Middle-East Journal of Scientific Research 24 (2): 359-365, 2016
ISSN 1990-9233

DOI: 10.5829/idosi.mejsr.2016.24.02.23026

Politeness in Doctor-Patient Communications: A Pilot Study

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Abstract: The diagnostic success of medical consultations relies heavily on how doctors respond to patients in their communications. The doctor-patient communication of today has adopted a more patient-centred model of care which entails active patient participation during the consultation. For higher patient satisfaction and better communication, doctors rely on strategies during the communication to introduce options and help patients make decisions. Drawing on Brown and Levinson's politeness theory, this study investigates the politeness strategies used between doctor and patient in a private clinic in Cheras, Kuala Lumpur. This paper is a pilot study which was conducted for a case study where data was collected from a single private clinic. The research design is qualitative and involves the use of dialogue recordings which were audio-taped in a time period of 3 months. The recordings were transcribed using an online transcription software called Transcribe. The transcriptions were analysed using Atlas.ti with reference to Brown and Levinson's politeness theory. Conclusions were drawn based on the politeness strategies employed by the doctor and patient. It was found that the strategy most used was the bald-on-record strategy and patient bald-on-record frequency was higher compared to doctor bald-on-record frequency. The findings from this study potentially helps in creating better self-awareness and self-observation in doctor and patient, ultimately shaping and striving towards more effective communication in the medical context.

Key words: Politeness · Doctor-patient communication · Pilot study

INTRODUCTION

The Malaysian Medical Association lists maintaining "good communication with patients and relatives" as the fourth most important ethical value and standard of professional conduct for doctors in the Ten Golden Rules of Good Medical Practice [1]. It is of great importance for doctors to establish good communication as poor communication is often cited as an underlying factor for patient dissatisfaction and poor patient compliance with the doctor's advice that subsequently lead to poor outcomes in healthcare [2, 3].

Despite the fact that good communication should be an essential part of medical practice, a number of studies have revealed that doctors are empowered with institutional authority that causes the existence of distance between them and the non-expert patients with whom they interact [3]. Doctors show instrumental behaviour towards p atients by providing and requesting information and giving instruction while patients provide information and ask few questions [3]. Such behaviour is considered as the norm as traditionally the relationship between doctor and patient has been deeply ingrained in paternalism whereby the doctor holds authoritative control in the communication [2]. However, in the present day of privatised healthcare, a rising number of institutions are approaching patient care with more emphasis on the patient-centred model, in which patient participation is active throughout the consultation as a means of facilitating a shared approach to decision-making. Existing studies in the Malaysian context have revealed that doctors were aware of informed consent but few practiced shared decision-making [4].

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In the light of maintaining good communication in doctor-patient communication, researchers such as Lambert [5] and Harris [6] posit that Brown and Levinson's theory of politeness can facilitate a better understanding of the factors influencing the communication patterns and perceived differences in power and social distance between doctor and patients. Within the communication of doctor and patient, it is also common that they utilise a number of verbal strategies to reduce face-threatening acts (FTAs).

Poor attitude and the lack of verbal strategies in doctor-patient communication can lead to complaints and dissatisfaction among patients. This suggestion can be supported by the high reports of complaints in newspapers often regarding the poor services in government hospitals and clinics [7]. Complaints highlighting this issue can be found in the official websites and portals of hospital and healthcare units, namely Aduan Rakyat (e-complaint) which serves as an online portal enabling the public to report dissatisfactions or complaints regarding the service or treatment in the hospital. An example of such a complaint was posted on the site on the 17th July 2014 by a patient who reported the lack of politeness in not only the staff of the Policlinic at Bintulu but also in the doctor in charge.

The above background suggests that it is normal for doctor and patient to use verbal strategies to reduce FTAs. Furthermore, the many reports and complaints on Aduan Rakyat is an indication that such problems in Malaysian medical service do not merely exist but are increasing in frequency and severity. It is evident that there is a need for research in doctor-patient communication investigating verbal strategies in doctor communication. Although the area of doctor-patient communication has been well researched, especially in health services research as well as patient education and counselling, the study of doctor-patient communication in language is scarce.

In a Malaysian context, research in politeness strategies in communications have been conducted on between counter staff and patients [7] but research between doctor and patient is still very limited. Furthermore, there appear to be few studies that have utilized the theory of politeness to examine the communication and influence factors in doctor-patient communication [3] especially during the process of introducing options and helping patients explore their preferences and making a decision. Hence, the aim of this study is to identify the various politeness strategies employed by doctor and patient in the communication using Brown and Levinson's politeness theory.

