

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

A conversation between the doctor and the patient is definitely different from any casual conversation. As mentioned in the previous chapter, the doctor and patient talk is one of many examples of institutional talk. The participants must have a specific occasion to engage the doctor-patient talk. Also, the patterns of the conversation are different and probably unique. By using the CA method and Heritage and Steve Clayman's CA principles (2010), which are "*why is it?*", "*why that is now?*", and "*why in that particular way?*", the writer analyzed the conversation between the doctors and the patients to give detail explanations about the conversational organizations of the doctor-patient talk in the hospital examination. The writer would also like to elaborate the social meaning of the talk by analyzing the patterns of the conversation specifically within the context of medical diagnosis. She also would like to touch upon the analysis of conversational organizations by referring to Heritage's and Drew's studies and any other similar studies.

For the purpose of this thesis, the writer collected 10 recordings of doctor-patient talk. The writer obtained permission from both the doctors and the patients before the recording session and the writer maintained the confidentiality of their identities. Therefore, the recordings were valid to be the source of data for the writer. These 10 recordings had been transcribed by the writer complied with the CA standard transcription to help her figuring out the patterns of the conversation aspects in the recording and also to explain the conversational organizations of doctor-patient talk. Before explaining the conversational organizations of doctor-patient talk, the conversation aspects needed to be elaborated at the first place. There were a lot of

conversation aspects in CA, but only four aspects in this thesis that needed to be analyzed. They were opening-closing, turn-taking, pause, and overlap. These four aspects played important role in every conversation, including medical talk like doctor-patient talk.

4.1 Opening – Closing

As stated in Chapter 2, every conversational interaction between or among people always starts with an opening and ends with a closing. It is known as opening-closing routine. An interaction between doctor and patient also has this opening-closing ritual but with specific sections and utterances within the opening-closing part to make it different from any other ordinary talk.

The data showed that the conversation between Indonesian doctors and patients has its unique opening-closing sections from greetings until the closing. They showed specific patterns and words for the opening-closing ritual.

4.1.1 Opening

In the data, opening is obviously also the first thing to do before starting the conversation. Doctor-patient talk also starts with an opening. The writer found specific pattern which was different from the western doctors-patients in a way that can be claimed to be Indonesian unique opening-closing rituals. The findings suggested that unlike the western doctor-patient opening, there were at least three sections for the opening part of doctor-patient talk in the data:

1. Greetings

The participants greeted each other before they engaged the conversation. The doctors are usually the one who greet their patients first to show that the doctors have control in the conversation and to help the

patients. The standard greetings for every conversation, especially doctor-patient talk, can be found in Chapter 2. However, it turns out to be an exception for doctor-patient talk in Indonesia.

The writer found that the greetings by the doctors were mostly not the standard greetings such as “good morning” and et cetera. Even saying “hello” or “hi” was not the words used by the research subjects. The data illustrated the doctors tended to ask the patients directly to have a seat as soon as the patients walked in to the room instead of greeting the patients with the usual greetings like the Westerners do. Please refer to the excerpt of data below :

Excerpt 1 : (Recording #3, 2016)

1. D: pinarak pak (*please have a seat sir*)
2. P: nggih (*yes*)

As shown above, the doctor directly asked the patient to have a seat instead of greeting the patient with the standard greetings. The patient also did not reply the doctor’s greeting with the usual greetings. He, instead, responded to the doctor’s order with a “yes” and took a seat as soon as he approached the doctor’s room.

There was an exception which was shown in the data that two doctors used the proper greetings “good morning” and all in the first place. This proved that only a few doctors in Indonesia use the standard greetings to greet their patients. Below is the unusual sample of proper greeting which the writer acquired :

Excerpt 2 : (Recording #8, 2016)

1. D: ((*the doctor takes the test result from the patient*)) pagi bu (*morning ma’am*)
2. P: pagi dok (*good morning*)

The sample above showed the doctor and the patient greeted each other with “good morning”, which is one of the usual greetings by the Westerners doctors and patients. Of course, this is an exceptional due to the rarity of similar case out of total investigated conversational encounters.

2. Small Talks

Again, there has been an anomaly or to be exact non-western standard of opening ritual in which small talks about area of private questions are considered taboo or unacceptable. In this current study, after greetings were made, the doctors strangely asked questions about the patients’ background in which patients’ name, age, and then their health problems were the common topic of small talks before actually asking what the patients wanted to complain regarding their medical problem. Asking the patients’ name and age was not quite necessary as the doctors could read the patients’ basic information from the medical document for details. The writer found that the doctors asked the patients’ background only for a confirmation to make sure the doctors examined the right patients with the right health problems. The data mostly showed the doctors asked the patients’ name only. Below is the sample of small talk :

Excerpt 3 : (Recording #1, 2016)

1. D: namanya siapa bu? (*what’s your name?*)
2. P: riyani
3. D: riyani. ini hamil ke berapa? (*are you expecting the second child?*)
4. P: dua (*yes*)
5. D: hamil kedua. udah brapa kali usgnya? (*second pregnancy. how many times did you take the usg examination?*)
6. P: dua kali (*twice*)
7. D: dua kali ini. yang pertama dimana? (*twice. where did you take the first usg exam?*)
8. P: tempat pak yasin (*mr. yasin’s*)

9. (2.40)
10. D: trus ini ada keluhan apa? (*so, what seems to be a problem?*)
11. P: (1.15) hng keluar darah [kemaren] (*I was bleeding yesterday*)
12. D: [pendarahan?] (1.38) banyak ndak?
(*bleeding? was it a massive bleeding?*)
13. P: (0.64) ndak terlalu (*not really*)

As sampled above, the doctor asked the patient's name and did some medical background check before asking the current health problem to the patients. These showed the doctors did a small talk by asking the patients' basic information as their usual topic before actually asking the patients' current health problem. To ask the patients about their health problem, the doctor started by asking "what seems to be the problem?" or "how are you feeling?", which if translated to Indonesia, the question would be "bagaimana?" or "ada keluhan apa?", just as sampled above in Excerpt 3.

