

CHAPTER 3

RESEARCH METHODOLOGY

The nature of CA research is grounded theory. Grounded theory itself is defined as a theory which appears after data collecting. In other words, the data contains important theory which enables the writer to explain the theory after analyzing the data. It means that the social reality will only be discoverable through the unleashing of the talk and only relevant within the context of the talk. The data for CA studies are very important for the researcher as the data will determine the result of the analysis. For that reason, the writer used descriptive qualitative method as the type of research for this thesis. According to Elliot and Timulak, this method is relying on explanation in details without using numerical data (2005, p. 147). Descriptive research is used to answer the questions and give detailed explanation about the result of the analysis that has already been done by the writer. With this method, the writer is able to give detailed explanation about the answer of each problem formulation about doctor-patient talk.

3.1 Data Collection

3.1.1 Participants

The participants for this thesis were the doctors and the patients. The writer chose her parents--who are the doctors--as the participants, as well as their fellow doctors in three hospitals in Pekalongan. The patients could be anyone, male or female, children or adults, as long as the patients were listed on the doctors' patient list.

3.1.2 Instruments

This thesis is about a conversation between the doctor and the patients. Therefore, the conversation was the instrument for this thesis. The writer recorded several conversations for the data analysis later.

3.1.3 Procedure

a. Recruiting the participants

Health examination is confidential. Some people usually do not want to reveal or share their health issue to public. Recording the examination can also be inconvenience for both the doctors and the patients. They could feel interrupted by the presence of the recording device. For that reason, the writer needed to ask for permissions from the doctors and the patients before recruiting them to be the subjects. Once the participants agreed, the writer has an approval from both parties to do the research.

b. Recording the examination sequence

An examination usually takes 3 to 5 minutes for each patient. It is also possible that the doctors take 10 minutes for the examination. It depends on how the doctors treat their patients. The patients' health record is also important to enable the doctors decide the treatment. The writer recorded the conversation once the doctors began the conversation or once the patients walked in to the room. She has collected 24 recordings in total.

c. Choosing the recording

The recording must not have too much inaudible dialogue. It must contain a natural conversation without the research subjects talking to the camera (the writer). In that case, among 24 recordings, the writer has chosen 10 recordings which are able to be analyzed.

d. Listening to the recording

The writer began data analyzing by listening to the recording first. This is the very first step that every CA researchers do in order to grasp the whole context in the conversation. That is why this step is required for the writer to do the analysis. She might repeat this step more than once in case she misses some of the context in the conversation.

3.2 Transcribing the Data

Transcriptions enabled the writer to examine the forms of language use that were available to the participants in the recorded interactions itself (Mazeland, 2006). Numa Markee (2000) stated that transcription is viewed as an essential part of the discipline of doing CA. Also, the transcription needs to be accurate, as Robin Wooffitt (2005) wrote Billig's statement on his book :

....the transcripts should contain as much accurate information as possible about the talk. Care should also be taken over the transcripts, because for most practical purposes, the transcripts provide the material for the analysis.

In other words, transcribing is a necessary step to do to make clear who is speaking at that moment and how the contributions of different speakers articulate with one another (Cameron, 2001). To achieve an accurate result of the transcription, CA coding system was applied in this step. CA coding system is used to mark any

conversation aspects that happen in the conversation based on the recording. This system was developed by Gail Jefferson. Here is the list of the most-used symbol for transcribing according to Gail Jefferson, which is shared by Abigail Locke (2003) on a forum website :

[]	Square brackets mark the start and end of overlapping speech, aligned with the talk immediately above or below.
↑↓	Vertical arrows precede marked pitch movement.
<u>Underlining</u>	Emphasis; the extent of underlining within individual words locates emphasis, but also indicates how heavy it is.
CAPITALS	Speech that is obviously louder than surrounding speech.
°↑I know it,°	Raised circles (“degree” signs) enclose obviously quieter speech.
(0.4)	Numbers in round brackets measure pauses in seconds.
(.)	A micropause, hearable but too short to measure.
she wan::ted	Colons show degrees of elongation of the prior sound; the more colons the more elongation, roughly one colon per syllable length.
hhh	Aspiration (out-breaths); proportionally as for colons.
.hhh	Inspiration (in-breaths).
Yeh, Yeh?	Commas mark weak rising or continuing intonation, as used sometimes enunciating lists, or signaling that the speaker may have more to say. Question marks signal stronger, “questioning” intonation, irrespective of grammar.
Yeh.	Periods (stops) mark falling, stopping intonation, irrespective of grammar, and of whether the speaker actually stops talking.
bu-u-	Hyphens mark a cut-off of the preceding sound.
>he said<	“greater than” and “lesser than” signs enclose speeded up talk.
Solid = We had	“Equals” signs mark immediate “latching” of successive talk, whether one or more speakers, with no interval.