Politeness Theory and Face-Threatening Acts: Politeness is the strategic behaviour of an individual which is practised with the intention to satisfy the needs of the face of both self and others usually during instances of threat, performed through positive and negative styles of redress [8]. In essence, it is simply an individual's feeling of self-image which can be damaged, maintained or enhanced via communication with others.

According to Brown and Levinson, there are two aspects of face; the positive face and the negative face. The positive face is the individual's desire to be liked, respected and approved of by others, whereas the negative face is the individual desire for autonomy, to be free to act as he or she chooses [9]. A person's negative face is threatened when he or she is told to do something, to have an opinion regarding something or is spoken to in a manner that is threatening to the hearer's integrity. Brown and Levinson [10] also claim that face is subject to the continued threat when individuals participate in social communications. These threats are usually known as 'face-threatening-acts' (FTA) which are acts that can damage or threaten an individual's face. Examples of FTA are acts such as requests that can threaten the negative face of the hearer or disagreements that threaten the positive face of the speaker [3].

Brown and Levinson's Super-strategies for Politeness: In social communication, both negative face and positive face are subject to threats. Both positive and negative face can also be subject to threats at the same time. Politeness strategies are used to minimize the risk of threats during social communication. The choice of politeness varies depending on the politeness need. Positive politeness strategies are used to preserve positive face of the hearer and negative politeness strategies are used to cater to the negative face needs of the hearer. The Brown and Levinson [10] model lists five super-strategies that demonstrate how an individual chooses a politeness strategy to be used in a situation [11]. The model captures the politeness strategies which are used in a person's social communication and communication (Table 1). The first politeness strategy is used in situations where the threat to face is low and the fifth strategy is used in situations where the threat is high.

Maximum politeness is a strategy in which no threatening act is performed. Bald-on-record, positive politeness and negative politeness are all on-record, which means that the speaker's intention is communicated clearly through his or her words, therefore, the speaker's intention need not be inferred. In bald-on-record strategy,

Table 1: Brown and Levinson Model of Super-Strategies [10]

	Super-Strategies
1)	Bald-on-record (Performing FTA, without redressive action, on record)
2)	Positive politeness (Performing FTA, with redressive action, on record)
3)	Negative politeness (Performing FTA, with redressive action, on record)
4)	Off-record (Performing FTA)
5)	Maximum politeness (Not performing FTA)

Table 2: Five Super-Strategies for Politeness [10]

Super-strategies		Mechanisms for Conveying Politeness Strategy
1)	Bald-on-record	N/A
2)	Positive politeness	• Claim common ground • Convey cooperation • Fulfill hearer's wants
3)	Negative politeness	• Conventional indirectness • Avoid assumptions • Avoid coercion • Communicate speaker's desire to avoid impingement • Incur a debt
4)	Off-record	Violate conversational maxims
5)	Maximum politeness	N/A

the speaker intends to increase the efficiency of communication efficiency. Therefore, the speaker is less focused on politeness. This occurs in emergencies or when the speaker believes that he or she does not need to pay the necessary attention to the issue of the listener's face.

Positive politeness is an approach-based strategy that redresses the positive face wants of the addressee. It is a strategy that compensates for the interlocutors' needs while performing FTAs. Positive politeness is usually used in situations that involve intimate communication and behaviour among the interlocutors. Brown and Levinson [10] outline three broad mechanisms for expressing positive politeness (Table 2). The first strategy is to claim common ground with the other person. This is done through conveying that the speaker and hearer are related by having something in common. This virtue of something in common could be a group membership, or similarities in interests, values and attitudes. The second strategy is recognition of cooperation between the speaker and hearer. This can be employed through applications of inclusive terms, such as "Let's have a cola," and "Why don't we have a break?" The third strategy is used by directly and considerably satisfying the other person's wishes, rather than symbolically. Instances of this strategy are gift-giving and direct fulfilment of the other's wants in order to gain respect and sympathy [3].

