information, this is the move that authoritatively establishes the facts of the matter (Martin and Rose, 2007).

Based on researcher's observation in Pratama Aksara Clinic Medan, there is a doctor who does not aware and care with the importance of medical discourse, she just focuses on her writing to fulfill the form. She focuses on the prescription only without caring of discourse analysis such as giving feedback to patient's answer whether the patient reply is appropriate or inappropriate to the doctor's question, such as the following data :

k2 Doctor : *Sudah berapa hari sakitnya?*
How long have you been sick?

k1 Patient : S*udah dua hari.*
It's been already two days.

k2 Doctor : *Dua hari?*
Two days?

k1 Patient : *Ya.*
Yes.

k2 Doctor : *Ada demam?*
Is there any fever?

k1 Patient: *Demam gak ada, Cuma batuk sama sakit aja.*
I don't have fever, but I only have cough and ache.

(k2f) Doctor : (No Response)

a2 Patient: *Suntik ya.*
I need to be injected.

a1 Doctor : *Mau suntik? Bentar ya pak ya.*
Do you? Wait sir!

k2 Doctor : *Tensinya bagus. Batuknya berdahak,s gak?*
Your tension is good. Is your cough up phlegm?

k1 Patient : *Batuknya?*
Cough?

k2f Doctor : *He..eh..*
He..eh..

k1f Patient : *Kayak-kayak kering gitu.*
Yes, but the cough is without sputum.

k2 Doctor : *Kering ya.*
The cough is without sputum yes.
k1 Patient : *Cuma bersin-bersin masih bening dia, belum apa,*
Just sneeze is still normal, still not too suffer.
a1 Doctor : *Emm.. diperiksa tenggorokannya ya biar cepat hilang.*
Emm.. Let me check your throat, in order to get well soon.
a2f Patient : *Ada dia kayak sariawan.*
There is like thrush.
(a1f) Doctor : (no response)

(the doctor give instruction by using gesture in order the patient lie down on the bed to be checked)

Based on the preliminary data above, the doctor more request and receive the information from the patient, it is found based on structure K2 done by the doctor. In the statement uttered by patient that is "I need to be injected" which the structure is A2, it shows that here the patient request the goods or has the service performed for him after the doctor doesn't give the response. Whereas according to Choundary and Javed (2016) find that response move ends in prescription and/or diagnosis move in the discourse that is typical to their primary referents doctor and patient. But in this data the patient want to get good and service instead, before the doctor gives prescription and/ or diagnosis.

Furthermore, when the doctor said "Emm.. Let me check your throat, in order to get well soon", which the structure is A1 for proferring goods or performing a service, but the patient answer with inappropriate response. So because of that, the researcher investigated their interaction more deeply by using theory from Martin and Rose (2007). It is hoped that the new finding will be found in this study, related to the discourse structure on medical consultation, and the doctor here did absence of greetings, directly enter on medical talks, moreover the doctor dominates medical consultations by questioning and tag questions.

In this study the researcher will record video and transcribe doctor-patient interactions on medical consultation in one of clinics in Medan. By analyzing the doctor and the patient interactions on medical consultation the doctors can become more aware of two important features of the medical consultation: the communicative roles assumed by both the doctor and the patient and the language choices made by the doctor. This awareness can act as a springboard for change on medical consultation to the doctor can take the time to communicate clearly, to listen intently, to understand each patient's individuality, and to respond compassionately and to patients are much more likely to listen to and understand medical advice when they themselves feel listened to and cared about.

Based on the background of the study above, the researcher carried out the research about analysis of the structure on doctor-patient interactions in Pratama Aksara Clinic Medan. Through this research, it is hoped can provide contribution and new finding structures on medical consultation. And this study gives impact to enhance doctors's quality and patient's uderstanding on medical consultation. The clinic is chosen because it is avalaible to be examined to take source of the data .

1.2. The Problems of the Study

Based on the description of the background of the study stated above, the problems of the study are formulated as follows:

1. What structures are used by doctor-patient interactions in Pratama Aksara Clinic Medan?
2. How are the structures linguistically realized by doctors-patients in Pratama Aksara Clinic Medan?

3. Why are the structures realized in doctor-patient interactions in Pratama Aksara Clinic Medan?

1.3. The Objectives of the Study

The objectives of the study are to answer the questions as formulated, to be more specific, the objectives of the study are:

1. To describe the structures of doctor-patient interactions in Pratama Aksara Clinic Medan.
2. To investigate the realization of the structures linguistically used by doctors-patients in Pratama Aksara Clinic Medan.
3. To explain the reasons for the realization of the structures used by doctors-patients in Pratama Aksara Clinic Medan.

1.4. The Scope of the Study

To avoid too broad discussion of the study, the researcher need to make scope of study. The scope of this study is exchanges structure. This study was be limited on the exchanges structure realized by doctors especially general practioners and patients interaction in Pratama Aksara Clinic Medan and the reasons for the realization of the exchange structures used by doctors and patients in Pratama Aksara Clinic Medan. This study uses theory from Martin and Rose (2007) and to analyze doctors and patients interaction.

1.5. The Significance of the Study

Finding of the study are expected taken significant theoretical and practical. Theoretically, the findings of this study are expected to be useful for those who are interested in discourse analysis especially in the other phenomenon

because discourse analysis is the study of language in use. Beside that, this study is expected to be useful to increase readers' knowledge about how exchanges structure which contains in spoken language.

Practically, it is also hoped that it will be useful for students, the teachers, the other researchers, and the readers who is concerned with discourse analysis and the researcher hopes that this research will provide additional references for those who want to conduct studies in this field. Then to the doctors can communicate to patient clearly, to listen intently, to understand each patient's individuality, and to respond compassionately and to patients are much more to listen to and understand medical advice when they themselves feel listened to and cared about.