



Patients' Interrogative Choices in Chinese Doctor-Patient Conversations

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Abstract

Conversations between doctors and patients are processed by a series of information exchanges, by which the interpersonal meaning is realized. Mood is one of important resources to realize interpersonal meaning, especially interrogative Mood. It is the mostly favored choice for patients in doctor-patient conversations. In this article, patients' interrogative choices are analyzed based on the data collected from Chinese doctor-patient conversations, concluding the characteristics of Chinese patients' choices of questions and the effect of their interrogative choices on the construing of interpersonal meaning.

Key words: Patient; Doctor-patient conversation; Interrogative

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INTRODUCTION

In a conversation, meaning is exchanged by speakers, who adopt for themselves in particular roles and assign the listeners a complementary role which they wish them to adopt (Halliday, 2004). The most fundamental types of speech roles are "giving" and "demanding", namely "giving goods-&- services and information", "demanding

goods-&- services and information", based on which four primary speech functions of offer, command, statement and question are developed. Language as the carrier of meaning has the function of expressing a speaker's status, identity, attitude, emotion, and his appraisal towards the topic, which is the language's interpersonal meaning (Halliday, 1994). Mood, Modality and Assessment are important modes to construe interpersonal meaning, among which interrogative Mood is significant one.

A doctor-patient conversation as a special institutional conversation has attracted much attention. And lots of researches focus on doctors due to their leading position in conversations. However, the influence of patients on doctor-patient conversations cannot be underestimated. The attention is given to patients as an important part of doctor-patients conversations has increased. The increased researches involve the study of patients' behaviors from perspectives of culture (see van Wieringen et al., 2002; Harmsen, 2003, Braman & Gomez, 2004), the influence of communicative behaviors on patient outcomes (see Moral et al., 2001), different purposes of medical communication (see Bensing, 1991; Smith & Hoppe, 1991; Roter & Hall, 1992) and specific communicative behaviors (see Hall, Roter, & Katz, 1988). In this article, the characteristics of patients' choices of interrogatives and their effects on construing interpersonal meaning will be discussed.

1. MOOD IN SYSTEMIC FUNCTIONAL GRAMMAR

For systemic functional grammar, three metafunctions are concluded as the based theories, ideational function, interpersonal function and textual function. Subject, which is a nominal group and Finite (operators), which is a part of a verbal group, combine to form one constituent called Mood, which is one of fundamental system to realize interpersonal function, in other words, Mood is an important approach to construe interpersonal meaning in

the course of conversations. Though there are no Finite in the Chinese Mood system, Mood still plays a key role in construing interpersonal meaning in Chinese conversations.

The general principle behind the expression of Mood in the clause is as follows. The grammatical category, which is characteristically used to exchange information is the indicative; within the category of indicative, the characteristic expression of a statement is the declarative, that of a question is the interrogative; and within the category of interrogative, there is a further distinction between yes/no interrogative, for polar questions, and WH-interrogative, for content questions (Halliday, 2004, p.114). The structure of the interrogative is a Finite followed by a subject. Similarly, In Chinese within the category of indicative, the characteristic expressions involve declarative and interrogative. Interrogatives have the structure of subject followed by the predicate. In addition, there is other two essential expressions, imperative and exclamatory clause in Chinese. Imperative means “demanding”, namely “demanding goods-&-services and information”. Exclamatory clause is expressed for exaggerating and emphasizing personal feelings.

In this article data are from Chinese doctor-patient conversations, so Chinese expressions of Mood—declarative, interrogative, imperative and exclamatory clause, will be studied.

2. PURPOSE OF STUDY

The purpose of the study was to describe the characteristics of Chinese patients' choices of interrogative in doctor-patient conversations, then explore how interpersonal meaning is construed. The specific research question used to guide the investigation was: In conversations, how do the patients choose questions in different clinical departments and phases?

3. DATA ANALYSIS

One hundred and twenty conversations were randomly collected from conversations between doctors and outpatients in clinics of one hospital in China, which involved eleven clinical departments: four medical

departments (neurology department, respiratory medicine, department of gastroenterology, and cardiovascular department), three surgical departments (hepatobiliary surgery, general surgery, and orthopedics department), three specialist departments (dermatology department, gynecology department, and oncology department), and the department of traditional Chinese medicine. Three hundred and thirteen interrogative clauses from patients were picked out and concluded according to different Moves (see Table 1). Based on the process of doctor-patient conversations, interrogatives often raised in the three main phases: “problem present” (M1) — “diagnosis” (M2) — “treatment” (M3). Discrepancy was compared using the chi-square test. Statistical analysis was performed with SPSS (version 17.0), and a two-tailed probability value of less than 0.05 was considered statistically significant.