Negative politeness is a redressive action addressed at the addressee's negative face. This means that he/she desires for his/her freedom of action and wants attention. Within the negative politeness strategy are five broad mechanisms. Being typically indirect by means of questioning or asserting the felicitous conditions underlying the act is the most common strategy (N1) of negative politeness. An example of this strategy is to ask one to shut a door, by saying "Will you shut the door?". The second mechanism is to suspend assumption or presumption about something in relation to the hearer's beliefs or wants. This is usually achieved by using hedges, most frequently through the utilisation of "if" clauses as in this exemplary request, "Close the window, if you can." The third mechanism (N3) involves making an effort to avoid the coercion of the hearer. The mechanism involves the conventional indirectness and the expressing of pessimism in terms of the appropriateness of the act to be performed. Tag questions such as "You don't have any spare paper, do you?" and remote possibility markers for instance "I don't suppose there is any chance you are going to the store today." are exemplary forms of this strategy. The fourth (N4) is the strategy where the speaker attempts to reduce the hearer's impact and influence when the speaker realizes that the words he/she utters or acts on will cause the hearer's FTAs. In order to achieve this purpose the speaker communicates explicitly that she/he does not intend to impose on the other through an account or apology, in this manner signifying reluctance, for instance, "I don't want to bother you, but could you give me a hand?". The last strategy (N5) is basically to incur a debt, through means of uttering, "I'd be eternally grateful for your help". or, contrarily, by disclaiming indebtedness on the part of the hearer and saying as an offer, "I could easily do it for you" [10].

Off-record politeness is a form of indirect communication in which communicative purpose of the utterance in context is usually more than one. For example, speaker A asks a question in a conversation, "What did you think of my presentation?" and speaker B replies, "It's hard to give a good presentation." This reply from speaker B is considered an off-record strategy. In actual, Speaker B may have a negative view of the presentation. A speaker who tries to perform the FTAs but does not intend to take responsibility employs the off-record strategy, thus allowing the addressee to choose how to interpret it.

Method

Data Collection: The conversational data of this study comes from audio-recordings collected over a period of 3 months (Feb-Apr 2015). Data was recorded from medical consultations between doctor and patient. The doctors were members of a private clinic in Cheras, Kuala Lumpur. The clinic is occupied by 2 doctors. During the recording of the medical consultation, the researcher was not present in the room. The recorder was left in the consultation room to record the conversations of the consultation. A total of 30 audio records were collected from 30 consenting participants, spanning a total time length of 5 hours 16 minutes 38 seconds. All records were then transcribed using the software Transcribe and analysed with Atlas.ti. For this study, one audio-recording would be used for the analysis of the pilot study.

Participants: The participants were Malaysian citizens of 18 years and above. Only participants who gave their consent and could speak English were recorded during the consultation. Patients who were below 18 years of age were excluded from the study. The doctors who participated in the study are very experienced doctors who have been practicing doctors at clinics for 15 and 42 years respectively.

Transcription of the Recording: As mentioned in the sections before, the recordings were transcribed using an online transcription software called Transcribe for the purpose of analysis. Some of the transcribed recordings contained other languages such as Malay, Mandarin and Chinese dialects. However, the occurrences of other languages in the transcripts were few. Furthermore, as the focus of the study is on the English language, utterances in other languages were excluded from if not related to the context of the medical consultation.

RESULTS AND DISCUSSION

A pilot study was conducted to ensure the feasibility of the study. An initial audio recording was analysed with Brown and Levinson's 1987 politeness super-strategies using a qualitative data analysis software tool, Atlas.ti. It was found that the maximum politeness strategy used by the doctors and patient is the bald-on-record type (54, 45.38%), followed by the negative politeness strategy (37, 31.09 %) and the positive politeness strategy (23, 19.33 %) with the last strategy being the off-record strategy (5, 4.20 %) (Table 3). It is interesting to note that the patient used bold-on-record strategy more often in comparison to the doctor (32 vs. 22). The table below details the results of the pilot which was conducted. The pilot study performed serves as a groundwork analyses for the main study to observe the consistencies and the validity of the entire study.

Table 3: Data Results of Pilot Study

Politeness Strategies	Doctor	Patient	Sum of Strategies
Bald On Record	22 (28.95%)	32 (74.42 %)	54 (45.38 %)
Positive Strategies	20 (26.32 %)	3 (6.98 %)	23 (19.33 %)
P1	3	3	6
P2	10	0	10
P3	7	0	7
Negative Strategies	34 (44.74 %)	3 (6.98 %)	37 (31.09 %)
N1	20	3	23
N2	5	0	5
N3	7	0	7
N4	2	0	2
N5	0	0	0
Off-record	0	5 (11.98 %)	5 (4.20 %)
Sum of Utterances:	76	43	119

Doctor: The consultation begins with greetings such as "Good morning.". However, beyond this, the relationship shifts as the power differences between doctor and patient starts to manifest as both doctor and patient assume their model roles of expert and lay person [2]. The doctor demonstrates this through first beginning with a greeting, followed by the shift to the reason for the visit with the enquiry such as "What can I do for you today?" as illustrated in Examples 1 below.