3. Begin the examination

After hearing enough explanation from the patients through the small talk ritual, the doctor started the examination. The examination began when the doctors asked the patients to lie down on the examination bed or the doctors came to the patients themselves to start medical examination. Therefore, the opening section ended here.

Overall, the structure of the doctor-patient opening ritual looks like this :

Excerpt 4 : (Recording #3, 2016)

1. D: pinarak pak (*please have a seat sir*)
2. P: nggih (*yes*)
3. D: pripun pak? sing di raoske? (*how are you feeling?*)
4. P: (1.27) awit [kalehane--] (*my body--*)
5. D: [sekarang gimana?] (*what do you feel now?*)
6. P: kalehanenipun atis pak (*I feel cold*)
7. D: (0.53) atis nggih (*cold?*)

8. P: nggih= (yes=)
 9. D: =awak e nggrees wonten niku? (are you not feeling well?)
 10. P: [nggih] (yes)
 11. D: [:oh:: iya] kalo hidungnya? (okay. then how about your nose?)
 12. P: ((showing his nose to the doctor))

The excerpt above is a conversation between the ear, nose, and throat [ENT] physician, and the patient who had a problem with his nose. The excerpt showed that the doctor asked the patient right away to have a seat without saying any standard greetings, as this was considered as greeting ritual in Indonesia. Here, the doctor asked “how are you feeling?” to start a small talk and indirectly asked for the patient’s background regarding the patient’s past condition. The doctor here did not ask the patient’s name, which could be assumed the doctor had already read the patient’s name through the medical document. The patient here answered every question from the doctor to proceed with the small talk. As shown in excerpt 4 sampled above, as soon as the doctor asked about the patient’s nose, the small talk ritual ended here and the doctor was ready to examine the patient.

4.1.2 Closing

Considering that the opening ritual for doctor-patient talk has its own pattern, the writer found a pattern for the closing ritual as well. The difference is that the closing of doctor-patient talk did not have many sections like the opening one. The closing, instead, had a specific situation to mark the ending of doctor-patient talk. Based on the data, the closing of doctor-patient talk occurred after the doctors gave a prescription along with the patient’s medical document if there was any. The patients received the prescription along with the medical document and said their gratitude to the doctors. Thus, the conversation was completely finished from here. The writer discovered these as a sign of closing section of doctor-patient talk. Here is a sample of closing section :

Excerpt 5 : (Recording #6, 2016)

1. D: monggo ibu (*the doctor gives the prescription to the patient*)
(*here is the prescription, ma'am*)
2. P: nggih matur nuwun bu (*thank you, ma'am*)

The excerpt above illustrated the closing of doctor-patient talk was signed by giving the prescription to the patients. The doctor said “*monggo ibu*”, which means “here it is”, to give the prescription to the patient. The patient said her gratitude by saying “*matur nuwun*”, which means “thank you”. Therefore, after the patient says “thank you”, the conversation finished here.

As stated before, the closing ritual did not have many sections like the opening one, but there was pre-closing section after the prescription giving. The writer discovered two methods of pre-closing by the research subjects. Pre-closing in this current study showed that the conversation was not ended yet even after the doctors gave the prescription to the patients. The first pre-closing was “asking for a confirmation to end the conversation”. This occurred when neither the doctors nor the patients said anything to end the conversation even after the prescription giving. Instead, the participants said specific words to know whether the conversation was going to end or not. This needs to be noted that this happened after the prescription giving. Please refer to the sample below :

Excerpt 6 : (Recording #4, 2016)

1. F: udah ini (*is it done?*)
2. D: nggih suwun (*yes, it is*)
3. M: makasi dok (*thank you, doc*)
4. D: :nggih:: (*yes, you're welcome*)

The fact that the patient in excerpt 6 was only 1 year old, the patient’s guardians took over all the role of being the patient in the conversation. The sample above showed how one of the guardians asked the doctor, after receiving the prescription for his

daughter, to signal the doctor if the conversation was going to end or not. He asked the doctor by saying “*udah ini?*”, which means “is it done?” in Indonesian. The doctor replied the father by saying “*nggih suwun*”, means “yes, it is”, and then the patient’s mother thanked the doctor right away after the doctor gave a confirmation. Here, the conversation finished after the doctor responded to the mother’s gratitude by saying “*nggih*”, which means “you’re welcome”.

Another pre-closing method was similar to the previous method mentioned in previous paragraph. The difference was this method did not ask about the end of the conversation. It was rather asking about the prescription or any other things regarding the whole examination which the patients concerned about in case the doctors missed some points. Again, this method occurred after the prescription giving to the patients.

Excerpt 7 : (Recording #8, 2016)

1. *((the doctor puts the prescription inside the folder))*
2. D: yak sudah *((gives the folder to the patient))* monggo bu=
(okay done. here it is)
3. P: *((receive the folder))* =untuk ke labnya udah dok?
(for the medical lab?)
4. D: udah *((checks the folder once again))* ini kertasnya *((shows the paper to the patient))*
(it’s already in the folder. here is the paper)
5. P: o iya *(oh yes)*
6. D: belum di tanda tangan malahan *((takes the paper and signs it right away))* maaf ya *((puts the paper inside the folder again))*
- 7.
8. nggih su:dah::
(oh dear, I forgot to sign the paper, my apology. here.)
9. P: nggih makasih dok *(thank you very much, doc)*
10. D: iya sama sama *(yes, you’re welcome)*

The patient asked about her medical lab referral to the doctor as soon as she received her medical record folder along with her prescription. Excerpt 7 showed the doctor could miss the medical lab referral if the patient did not ask about it. The patient simply only asked about the referral to make sure the doctor had already written one and put it in the folder, but the doctor soon realized her own mistake while showing the

referral paper to her patient. The doctor realized that she forgot to sign the paper. Thus, the doctor apologized immediately and signed the referral right away before returning the paper back to the patient. After that, the patient sincerely thanked the doctor and left the room. Therefore, the conversation was finished here.

