

# CHAPTER 1

## INTRODUCTION

### 1.1 Background of Study

Conversation analysis (CA) has been one of the most important research topics in Discourse analysis. Many scholars have investigated CA in different kinds of settings and contexts. One of many topics, which is interesting to be investigated, is medical talk. This topic usually investigates a communication between a doctor and his or her patient. Drew, Chatwin, and Collins' (2000) study is a good example for this topic. The three researchers conducted a CA study focusing on the quality of doctor-patient communication. Their study stated that a conversation between the doctors and the patients would be effective if the patients were involved in the doctors' discussions. They also said the role of the patients is important in the conversation as they need to respond to the doctors about their health problems honestly. To explain the patients' involvement in the conversation, Drew, Chatwin, and Collins analyzed the turn-taking in their data and the uttering words as well. Regardless of the complete transcription with overlaps and such, they were able to know how the doctors conducted the conversation and guide the patients to involve in the conversation only by analyzing the turn-taking and the uttering words. Drew and his two fellow researchers also found how the patients responded to the doctors and when the patients should respond. Along with their enough evidence, they concluded their study that doctor-patient talk was not wholly determined by the doctors the whole time. Although, it might seem the doctors were the one who dominated the whole talk, the patients' participation was the main key to the success of doctor-patient talk. They, too, saw the sequential patterns as a proof that the patients' participation in the conversation was linked to the doctors' decision.

Another example of CA study which focuses on medical talk belongs to Maynard and Heritage (2005). They conducted CA study of doctor-patient interaction as well. The study focused on uncovering the doctor-patient relationship through many kinds of health cases. Maynard and Heritage analyzed the conversational organizations as well, similar to Paul Drew and his two research mates. The difference with Drew's study is that Maynard and Heritage's study was focused not only on the turn-taking and the uttered-words, but also the other sequences such as adjacency pairs and opening-closing. They also included the detail of each phase during the medical interview to point out the main point of their study, which was a relationship between the doctors and the patients. Through their analysis, Maynard and Heritage found the social dilemma in doctor-patient talks. By seeing the uttered words and analyzing the conversational organizations, they concluded that the doctors need to be careful of how to deliver their diagnosis to the patients.

From the illustrations above, there is no doubt that the conversation between the doctors and the patients is different from any other casual conversations. As stated above, the patients must have requirements in order to engage a conversation with the doctors, which is to talk about their health problems and to have a further medication process from the doctors. In other words, the conversation contains serious matters which urge the doctors to make a quick decision to treat their patients. This is one point of the difference between the casual conversation and doctor-patient talk. Another point is the way how the conversation is going. Doctor-patient talk tends to have a fixed pattern or sequence compare to casual conversation. By analyzing the conversational organizations, starting from the opening until the closing, everything in doctor-patient talk is orderly fixed and predictable. As for instance, the greetings are always "good morning" or a simple "hello" and end the talk by saying "thank you". Besides that, the

other conversation features in doctor-patient talk such as turn-taking, pauses, and such also have their own pattern and complete with a logical reason or the social meaning behind their certain pattern based on the finding while analyzing the conversation.

In that case, and as CA study is still considered rare in Indonesia especially medical talk, the writer has taken an interest to analyze the conversational organizations of doctor-patient talk in Indonesia. The goal of this thesis is to analyze the conversational organizations within the context of Indonesian doctor and patient talks in particular where diagnosis is conducted. The previous studies from Paul Drew and John Heritage will be reviewed to position this study in the midst of other similar studies using CA as an approach and medical talk as the topic.

## **1.2 Field of Study**

The field of this study is Linguistics, more specifically on Applied Linguistics. It deals with Discourse and more specifically, with Conversation Analysis (CA).

## **1.3 Scope of Study**

In this study, the writer recorded some of the conversation between the doctor and the patient in the hospital as the primary source of data to analyze the conversation.

## **1.4 Problem Formulation**

1. What are the conversational organizations of doctor-patient talks in establishing diagnosis like? (opening-closing, turn-taking, pauses, and overlap)
2. What do the conversational organizations suggest within the context of social interaction between the doctor and the patient?

### **1.5 Objective of the Study**

1. To find out the conversational organizations of doctor-patient talks in establishing diagnosis like. (opening-closing, turn-taking, pauses, and overlap)
2. To find out what the social meaning of the conversational organizations between the doctor and the patient.

### **1.6 Significance of the Study**

The increase of knowledge about CA is the writer's purpose of writing this thesis. This is definitely useful for the writer herself as this study can give more-in-depth knowledge about CA. It is also important for the writer to understand the study to create a clear explanation from analyzing doctor-patient conversation by using CA.

The writer hopes that this study will be useful for everyone who reads this, especially for those who are interested in CA. This study will contribute to the understanding of the aspects in doctor-patient conversations. The writer also hopes that the readers can take advantage of this thesis and use it as a reference for their future research.

This study can also contribute to the scholarly discussion about CA as the field of applied linguistics in the area, especially in Soegijapranata Catholic University, is still deficient. Only few people are interested in doing CA research. The writer hopes with this thesis, more researchers will be interested to do CA research.

## 1.7 Definitions of Terms

### 1. Discourse Analysis

An analysis of anything beyond sentence, language use, and a broader range of social practice that includes nonlinguistic and nonspecific instance of language (Schiffrin, Tannen, & Hamilton, 2006)

### 2. Conversation Analysis

An approach to the study of talk in interaction which grew out of the ethnomethodological tradition in sociology (Liddicoat, 2007)

### 3. Institutional Talk

A type of communication situation taking place between an official and a client of an office in an institutional setting when the asymmetry of the relation is maintained (Rutkowski, 2013).

### 4. Conversational Organizations

The progressing of the talk in certain conversation between the speakers and the hearer.

### 5. Establishing Diagnosis

A particular way of both parties to accomplish their purpose of conversation through the conversational organizations (Perakyla, 1997).

