Universe Scientific Publishing

ORIGINAL ARTICLE

Analysis of the Characteristics of Chinese Outpatient Communication between Doctors and Patients

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Fund Project: 21YYC248,2021 Heilongjiang Provincial Philosophy and Social Sciences Research Planning Youth Project.

Abstract: Doctor-patient speech communication is a comprehensive research field that integrates sociology, psychology, linguistics, mechanism, medicine and other disciplines. This article summarizes several characteristics of doctor-patient conversations in the outpatient environment of Chinese hospitals through the analysis and analysis of the collected 118 doctor-patient conversations. The reason for this feature is the institutional nature of the medical environment and the disparity in professional knowledge between doctors and patients. Strengthening the research on the theory and practice of doctor-patient conversation can effectively alleviate doctor-patient tension, improve doctor-patient relationship, increase the effectiveness of doctor-patient communication, and improve medical efficiency.

Keywords: Doctor-patient Verbal Communication; Institutional; Vertical

1. Discussion

In the 1970s, doctor-patient verbal communication was officially established as a large research field. Since then, research in related fields has gradually emerged, with a large amount of literature, and research has continued to form a system. Since the 1990s, with the introduction of the concept of a harmonious society, the relationship between doctors and patients is not only a topic that needs to be studied in the field of medicine, it is related to everyone's vital interests, the harmonious development of society, and has a great impact on society. And more and more doctor-patient conflicts and medical disputes have gradually increased the tension between doctors and patients, and sometimes even become an important factor threatening social stability and personal safety. This has made scholars realize that the communication between doctors and patients has been Quietly becoming a field in urgent need of research, doctor-patient conversation cannot continue to be in a purely natural state.

2. Institutional characteristics of doctor-patient conversation

From the definition of institutional discourse, it can be observed that "institution" and "discourse" are its two core elements. The characteristics of institutions affect and restrict the realization of discourse, among which the choice of words and the choice of discourse form have distinctive institutional characteristics; On the other hand, from an individual level, discourse canhelp construct individual identity; From social perspective at a level, discourse is an important window for observing the social structure and reflecting the distribution of power. The institutional characteristics of doctor-patient conversation are mainly reflected in the following aspects: vocabulary selection, turn design, sequence organization, overall structure of conversation, and social cognition of conversation participants.

2.1 Vocabulary choice

The first thing that doctor-patient conversation needs to face is the choice of vocabulary. The choice of vocabulary is an institutional requirement, and it is also one of the manifestations of the communicator's compliance with the institution. The choice

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of vocabulary by the communicative parties can be manifested in many aspects, such as the choice of professional terms.

For example, doctors inevitably need to use professional words during diagnosis and treatment, such as "bronchoscope, tumor, sputum obstruction, sputum blockage, sputum blood", etc. The use of these medical professional terms during diagnosis and treatment is necessary for doctors to explain the condition to patients. The components are irreplaceable and are the most intuitive embodiment of the institutional nature of doctor-patient discourse.

But on the other hand, in order for patients and their families to understand their own words more clearly, doctors also need to balance professional accuracy and unobstructed communication in the process of word selection. Once the patient has misunderstanding or understanding Obstacles, you need to adjust the choice of words. For example, "Bronchial obstruction" is a diagnostic term for diagnosis and treatment. In order to help patients understand that the cause is not "pulmonary hydrops" but "bronchial obstruction" or "tumor", doctors changed the language and explained the lungs as a "balloon". This word selection strategy for diagnosis and treatment terms and their accompanying interpretation is the most typical manifestation of the institutional characteristics of doctor-patient discourse.

2. 2 Turn design

Levinson believes that a turn is the time period during which a speaker speaks alone in a typical, orderly, multi - person conversation. Both doctors and patients implement specific speech acts through discourse, and the design of the dialogue wheel with institutional features has a great influence. For the purpose of diagnosis and treatment, the doctor masters the initiative inconversation, including opening topics, continuing topics, and changing topics. The patient provides the doctor with necessary information by answering questions, as in Example 3:

(1)P: I can't sleep at night.

(2)D: How long it has been?

……

(10)D: No. Then you haven't been able to sleep well in the past few days. Is there any confusion or nonsense in your words?

(11)F: No.