Overall, the closing ritual of doctor-patient talk marked with the process of giving the prescription and/or the medical folder to the patients. As the patients said their gratitude to the doctors, the conversation was finished in instant.

4.2 Turn Taking

The writer gave details about turn-taking section in doctor-patient talk into two parts based on how many participants join the conversation in the investigated data :

4.2.1 Two Participants (Doctor and Patient)

Generally, the participants for doctor-patient talk only involve two people, the doctor and the patient only. As only two people engage the conversation, the turn-taking number for each participant is almost the same. The pattern of turn-taking in a conversation also plays an important role which affects the number of turn-taking as well. This is also a common situation for doctor-patient talk in Western culture (see Chapter 2).

The investigated data showed the turn-taking of doctor-patient talk in Indonesia was similar to Drew's study (see Chapter 2). The data did not show much difference number of turn-taking between the doctors and the patients. It was almost the same, but the writer discovered that the doctors had more turn during the conversation compared to the patients in the most of the data. The patients had their own turn when they needed to reply the doctors, mostly to

answer the questions from the doctors. Here is the illustration taken from the data :

Excerpt 1 : (Recording #1, 2016)

1. D: trus ini ada keluhan apa? (*so, what seems to be the problem?*)
2. P: (1.15) hng keluar darah [kemaren] (*I was bleeding yesterday*)
3. D: [perdarahan?] (1.38) banyak ndak?
(*bleeding? were you bleeding much?*)
4. P: (0.64) ndak terlalu (*not really*)
5. (1.52)
6. D: baru sekali itu? (*was it the first time you were bleeding?*)
7. P: hu um (*yes*)
8. D: habis hubungan ndak? (*did you have sex before?*)
9. P: ndak (*no*)
10. D: °ndak° (*no*)
11. (7.6)
12. D: itungannya berapa minggu kalo dari ibu? (*when was your last period?*)
13. P: °empat belas minggu° (*about fourteen weeks ago*)
14. D: empat belas minggu? (*fourteen weeks*)

The difference of turn-taking number by each participant in Excerpt 1 above was not that much. The doctor had 7 turns while the patient had 5 turns. The number of turn-taking showed how the doctor dominated the whole conversation by asking questions to the patient. Besides asking the questions, the doctor here repeated the patient's answers twice. This made additional number of turn-taking for the doctor. In the other hand, the patient had her own turn only to answer the doctor's questions. This made the patient had the least turn compared to the doctor. When the doctor did not ask questions, the patient did not say anything. It could be seen in line 10 to 12. Line 10 illustrated how the doctor repeated the patient's answer from the previous line (line 9), and then there was a pause in line 11. In line 12, the doctor took turn to ask the patient again. The patient did not take the chance to talk after the pause. Therefore, the patient had her turn again in line 13 when she had to reply the doctor's question.

In Excerpt 1, there were some pauses in between turn. It showed that the doctor took turn right after the pauses in between turn. The writer found this as the cause of pattern changing. All investigated data, including the Excerpt 1 above, showed pattern changing after every pause in between the research subjects' turn. Generally, the right order of turn-taking should be D – P – D - P (D for Doctor and P for Patient, so the pattern became → Doctor – Patient – Doctor - Patient) and theoretically, it should stay in that order, but the social interactions can be unpredictable in reality.

The excerpt above showed that the first pattern of the conversation started with D – P – D – P, which was a common order in doctor-patient talk. There was a pause in line 5 which took place after the patient's turn. The next line revealed the doctor took the turn after the pause in line 5, but the pattern remained in the same order. The pattern changed starting from line 10. Line 10 was the doctor's turn and then followed by a pause in line 11. Line 12 showed the doctor took the turn instead the patient. This made another additional turn for the doctor. Therefore, the pattern changed to D – D – P – D. The difference with Drew's study (see chapter 2) was that Drew's finding showed a constant pattern from the beginning, but the pattern in his study did not start with the common doctor-patient talk pattern (D – P – D – P pattern). Instead, the pattern was D – D – D – P – D – D – P – D and this illustrated the pattern changing as well.

4.2.2 More Than 2 Participants (Doctor, Patient, and The Patient's Guardians)

There is a unique situation in Indonesia where a conversation between the doctor and the patient is not applied by two people only. The conversation is engaged by more than 2 people (at least 3 people) besides the doctor and the patient themselves. The writer called the other participants as the patient's guardians. The guardians are usually the patient's parents. It is a normal situation in Indonesia where the patients are accompanied by the guardians. What makes it unique is that the turn-taking in this kind of conversation can be really unpredictable. According to the investigated data, the number of turn-taking had a big difference among the participants in a conversation where more than 2 people were involved. The doctors still managed to dominate the whole talk, but the writer also figured out a finding where the doctors were not the one who dominated the conversation. The pattern of turn-taking could be changed as well. This appeared more than once in one conversation as the possibility of turn-taking pattern was more than 2 patterns. The writer found these situations in a conversation with pediatrician whose patients are all children.

The illustration below is a conversation between the doctor and the patient's parents. The patient was only 1 year old so the parents took charge to talk to represent their child as the patient :

Excerpt 2 : (Recording #4, 2016)

1. D: (1.55) kenapa ini, pak? (*what seems to be the problem, sir?*)
2. (1.74)
3. M: ba:tuk:: = (*cough*)
4. D: =kontrol? (*routine check up?*)
5. F: kontrol= (*yes, routine check up*)
6. M: =kon:trol:: (*yes, routine check up*)
7. D: [batuknya masih--] (*the cough still--*)
8. M: [pulang dari sini batuk] (*she coughed after the last check up*)

