

CHAPTER 5

CONCLUSION AND SUGGESTION

In this thesis, the writer elaborated the conversational organizations of doctor-patient talk in Indonesia by using CA method. She explained each aspect of conversational organizations by using the three principles of CA by John Heritage and Steve Clayman, which are “*why is it?*”, “*why is that now?*”, and “*why in that particular way?*”. This thesis is focused on four aspects of conversational organizations : (1) opening-closing, (2) turn-taking, (3) pauses, and (4) overlaps.

5.1 Conclusion

The unique pattern of conversational organizations in doctor-patient talks can be shown in these two aspects out of four aspects analyzed in thesis: opening-closing and turn-taking. Starting from the opening-closing, the greetings for this talk in action in Indonesia were not the standard greetings such as “*good morning*” and such. It was considered rare for the doctors or the patients to greet each other with the standard greetings. Instead, the doctors asked the patients to have a seat as soon as the patients enter the room. This unique greeting was done by the doctors. As for the closing, the conversation ended after the physicians prescribed medication. It means that giving prescription to the patients was a sign of closing section. The conversation ended when the patients thanked doctors for the prescription.

The second is turn-taking. The writer divided the turn-taking section into two parts which depend on the participants in the conversation. A situation where the patients’ guardians were involved in the talk was the stand-out part for turn-taking aspect. Despite being the patients in the conversation, the patients had fewer turns

compared to the guardians or even the doctors. At the same time, the guardians' turn might appear randomly during the talk. This situation affected the turn-taking pattern as well. Moreover, the doctors still managed to dominate the whole conversation. On the other hand, the analysis did not show much about pauses and overlaps unlike the opening-closing aspect and turn-taking. There were no standout findings about these two aspects as the research subjects equally performed the pauses and overlaps. However, the analysis of each aspect still indicated its own purpose in the conversation.

Overall, the analysis of conversational organizations of doctor-patient talk in establishing diagnosis indicated the doctors' authority and power, especially when they needed to deliver their diagnosis to the patients. Based on the investigated data, particularly in turn-taking, the doctors managed to have more turns than the patients which maybe because the doctors were more knowledgeable about medical matters. Thus, the doctors used their authority as well as their power to deliver their diagnosis and to give suggestions to the patients by taking more turn to talk. Besides that, the pauses by the doctors indicated their activities (examination, prescription writing, et cetera) during the conversation. These pauses also showed how the doctors take their times to explain things to the patients. Therefore, the pauses showed that the doctors had power in the conversation to control the flow of the talk.

5.2 Suggestion

The writer at first expected to have data of doctor-patient talk only, meaning that the participants of the talk were only the doctors and the patients. As the social practice is unpredictable, the writer in the end encountered several conversations where the doctors and the patients were not the only participants in the conversation. She also found an unexpected situation where the doctor suddenly got a phone call from another

patient and needed to be answered right away. These kind of unexpected situations were unavoidable. The writer also was not aware of what happen in the conversation as the data would arise in the conversation itself.

For that reason, the writer realized this thesis still has some weaknesses. Despite of having 10 recordings of conversation, the writer was still lack of data as there were so many inaudible dialogues in the transcriptions. The inaudible dialogues mostly pointed out the important line in the data, so the writer might give the same samples in Chapter 4 from the same recording repeatedly. The writer also was not able to find the standout findings in pauses and overlaps aspect in Indonesian doctor-patient talk. This might be caused by lack of data as well.

Hence, to expand the number of CA research especially in doctor-patient interaction, the writer would like to suggest the future research to analyze more about the stand-out point of pauses and overlaps in doctor-patient talk in Indonesia. The results of this study may suggest the differences of doctor-patient communication in Indonesia. However, the consistency of the claim for this result needs to be verified. In that case, the future research may also want to touch upon the cultural issues of what makes the Indonesian doctor-patient talk different than any other standard doctor-patient talk. The research can be done with different method such as interview or comparing the findings with previous studies from Drew and Heritage or other researchers.