Example 1:

Patient : Good morning doctor.
Doctor : Good morning. Have a seat
Patient : Thank you
Doctor : Yup. *What can I do for you today?*
Patient : Yeah...uh...doctor my back seems to be hurting uh, for the past two weeks.

Even though these enquiries are mostly framed as open questions it is a means of actively encouraging the communication and increasing the patient participation in healthcare communication [2].On the contrary, the doctor is still n the dominant position the point for having for determining the course in which they would start the discussing of the patient's health and condition. Such enquiries are usually made as an indirect request for patients to start relating the problem or situation at hand.

Most of the politeness strategies employed by the doctor are bald-on-record strategy (22, 28.95%) with the next being negative politeness (34, 44.74%), followed by the positive strategy (20, 26.32%) and off-record strategy (0, 0%). There were no instances of off-record strategy found in the doctor-patient communication used in this pilot study.

Doctors often used the bald-on-record strategy to ask or answer directly questions of patients in relation to the condition of the patient. Example 2 demonstrates how the doctor uses the bald-on-record strategy.

Example 2:

Patient : Mmm...whenever I stand, pain, the bottom part here, a bit pain uh.
Doctor : Lower back? (bald-on-record)
Upper back? (bald-on-record)
Patient : I think so. Lower back uh.
Doctor : Lower back. Did you carry anything heavy?
Patient : Not really uh. Didn't carry anything heavy. Just on and off the pain comes and goes. I got take Panadol uh.
Doctor : Panadol only? (bald-on-record)

The bald-on-record strategy calls for the speaker to communicate in a clear, concise and unambiguous way to the speaker. The doctor usually uses the bald-on-record strategy to obtain a patient's response (e.g., Lower back?, Panadol only?). This employed strategy threatens the negative face of the patient. However, the bald-on-record strategy is commonly employed by doctors during consultation as it helps doctor communicate with maximum efficiency without having to redress the face of the patient. As communication with the goal for diagnosis is task-oriented, the need for face redress can be made to be irrelevant [10].

In addition to the bald-on-record strategy, doctors also often used N1 extensively as the means for questioning a patient in a polite way. The employment of this strategy is demonstrated in Example 3.

Example 3:

Doctor : Lower back? Upper back?
Patient : I think so. Lower back uh.
Doctor : Lower back. Did you carry anything heavy? (N1)
Patient : Not really uh. Didn't carry anything heavy. Just on and off the pain comes and goes. I got take Panadol uh.
Doctor : Panadol only?
Patient : Then the pain went back. The pain uh, went off and came back. Like on and off.
Doctor : Okay. Did you have a fall? (N1)
Patient : Umm...No. No fall.

In negative politeness, FTAs are redressed through hedging, hesitating, minimizing imposition and apologizing. Thus, in this sense, a negative politeness type of question is different from a bald-on-record type. A speaker uses negative politeness to minimize a hearer's imposition that the FTAs necessarily affect. The example above reveals that physicians often use the negative politeness strategy (e.g. Did you carry anything heavy? Did you have a fall?) to question patients in a more polite way and to address the patient's negative face.

The positive politeness strategies employed by doctors often include elements to reassurance and mutual cooperation. Findings from the analysis revealed that in order for doctors to employ P2 strategies through their conveyance of cooperation with patients, the doctors often used an inclusive 'we' form (to include the patient in an activity such as a physical examination) when in actual what the doctor really means 'you' or 'me'. By doing so the doctor uses cooperative assumptions to redress the FTA. An example of this strategy is shown in Example 4. As seen in the example, the doctor requests the patient to perform a certain activity like bending backwards for the purposes of assessment during the physical examination and uses the inclusive form "Let's" and "we" to redress his requests.

Example 4:

Doctor : Okay. *Let's see how far you can go*. Alright. Okay. Bend backwards. (P2)
Patient : Okay.
Doctor : Any pain?
Patient : No. So far.
Doctor : No? Okay. You want to turn to the left. Turn to the right. So the mobility of your spine is quite good. There is nothing very much there. *Let's get you on the couch and lie down again. (P2)*
Doctor : Uh, yup yup. Just lie down. Okay.