9. D: hu um terus? (*okay, and then?*)
10. M: (0.76) :ya:: panasnya :ya:: naik turun (*the fever was unstable*)
11. F: oh iya= (*ah yes that*)
12. M: =nek-- nek mbengi. [nek mbengi mending--] (*it's better at night*)
13. D: [nek mbengi] pa:nas:: (*the fever fluctuates at night*)
14. M: pa:nas:: (*the fever*)
15. D: panas kalo malam. batuk e terus terusan ndak?=
(*the fever fluctuates at night. does she always cough?*)
16. F: =nggih terus (*yes, she does*)
17. M: kaku= (*numb*)
18. F: =mengeluarkan da[hak] (*she throws up some mucus*)

The doctor (**D**) here had 6 turns, while the patient's mother (**M**) had 7 turns and the patient's father (**F**) only had 4 turns. By looking at the number of turn-taking by each participant, the mother had more turns than the other 2 participants, especially compared to the doctor. Although there was not any much difference in number between the doctor and the patient's mother, the mother still dominated the conversation above. The mother dominated the conversation by using her turn to explain everything to the doctor about the patient's current condition. In the first 3 lines, it can be seen that the doctor actually asked the father first about the patient. The next line should be the father's turn to answer the doctor, but the mother answered the doctor instead of the father in line 3. Another proof is in line 7 and 8. Line 7 showed the doctor tried to ask for further details about the patient, but the mother overlapped the doctor by giving an immediate answer even before the doctor finished his question. These two proofs made additional numbers of turn-taking to the patient's mother.

The doctor had 6 turns in Excerpt 2 above. The doctor's and one of the guardians' turn was differentiate in number only by 1 turn. The doctor used all his turns to ask the guardians regarding the patient's condition. On the other

hand, the father had the least turn here. He only had 4 turns, which was a quite much difference in number compared to the doctor and the patient's mother. The father here had his own turn only to repeat the mother's answer, to confirm the answer, and to give additional explanation regarding the patient's health. In other words, the father here was only helping the mother to respond to the doctor's questions.

Pattern changing was occurred in this kind of conversation as well. It changed 3 times in Excerpt 3 above. The conversation began with this pattern : **D – M – D – F – M** (D for the doctor, M for the mother, and F for the father). After that, the pattern changed to **D – M – D – M – F – M**, and then the last pattern changed to **D – M – D – F – M – F**. Compared to the pattern of turn-taking in a conversation between the doctor and the patient only, these kinds of pattern did not have any exact pattern in general and the pattern was unpredictable. Besides the pause in between turn, the reason of pattern changing could be varied. In the case of Excerpt 2 above, the pattern changed because of the sudden turn by the patient's father. The conversation could actually be a talk between the patient's mother and the doctor as the mother was the patient's guardian who represented the patient. However, the rarity of the father's turn affected the pattern in the conversation as his turn always appeared randomly. Without this random turn in the conversation, the father could actually have no turn at all in the whole conversation.

The writer discovered another finding in the investigated data which was a conversation between a dentist, the patient and his guardian. This data showed the doctor kept conversing with the guardian, just like Excerpt 2 has illustrated. The difference with the excerpt above was the patient. The patient in a

conversation with the dentist was a junior high school student, which means he could talk and respond to the doctor. Therefore, the doctor was able to engage a conversation with the patient as well. The point of this finding was the way the doctor managed to talk to the patient and the patient's guardian without the other two participants interrupting each other's turn. It could also be assumed the doctor was able to control the whole conversation by talking to both participants alternately. Please refer to the sample below :

Excerpt 3 : (Recording #2, 2016)

1. D: lha kamu sikat giginya kapan coba? mandi? mandi sikatan
2. nggak?
(when do you usually brush your teeth? after shower? do you brush your teeth after showering?)
3. P: (0.87) ((grinning)) sok sok an ((laughing))
(not that often)
4. D: ↑:lhoo:: kadang kadang. mandi baru sikatan?
(sometimes? do you take a bath first then brush your teeth?)
5. P: ((laughing))
6. D: kalo mau tidur? *(how about before sleeping at night?)*
7. P: (0.78) sok sok an *(not really)*
8. D: ((laughing)) lha kok cocokan kabeh? makanya ini-- nggak ini
9. bener sakit nggak ini? beda lho nanti perawatannya kalo sakit.
10. hmm? (1.14) nggak ya? (.) lha ini di kerok gini linu nggak?
(no wonder—are you sure it's not hurt? because the treatment will be different if it's hurt. no? okay~ is it hurt when I do this?)
11. P: ((shaking his head to respond))
12. D: ((mumbling)) (2.22) ini sakit? *(how about now?)*
13. (5.34)
14. D: pinter ya jawabnya ya cok cok an ya? (1.56) nah sakit
15. nggak? hmm?
(no wonder. how about now? is it hurt? hmm?)
16. (3.75)
17. P: ((mumbling))
18. D: linu? *(it's hurt?)*
19. P: hu um *(yes)*
20. (1.71)
21. D: kumur yuk *(rinse your mouth, please)*
22. (4.41)
23. D: :ibu:: tapi ini kan lubangnya besar ya bu ya? nggak bisa langsung
24. di tambal (.) hng di (0.6) obatin dulu. di steril dulu nanti satu
25. minggu di kontrol=

(ma'am, the cavity in his teeth is not that big. however, I can't fill the teeth yet. it should be treated and sterilized first, so please come here again in a week.)

26. M: →=nggih (yes)
27. D: adik e libur e jum'at po se[kolah e?] (is his school off on Friday?)
28. M: [nggih] (yes)
29. D: o ya kalo jum'at ya kesini ya? (1.43) minum o-- obat apa-- di kasi
30. obat di minum nggak?
31. P: (.) minum kok= (yes)

The situation above was an examination sequence. During the examination, the doctor was able to talk to the patient and the guardian alternately. Line 1 until 21 illustrated the doctor naturally talked to the patient while examining the patient's tooth. She asked questions to the patient concerning the tooth and the patient's tooth brushing habit. Despite giving short answers, the patient was able to answer every question from the doctor even only with his body gestures such as shaking his head. In line 23, the doctor began to talk with the patient's guardian after asking the patient to do the mouth-washed after the examination. The doctor addressed the guardian first by calling "ibu" (ma'am) to get the guardian's attention, and then the doctor started to deliver her diagnosis to the guardian regarding the patient's condition. Although the guardian only responded to the doctor's explanation with short answers, she managed to have her own turn to talk.