(12)D: You really don't have a cold, huh?

(13)P: No.

(14)D：(4s) Do you want to adjust the medicine this time? Just want to take some medicine?

(15)P: Hey, right, right, right.

(16)D: Don't want to do CT?

In the above example, the doctors (2)-(12) completed the preliminary understanding of the patient's condition by organizing one question after another. The patient simply did not rest well and did not have other symptoms. After the patient finished answering, the doctor returned to his own hands in (14), and transferred from the inquiry about the condition to the purpose of treatment. Moreover, when the doctor's treatment and examination method "head CT" was rejected by the patient and their family members, the doctor expected to end the diagnosis and treatment and let the patient find the cause by themselves. The content and timing of the patient's condition statement often depend on the topic mentioned by the doctor. If the patient's answer deviates from the topic, or the information does not match, the doctor will make corrections, indicating that the patient will make a long story short or change the topic.

2. 3 The whole frame

In the doctor-patient conversation, on the one hand, the conversation structure is relatively simple, and the conversation is carried out in a linear sequence of time. It can be seen from the collated corpus that outpatient conversations follow the linear sequence of "inquiry-examination-diagnosis-treatment". Although there is no guarantee that each session is composed of the above four stages, it must be intercepted from the linear sequence.

The whole frame of a conversation is conforms to the complete linear sequence of "inquiry-examination-diagnosis-treatment". Among them, the first part is the consultation phase, including this medical consultation and previous medication consultation; The second part is the examination phase, including inspection items and inspection location costs; The third part is the diagnosis stage, diagnosed as "cerebral arteriosclerosis plaque" based on EEG and brain CT; The final part is the treatment stage, at which the doctor gives a treatment plan, including the required name and method of taking medicine.

3. The verticality characteristics of doctor-patient conversation

The doctor- patient role is a clear interactive relationship established by two or more people for the health of a patient.

However, the status and rights of the two parties in this interactive relationship are unequal, which is determined by the professionalism of the doctor. Due to this difference in knowledge background, both doctors and patients are in different positions in institutional conversational communication, and the two have different communicative positions. This is mainly reflected in the language momentum. The doctor is in a strong position and the patient is in the weak position, there is a certain "language gap" between the two.

In most cases, the benefits of language effect are on the side of the strong, which is directional and inclined. In many doctor-patient conversations, we can see that doctors "protect" themselves and avoid pointing doctor-patient conflicts towards themselves, in order to win the benefit of language effect that tends to themselves. In Example 7, the patient suffered a wrist injury due to a fight, and requested the doctor to diagnose himself as a "fracture" based on the existing report, thereby obtaining compensation for the benefit. However, because the report form that the patient took was not produced by the hospital, the doctor did not recognize it, thinking that it could not be diagnosed as a "fracture" on CT, and the diagnosis of other doctors had no reference value. The doctor believes that the patient wants to obtain a certain benefit in the dispute through the doctor's diagnosis, but the doctor believes that if he gives an untrue diagnosis, he will be involved in the dispute and harm his own interests, so the doctor's diagnosis is "From the film, no fracture can be seen".

4. Conclusion

This article summarizes several characteristics of doctor-patient conversations in the outpatient environment of Chinese hospitals through the analysis and analysis of the collected 118 doctor-patient conversations. First of all, outpatient doctor-patient conversation belongs to a category of human verbal communication conversation, which must have the general characteristics of conversational communication, that is, purpose, behavior, and interaction. Secondly, as a special conversation that takes place in a specific communication place, the outpatient doctor-patient conversation also has institutional characteristics. The institutional characteristics of doctor-patient conversation are mainly embodied in three aspects: vocabulary selection, turn design, overall structure of conversation.

The outpatient doctor-patient conversations composed of multiple turns follow the linear sequence of "inquiry-examination-diagnosis-treatment", but not all the four stages of the conversation are complete. According to the corpus, there are a certain number of doctor-patient conversations lack some links, and this problem needs further analysis and research. Their institutional role determines that they have a special position in communication and belong to the powerful party. This reason also leads to the vertical characteristics of doctor-patient conversation. This is mainly manifested in the language momentum. The doctor is in a strong position, while the patient is in a weak position. There is a certain "language gap" between the two.

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