I'm just gonna do a straight leg raising test. Alright. if there's any discs in your back there will be a shooting pain down your buttock, right down to the back of your thigh and back of your calf down to your foot.so if there's any pain, let me know. I just gonna lift your leg, you don't

have to do anything. Just let me lift your leg passively. Alright. *So we start with the left leg.* Alright, one, two, three. Any pain? (P2)

Patient : No

Patient: In the politeness strategies applied by patients, the strategies most used are also similar to the strategies employed by the doctor. The most utilised strategies are bald-on-record strategy (32, 74.42%) with the next being off-record strategy (5, 11.63%), followed by the positive and negative strategies, both recording the same frequencies (3, 6.98%).

Similar to doctors, patients often employ the bald-on-record strategy when interacting with doctors during the consultation. Patients gave short and concise replies when responding to questions posed by the doctors. This is demonstrated in Example 5.

Example 5:

Doctor : Any pain?
Patient : No. So far. (bald-on-record)
Doctor : No? Okay. You want to turn to the left. Turn to the right. So the mobility of your spine is quite good. There is nothing very much there. Let's get you on the couch and lie down again.
Patient : Oh.
Doctor : Alright, I'm just gonna do-
Patient : Here uh? (bald-on-record)

The off-record strategy is also a strategy that patients seldom used in their communication with their doctors. The strategy is often used to shift the conversation to another issue. In the patient's case, the strategy is applied as illustrated in Example 6.

Example 6:

Doctor : Lower back? Upper back?
Patient : I think so. Lower back uh.
Doctor : Lower back. Did you carry anything heavy?
Patient : Not really uh. Didn't carry anything heavy. Just on and off the pain comes and goes. I got take Panadol uh.
Doctor : Panadol only?
Patient : Then the pain went back. The pain uh, went off and came back. Like on and off. (off-record strategy)
Doctor : Okay. Did you have a fall?

Positive politeness strategies are not only used for redressing FTAs but also to help serve as a social catalyst by reducing the gap between speaker and hearer. For this purpose, patients employ P1 as the means of reducing their distance with the doctor. The strategy is often employed by patients through code-switching from English and another in-group language or dialect as seen in Example 7. In the example below, the patient code-switches from English to Malay when explaining to the doctor the type of backache he experienced which was similar to sleeping on an unsuitable pillow (salah bantal).

Example 7:

Doctor : Okay. Did you have a fall?
Patient : Umm...No. No fall.
Doctor : No fall at all?
Patient : No fall at all.
Doctor : Some years ago?
Patient : Some years ago...no also. No fall. Just like sometimes uh,those type of...those type of backache, when you wake up in the morning uh that salah bantal (unsuitable pillow) sort of thing. (P1)
Doctor : Is your *tilam* (mattress) very soft?

Similar to the doctor's case, patients also used N1 politeness strategies mainly to ask questions in a polite way when wanting to clear doubts. The application is shown in the following example.

Example 8:

Doctor : Do you need an MC for today?
Patient : MC for today uh? Um-
Doctor : Can work?
Patient : I think it's okay lah. I already informed my boss already ah.
Doctor : Okay.
Patient : So should be okay.
Do I need to see you again? *(N1)*

Like one week time? Two weeks time or something like that?

CONCLUSION

The aim of the study was to identify the various politeness strategies employed by doctor and patient during the consultation using the politeness theory. As

a result, the doctor-patient communication in this study showed evidence that the doctors made more utterances in comparison to the number of utterances made by patients (76 vs. 43). This would indicate that the communication during the consultation is doctor-centred. The comparison of frequencies of politeness strategies also revealed that the patients used more bald-on-record strategies compared to doctors (74.42% vs 28.95%). As doctors often used the bald-on-record strategy to ask the patient questions, the patient also responded to the questions with the same strategy. Doctors also used more positive strategies (26.32% vs. 6.98%) and also more negative strategies (44.74% vs. 6.98%) in comparison to patients.

This study is nevertheless subject to limitations. First of all, this pilot study was conducted with only one analysable conversation. This was due to constraints in time and resources as the project had to be limited to 30 analysable conversations. For this reason, the generality of the findings of the study to other establishment has to be made with substantial care. As the study only investigates one conversation, future research may attempt to increase the size of the pilot study in order to be able to identify and compare the utilisation of politeness strategies across these different subjects.

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