What makes it different from the usual doctor-patient talk is that the turn-taking pattern changing occurs multiple times, which means it appears more than twice. Excerpt 3 showed the doctor was having a talk with the patient first while examining, so the pattern at first was **D – P – D – P** (D for the doctor and P for the patient). It was identical with the common pattern of doctor-patient talk. The first pattern changing occurred after the pause in line 13. The previous line showed the doctor's turn, and then followed by a pause. After a pause, the

doctor took the turn to talk (see Excerpt 3 line 14). Another pause appeared in line 16, but this time the patient was able to respond to the doctor after the long pause in line 16 by mumbling his words (see Excerpt 3 line 17). Therefore, the patient changed the pattern back to **D – P – D – P** again and this was the second pattern changing. Thus, the turn-taking pattern became **D – D – P – D – P – D**.

In line 22, there was another long pause after the doctor's turn in line 21. Line 21 showed the doctor asking the patient to rinse his mouth. The doctor immediately took this chance to talk to the patient's guardian in line 23 right after the pause in line 22. The pattern changed again for the last time with the doctor's question in the last line (see Excerpt 3 line 29). The pattern was not the common pattern anymore. It changed to **D – M – D – M – D – P** (M for the patient's guardian). In conclusion, the pattern in Excerpt 3 above changed to three times.

Moreover, Excerpt 3 illustrated the doctor still managed to dominate the conversation. Founded on the transcription data for Excerpt 4, the doctor had 61 turns, the patient had 18 turns, while the patient's guardian had 35 turns. Although the excerpt above showed the patient had more turns compared to the guardian, the whole transcription for Excerpt 3 revealed that the patient had the least turn than the guardian despite being the patient in the conversation. The guardian took over most of the turns to answer the doctor's questions as the representative for the patient. As a result, the patient had his own turns to talk only when the doctor asked him directly.

By looking the turn-taking of doctor-patient talk from the investigated data, it can be said from the social context perspective that the doctors generally dominated the talk as the more knowledgeable persons in the conversation. The patients always had the least turns because they mostly position themselves as the persons who need the doctors' help and trust the doctors as well. The way the doctors controlled the conversation also showed how the doctors actually tried their best to give chance to the patients to talk by asking questions to the patients. In other words, the doctors tried to search for information about the patients' condition.

Turn-taking indirectly can be a media for the doctors to control the conversation in order to acquire the patients' information regarding their health condition. This is similar to Zara de Belder's statement which the writer presented in Chapter 2 in this thesis. To sum up, the patients' participation is important in all doctor-patient talks in order to achieve the success of the talk between the doctors and the patients.

As for the turn-taking in a doctor-patient talk where the patients' guardians are involved, presented in Excerpt 3, the patients always had the least turns than the guardians despite of being the patients in the conversation. The patients needed to be accompanied if they were children. The guardians were usually the patients' parents. Hence, the patients' guardians took the patients' turn mostly to give detail information to the doctors about the patients' health condition.

By looking at the social perspective, the guardians usually think that they know better about the patients' condition than the patients themselves. On the other hand, children are usually shy or afraid to talk to the doctors. Even when the doctors are trying their best to get the children's attention, they usually do not want to face the doctors because they are shy or afraid of the doctors. Moreover, the children may have their own turn if they are willing to reply the doctors' words. If the doctors' do not ask

anything or do not attempt to engage a conversation with children as the patients, then the patients will not respond to the doctors at all, meaning that the patients will not have their own turns. That is also the reason why the patients barely have their own turns. Therefore, in this case, the guardians' turn is crucial in the conversation, but the patients' participation is also needed if possible.

4.3 Pauses

In the case of doctor-patient talk, pauses may take longer than any other pauses occur in other conversations based on the circumstances happen in certain moment. All investigated data presented numerous pauses done by the research subjects with different measure of times. The length of pauses showed how many seconds the research subjects took before talking. The numbers were unpredictable, but mostly the pauses did not exceed to 20 seconds. Pauses under 1 second can be considered as short pauses, while pauses more than 1 second are the long pauses. Both types of pauses are possible to appear in between participants' turn and during one person's turn.

The pauses often occur in one person's turn once or even multiple times and in between the participants' turn as well, which can be assumed that these pauses frequently suggest many reasons in social context. The patients usually have the most pauses in the whole talk compare to the doctors. They usually have pauses during their own turn. However, the investigated data showed that the doctors could also do several pauses as well in certain situation. The doctors mostly made pauses after they finished their turn. This should be noted that the pauses by the doctors occurred in between turn if the patients did not respond right after the doctors finished their utterances. This also applied for the patients as well. In other words, both the doctors and the patients were

possible to make pauses in the conversation. Take an excerpt below as the sample from the investigated data :

Excerpt 1 : (Recording #5, 2016)

1. D: bedah bilangny apa? (*what was the surgeon's diagnosis?*)
2. P: → ah bedah jare munine opo **(1.68)** kelenjar be-- opo air [iki]
(*he said-- what is it?*)
3. D: [iya]ini
limfadenopati colli (*yes, it's lymphadenopathy colli*)
4. P: he eh (*yes, that's it*)
5. D: jadi ini pembesaran kelenjar=
(*so there is a swelling of lymph nodes*)
6. P: =ki ki ki [iki] lho ((*showing the painful part on her neck*))
(*it's there. right there*)
7. D: [iya] pembesaran kelenjar di kasi antibiotik kan? ((*the*
8. *doctor checks the patient again*))
(*right, there is a lymph nodes here. did the surgeon give you an antibiotic?*)
9. P: → **(1.5)** :lha:: lha lha kuwi lho (.) lha lha kuwi kuwi
(*there! right there!*)
10. → **(1.06)**
11. D: → ini sih **(2.02)** coba coba biasa (.) biasa aja
(*this is, umm please try to relax*)
12. P: hu um biasa biasa biasa (*yes, I will*)
13. → **(4.6)**
14. D: ini sih sudah nggak membesar sih bu (*it's already shrinking*)
15. P: ((*groans in pain*))
16. D: sudah kurang (*it's getting better*)

The excerpt above presented a sample of examination sequence. A pause in line 2, in the middle of the patient's turn, suggested the patient hesitated while responding to the doctor's question as she did not know the exact answer. There was a pause in the beginning and in the middle of the patient's turn in line 9. Although the previous line (see line 8) presented the doctor's question to the patient, the patient did not answer the question. Therefore, both pauses in line 9 did not suggest the patient's hesitation. Instead, the pauses in line 9 showed the patient remained silence when the doctor was examining her before she actually reacted to the doctor's examination.