The writer also adopted the transcription guide from Gumperz and Berenz (1993), Atkinson and Heritage (1986), and Langford (1994) which is shared by the King's College London website (Steps in Doing Transcription part 3) :

3.2.1 STEP 1 : TUNING IN

The writer needed to decide the way to transcribe the recording, whether to transcribe the whole conversation or only concentrating on several parts of the sequence. In this case the writer transcribed the whole conversation in order to analyze the conversation aspects in detail.

3.2.2 STEP 2 : DOING A ROUGH TRANSCRIPTION

Doing a raw transcription means transcribing the recording in general way without using the CA coding system first. The writer listened carefully to the voices in the recording to figure out the owner of the voice and their utterances. After that, the writer transcribed while listening to the recording. These are the important notes that the writer should pay attention for a rough transcription :

- Use an initial for each speaker and leave plenty of spaces between the speaker identification and their utterances. In this case, which is doctor-patient talk, D is for the doctor and P is for the patient. If there is another participant besides the doctor and the patient like the nurse or the patient's family, then the writer will add another initial to the transcription such as A or B. If it is not clear who is speaking, then the writer should use 'X' instead of speaker initial.
- Number the transcript at the left hand margin.

- Capital letters should only be used for proper names. If there is a new line, the writer should use small letters instead of capital letters.
- Put empty brackets for any long pauses. This can be timed later on.
- Use brackets filled with xxx for every unclear utterance.

Here is the example for rough transcription :

Data Example 1 :

1. V: sis, can i have some of your ice cream in the freezer ?
2. ()
3. R: sure
4. V: how about all of them ?
5. R: no, you said some.
6. ()
7. V: please ?
8. R: no

Data Example 2 :

1. C: all right. i see from the information that i've got here (xx)
2. that you spent eh... twelve months.
3. working for a builder, [hi] in the south of france ?

Data Example 3 :

1. C: hello Mr. A
2. A: (xxx)

3.2.3 STEP 3 : CONVERSATION ANALYSIS TRANSCRIPTION

This step is required to analyze the conversation more closely. CA coding system by Gail Jefferson, which is already listed on the previous page, was attached on the transcription. This was done in order to point any conversation aspects that occur in the conversation. The writer did not forget to

time the pauses with a stopwatch whenever there is a gap between the speakers in the recording.

Here is an example of CA transcription from Anssi Perakyla and the two collaborators (2010, p. 133) :

- 01 D: so you're now still on that medi[cation aren't you]
02 P: [yes. a week]
03 sti[ll]
04 D: [yes] (0.2) yes.
05 (0.4)
06 D: .hh
07 (1.1) ((Patients gets dressed))
08 P: .hh I've been taking those.
09 (2.4) ((Patients gets dressed))
10 D: please go ahead and sit down.
11 .hhh (.) erm:
12 (0.6)
13 D: [ther]e:
14 P: [ehh.] ((sits down))
15 D: (.) are like signs that there is infection
16 in the si[nuses]
17 P: [hhh.]
18 D: tooh.

- (Steps in Doing Transcription part 3) -

It is important to focus on each dialogue in the recording in order to transcript the whole conversation perfectly. To ensure that significant but subtle factors are not left out, the writer has to listen to the recordings repeatedly to update the transcription that may be missed during the previous listening process (Edwards, 2008).

3.3 Analyzing the Data

The writer started the analysis by marking the opening-closing first. She marked possible uttered words which showed the opening part such as greetings. She had to point out the closing part as well by marking the possible sign of closing in the

conversation between the doctor and the patient. This determined how the doctor began and ended the conversation.

To analyze the turn-taking, it is necessary to count each participant's turn during the talk. This should be done carefully in order to compare the number of turn-taking among the participants in the conversation. Counting the turn-taking would also determine which participant dominated the whole conversation. On the other hand, the pattern of turn-taking showed the flow of the talk and how the participants took their turn to talk. Therefore, the writer should pay attention to the pattern as well.

The writer timed the pauses which occurred in the recording with a stopwatch. She wrote down the time inside the blank brackets which were already attached on the rough transcription step. The goal of analyzing the pauses was to explain how often the pauses occurred during the conversation and the reason why each participant made pauses. In other words, the writer would be able to explain the gap between each participant or during one of the participants' turn. Analyzing the overlap talks was also to find the purpose of doing the overlap and how often the participants talk at the same time.

The four aspects of conversational organizations, which mentioned above, showed how the doctor and the patient interacted to each other during the conversation. Therefore, the writer analyzed the establishing diagnostic based on the conversational organizations to explain whether the purpose of doing the doctor-patient talk was a success or not. Moreover, the writer could give an explanation about the social context of establishing diagnostic in doctor-patient talk as well.