Next, there was 1 second pause in line 10 right after the patient's turn. The pause occurred when neither the doctor nor the patient uttered their words or took the turn to talk. This pause indicated the doctor was still examining the patient without giving her diagnosis to the patient yet. The next line (see line 11), the doctor made 2 seconds pause after uttering two words in the beginning. The doctor was still examining the patient during her turn. Therefore, the pause here indicated the doctor's further examination. The pause also showed the doctor's hesitation, whether she needed to tell her diagnosis to the patient at that time or later after the examination. Meanwhile, a pause in line 13 occurred after the patient acted in response to the doctor's instruction to relax. The pause took 4 seconds which was the longest pause in Excerpt 1 above. Therefore, the pause in line 13 implied the doctor's final examination before stating her final diagnosis to the patient.

Another example was during the regular check-up or consultation with the doctors. The purpose of consultation was to get further treatment from the doctors or simply to ask the doctors' suggestion, so the consultation was like a Q&A section with the doctors. Here is the sample from the investigated data :

Excerpt 2 : (Recording #6, 2016)

1. D: gima:na::? (*so, how are you feeling?*)
2. P: ini masih linu (*it's still painful*)
3. D: linu? obatnya gimana? (*oh really? did you take the medicine?*)
4. P: [obatnya] (*the medicine*)
5. D: [dapet brapa] hari? (*for how long do you take the medicine?*)
6. P: → **(0.89)** bra-- yang itu yang **(0.65)** kuning itu biasanya empat belas
7. di kasinya sepuluh kemaren
(*umm. I usually get the yellow one, fourteen pills. but I only got ten*)
8. D: yang kuning yang mana ya? (*yellow? which one?*)
9. P: → **(1.20)** kuning-- apa itu namanya (.) merah yang kulitnya merah
10. nggak saya bawa e **(1.17)** biasanya di kasihnya empat belas tujuh
11. hari (.) di kasihnya sepuluh **(0.62)** yang tetap itu yang mer—yang
12. biru itu **(2.00)** yang kapsul itu dok seperti **(1.38)** apa itu—

(yellow. it's, red. the capsule is red ah I didn't bring it with me. I usually get fourteen for seven days but I got ten. the red one—the blue—it looks like capsule--)

13. D: [glucosamine?]
14. P: [rheumacyl--] eh kuning [obat e]
(rheumacyl—oh wait. it's yellow--)
15. D: [yang] sekali minum dua tablet dapet
16. nggak? *(did you get the other medicine?)*
17. P: **(0.86)** yang sekali-- ya itu (.) itu tetap enam [biji] kan tiga hari
(that one.. yes I got six pills for three days)
18. D: [biji] *((laughing))*
(pills)
19. P: yang enam biji itu *((laughing))* itu tetap *(those six pills, yes)*

The first pause occurred in line 6 which was the patient's turn. The patient made a pause even before she responded to the doctor. This means the patient took her time before giving an explanation about her medicine she had which the doctor asked in the previous line. The patient then managed to start talking after 0.89 seconds of pause, but she made another pause before finishing her explanation in line 6. The pauses by the patient then occurred again in line 9 until 12. These pauses showed the patient's hesitation of explaining the medicine but with longer explanation. The patient was not quite sure with the name of the medicine. She kept explaining to the doctor based on her own knowledge about the medicine she had. The patient tried her best to give the right answer to the doctor regarding the medication. As a result, there were 7 pauses in total during the patient's turn in line 9 to line 12. Meanwhile, the doctor in Excerpt 2 did not make any pauses as she only gave questions to the patient in order to help the patient to ring a bell about the medicine.

With two excerpts sampled above, the writer concluded that the patients often made pauses during their turn to talk. The pauses which came from the patients mostly signified their hesitation to respond to the doctors. It was either to answer the questions or simply to say something to the doctors. Otherwise, the patients might not hesitate to respond. Instead, they stopped talking for a while to think or to remember something

before continuing. Also, the patients took their time to understand the doctors' words before responding as the doctors probably talked to the patients with medical terms which the patients did not understand. This also marked pauses from the patients as well. On the other hand, the doctors made pauses mostly in between turns. It means the doctors' pauses occurred during no one's turn. The pauses from the doctors implied examination section, medical file reading, and prescription writing. They rarely made pauses during their turn. If they did, this happened because the doctors needed to explain slowly to the patients in order to make the patients easily understood the details from the doctors. The writer added one more sample to show the pauses from the data as below :

Excerpt 3 : (Recording #8, 2016)

1. D: → ((*laughing*)) terus (1.19) kemarin obatnya yang satu miligram ya?
2. ((*checking the health document*)) (1.44) hu um ((*writing the*
3. *prescription*)) satu milligram (0.58) tiga puluh menit (.) sebelum
4. makan tetep (0.46) agar puasa (2.03) setelah suapan pertama
5. makan (.) terus obat yang satunya lima miligram (1.99) ini
6. diabetnya mulai kapan?
(the medicine was one milligram, right? hmm yes it's one milligram. it's necessary to fasting thirty minutes before taking the medicine. then take the five milligrams medicine after taking the first meal. since when you get the diabetes?)
7. P: (1.19) taun (0.94) dua ribu (1.92) enam (*since 2006*)

The sample above showed that the doctor made a lot of pauses during her explanation about the prescription she wrote for the patient. She took time to explain the patient about the time the patient should take the medicine while writing the prescription for the patient. There were several pauses which occurred more than 1 second in doctor's turn. Those pauses indicated the doctor's activities during the prescription writing. The 1.19 seconds of pause showed the doctor was thinking before stating her question to the patient, 1.44 seconds of pause was the moment where the

doctor checked the patient's medical record to make sure the amount of the medicine, and then the 2.03 seconds of pause showed the doctor's prescription writing. Thus, the pauses during the doctor's turn indicated the doctor slowly gave an instruction to the patient about the medicine and showed the prescription writing.

In conclusion, the doctors and the patients performed equally in making pauses during the conversation. They both made pauses depending on their purpose. The patients made pauses in order to understand the doctors' explanation; they often took their times before talking or only stayed quiet. Pauses by the patients commonly indicated their hesitation, meaning that the patients kept silent for a second before responding the doctors. For additional information, the patients did not have much or even did not know anything regarding medical issues compared to the doctors. Therefore, the patients needed to find the right words to explain their health problems to the doctors based on their knowledge.

As for the doctors, the pauses they made generally indicated their activities in the conversation; examining the patients, writing the prescription, and/or reading the patients' medical records. These pauses occurred in between turn and at least take 1 second. On the other hand, the pauses during the doctors' turn happened when the doctors delivered their diagnosis to the patients. This showed that the doctors needed to explain slowly everything about the diagnosis and/or the prescription. Considering that the patients might not fully understand the doctors' explanation, the doctors had to take their times to explain so that the patients easily grasped the information from the doctors regarding their health problems. This was also the reason why the doctors rarely showed their hesitation in the conversation. Instead of hesitation, the pauses might point out the time when the doctors were thinking on something during the examination or delivering their diagnosis.

4.4 Overlaps

Doctor-patient talk is no exception for overlap talks. Generally, in CA terms, overlap means talking at the same time during one person's turn. However, the investigated data showed that overlap was not only about talking at the same time and expecting the other to finish their turn. The writer assumed that overlap talks in doctor-patient interactions had meanings by seeing the utterances from both research subjects and by how the participants overlapped the talk.

4.4.1 Repeating Words/Confirmation

The doctors often asked anything regarding the patients' health problem and the patients should answer the questions. During this session, the doctors often overlapped the patients' turn by repeating the patients' answer. The doctors' purpose for doing the overlap was to confirm the patients' answer and to make sure that the doctors did not hear the wrong answer or missed the information from the patients. Please refer to the sample below :

Excerpt 1: (Recording #9, 2016)

1. D: makan e gimana? nggak masalah ya?
(*does she have eating problem?*)
2. M: → nggak [nggak--] (*no. no, she doesn't*)
3. D: → [nggak] masalah ya?
(*no? then she is just fine, yes?*)
4. M: iya nggak (*yes*)

The excerpt above presented the doctor was the one who made the overlap during the guardian's turn. The doctor's overlap here (see line 3) was to confirm the guardian's answer to make sure that the doctor really heard the right answer from the guardian from the prior line (see line 2).

The doctors might not exactly repeat the same exact word as the patients' to do the overlap, but the purpose of the overlap was still the same. Here is another sample for confirming the patients' response :

Excerpt 2 : (Recording #10, 2016)

1. D: jalannya gimana jalannya? masih--
 (how do you walk now? do you still--)
2. P: iya masih= *(yes)*
3. D: =masih (.) kayak gini ya? *((demonstrate with his hand))*
 (you still walk like this, yes?)
4. P: → masih [iya] *(yes)*
5. D: → [masih--] *(yes, you do)*
6. P: lha ya ini kalo ada rezeki nanti (.) pengen itu apa (1.08)
7. ada penyangganya itu lho
 (if I have enough money, I want to buy that one--)
8. D: oh ya *(ah yes that)*

The sample above is the same as excerpt 1 presented. The difference is Excerpt 2 line 4 and 5. In Excerpt 1, the doctor repeated the exact same word as the patient said and at the same time as well. Meanwhile, the doctor in Excerpt 2 actually repeated the patient's response, but the doctor did the overlap when the patient said another word. The patient said "masih" in the beginning of line 4 above, and then the doctor overlapped the patient in line 5 by saying "masih" when the patient already said "iya". Hence, the purpose of this overlap was still to confirm the patient's answer.

4.4.2 Terminal Overlaps

This is one of overlap types from Schegloff's study (see Chapter 2). This overlap often happens in a conversation. In the data, this overlap occurred when the patients responded to the doctors but at the same time, the doctors gave another question or gave their response when the patients had not finished with their turn. This situation was applied to the patients as well if

they were the one who overlapped the doctors' turn. Nevertheless, the data mostly showed that the patients' response overlapped the doctors to give an immediate response to the doctors instead of asking questions to the doctors.

The writer provided this sample from one of the investigated data :

Excerpt 3 : (Recording #8, 2016)

1. P: masih ada luka (*I still have some scars here*)
2. D: oh masih ada? (*oh? really?*)
3. P: ho oh di kaki (.) kemaren kan lukanya ada tiga dok=
(*yeah it's on my feet. there were three scars before*)
4. D: =hu uh hu uh
5. P: → ini yang [jempolnya masih ada] (*it's on my toe*)
6. D: → [masih basah lukanya?] (*is the scar still fresh?*)
7. P: iya (*yes, it is*)
8. D: → masih? [bernanah atau basah?] (*oh, it is? is it purulent?*)
9. P: → [:ya:: (.)] udah agak lumayan sih
(*well, it's getting better*)
10. D: :oh:: luka membaik ya? (*oh? it's getting better?*)
11. P: hu um (1.12) yang di betis sudah (.) (*my calf is alright*)

The overlap started from line 5 and line 6. The patient was explaining her condition that she still had some wounds in her foot, but then the doctor overlapped the patient's turn with another question (see line 6), asking if the wound was still fresh or not. Another overlap occurred in line 8 and line 9. This time, the patient was the one who overlapped the doctor. Line 8 showed the doctor asked the patient about the wound. The patient immediately answered the question before the doctor finished her question.

Besides the excerpt above, the writer provided another example of terminal overlaps which was found in the data as well :

Excerpt 4 : (Recording #7, 2016)

1. D: pantangan e kan (.) semua aktifitas yang di (1.19) lantai
2. → ya [bu ya?] (*you're not allowed to do any activities on the floor, right?*)
3. P: → [iya iya] (*yes, yes*)
4. D: sholat e jongkok apa duduk?

- (when you're praying, do you sit or squat?)
5. P: yo (.) selonjor (*I sit with straighten legs*)
6. D: huh?
7. P: → selonjor yo [ndak bisa] (*I straighten my legs. I can't--*)
8. D: → [selonjor itu] brarti apa? di kursi atau
9. di (0.68) lantai?=
(*do you mean on the floor or on the chair?*)
10. P: =di lantai lha kakinya ndak bisa neku
(*on the floor because I can't bend my knees*)

The excerpt above was also a sample of terminal overlaps, similar to

Excerpt 3. The difference was the overlap by the doctor. In Excerpt 3 showed the doctor was giving another question to the patients. Meanwhile, Excerpt 4 showed the doctor was about to give question to the patient. This could be seen in line 7 and line 8 in Excerpt 4. While the patient was explaining her situation in line 7, the doctor overlapped the patient in line 8. Seeing the first utterances by the doctor, the overlap by the doctor in line 8 meant that he was going to ask a question to obtain further details from the patient. In addition, the patient also overlapped the doctor in Excerpt 4 above. It pointed out the patient's immediate response to the doctor's suggestion, meaning that the patient understood the suggestion from the doctor.

4.4.3 Continuous Overlap

Continuous overlap occurs when each participant is overlapping each other alternately in such a short time. This kind of overlap rarely or never occurs in a doctor-patient talk where the participants are the doctor and the patient themselves, but this often happens in a doctor-patient talk where there is the patients' guardian and they present in the conversation to represent the patients. Take a look at the excerpt below :

to ask the same question. This time, the guardian overlapped the doctor by responding to the question (see line 6).

The guardian gave more details in line 6. During this, the doctor overlapped her for the second time when she said “*tapi*” (but). He overlapped the guardian not with words, but with his reaction “[o::h]” (see line 9) while still listening to the guardian’s explanation. This overlap is called continuers (see Schegloff’s theory in Chapter 2). The last continuous overlap in Excerpt 5 was still during the guardian’s explanation. The last part of her explanation was cut out (see line 8) and was overlapped once again by the doctor (see line 10). The doctor overlapped the guardian to conclude and to confirm the overall explanation by the patient’s guardian. Meanwhile, the overlaps in line 11 and line 12 were repeating words and confirmation by the doctor.

Overall, the overlap talks in doctor-patient interactions generally occurred if one of these conditions were met : (1) when the doctors were going to give another question to the patients or simply to repeat the previous question, (2) when the doctors were repeating the patients’ answer to confirm the right answer, and (3) when the patients immediately gave their answers even before the doctors finished their questions. The writer assumed these conditions happened in doctor-patient talk because of several reasons. It was based on each participant’s perspective which in this thesis was the doctor and the patient. From the patients’ perspectives, it could be that the patients understood what the doctors were going to ask them regarding their health problems. This made the patients responded to the doctors immediately without letting the doctors finished their questions first. If the patients overlapped the doctors with questions as

well, this indicated that the patients demanded for more details from the doctors, especially regarding their treatments.

On the other hand, the doctors usually understood the patients' answers immediately, even the patients' had not finished with their explanation. That is why the doctors often asked other questions to the patient by overlapping the patients. The reason was because the doctors needed more details from the patients right away to acquire more information regarding the patients' health problems, so the doctors could give a treatment to the patients immediately. Besides that, the doctors sometimes gave their response to the patients' explanation such as "hmm", "hu um", "oh", and et cetera, and this happened during the patients' turn, which means this was an overlap by the doctors. The doctors did this to show the patients that they fully understood the patients' symptoms. Also, to make the patients felt relieved to know that the doctors understood their complaints.

4.5 Establishing Diagnostic

The purpose of doctor-patient talk is to determine further medication for the patients. The investigated data did not show the doctors' and the patients' interactions only, but also a conversation with the patients' guardians. Each type of doctor-patient talk indicated the doctors' authority, which was to be transparent when delivering their diagnosis. The doctors honestly told their finding during the examination to the patients. Besides that, the patients' participation was crucial in establishing diagnosis, especially when the patients were accompanied with their guardians. Therefore, the patients' guardians had to grasp any information and also needed to understand every single suggestion from the doctors.

This is where the doctors' power play. The doctors, who have power in the conversation, need to be understanding to the patients as well in order to achieve the success of the talk in action. This is because the doctors are more knowledgeable about the medical matters compare to the patients and the guardians. That is why the doctors have their own way to explain their diagnosis to either the patients or the patients' guardians. The investigated data show the doctors deliver their diagnosis slowly. It can be seen from how the doctors take their time (do some pauses) during their turn as sampled in the previous sub-chapter to explain everything to the patients or to the guardians. If the doctors explain the diagnosis too fast, the patients or the guardians might not understand the whole thing. Thus, the succession of the talk in action may be failed.

In other words, the patients' and/or the guardians' participation plays an important role in order to achieve the success of the talk. It means that the patients' and/or the guardians' understanding is needed in the conversation as well. The investigated data tell that the patients mostly respond to the doctors with “*nggih*” or “*iya*”, which means “yes”, to show their understanding towards the doctors' explanation. To confirm, the doctors ask once again to the patients if they really understand the doctors' words or not. This also shows the doctors' power to make sure the patients grasp the information from the doctors. With the patients' understanding, the conversation may be a success or a failure.