4. RESULT ANALYSIS

4.1 Patients' Choices for Mood

In Chinese doctor-patient conversations, declarative had the highest frequency of choosing by patients among all the four expressions of Mood in each department. Especially, in medical departments, the ratio of declarative chosen by patients was up to 89.90%. It is obvious, declarative is the most used Mood for Chinese patients. It is common, because declarative is a way used by speakers to objectively and unemotionally tell something. Therefore in usual conversations, declarative is mostly chosen by speakers as is often the case in doctor-patient conversations.

For doctor-patient conversations, patients often choose declarative in the course of diagnosis and treatment. In the phase of diagnosis, declarative is often chosen by patients to answer doctors' questions. Doctors demand “information” in order to diagnose effectively and quickly, then patients give “information” by the way of declarative. At most of the time patients give information briefly and fast. They have little chance to start a new topic, but just follow doctors' demanding for information. In the phase of treatment, doctors do not need to demand information from patients, while they give information to patients on the base of their

Table 1
The Characteristic of Patients' Choices for Mood

Types of mood	Medical departments	Surgical departments	The department of traditional Chinese medicine	Specialist departments	Total
Declarative	36589.90%	26768.99%	32285.64%	48676.42%	1440
Interrogative	389.36%	11529.72%	379.84%	12319.34%	313
Imperative	0	0	92.39%	182.83%	27
Exclamatory clause	30.74%	51.29%	82.13%	91.42%	28
Total	406	387	376	636	1805

Table 2
The Distribution of 313 Patients' Interrogative Clauses

Types of interrogative	Medical departments			Surgical departments			The department of traditional Chinese medicine			Specialist departments			Total	
	M1	M2	M3	M1	M2	M3	M1	M2	M3	M1	M2	M3		
Wh-interrogative		1	6	3	0	11	16	0	2	13	0	13	16	81
	II	5	2	5	0	8	18	0	1	8	0	11	30	88
Yes-no interrogative	AI	0	4	0	3	8	20	0	3	7	0	7	23	75
	DR	0	0	0	0	1	5	0	0	1	0	0	2	9
Alternative interrogative	CAI	0	0	1	0	0	0	0	0	0	0	0	0	1
	A-not-A/RI	2	3	6	0	12	13	0	1	1	0	8	13	59
Total		8	15	15	3	40	72	0	7	30	0	39	84	

knowledge and judgements. So patients choosing declarative are not for giving information, at most of the time they just repeat doctors' information, by which they make themselves confirm to understand doctors' therapeutic plans.

According to the data, in doctor-patient conversations imperative and exclamatory clauses were both seldom chosen by patients. Imperative means "demanding goods-&- services", namely requiring or commanding somebody to do something. For patients, they are unlikely to require or command doctors to do something, because doctors are always in the leading position in doctor-patient conversations. Actually, the status of doctors and patients are not equal in conversations. Exclamatory clause is a kind of Mood for expressing personal feelings which can express anger, affection, disaffection and so on. Patients are unwilling to expose their personal feelings. For doctors, conversations are just part of the job, so they do not like to express their personal feelings. The relationship between doctors and patients is not intimate but indifferent, so for patients it is impossible to choose exclamatory clause to overstate their personal feelings.

Generally speaking, according to the Table 1, we found that interrogative was in the second place of patients' choices for Mood. Though the frequency of choosing interrogative is lower than that of choosing declarative, it is meaningful to do further study. Firstly for the syntactic structure of interrogative, it is complex. Patients have multiple choices for different types of interrogative in different conversations. Secondly for the interpersonal meaning, choosing different types of interrogative in conversations, patients can construe different interpersonal meaning which may have positive and negative influences on the communication between doctors and patients.

4.2 Patients' Choices for Interrogatives

In terms of syntactic structure, Chinese interrogative clauses can be summarized as follows: a) Wh-interrogative; b) yes-no interrogative, including interjection interrogative (II), additional interrogative (AI) and declarative clause with rising tone (DR); c) alternative interrogative, including compound alternative (CAI) and A-not-A interrogative/repeating interrogative

(A-not-A/ RI). Interrogative means demanding information no matter Wh- interrogative, yes-no interrogative or alternative interrogative. However, the way of replying for each type of interrogative is different. Wh- interrogative is open ended question which provides more room for other speakers to talk more, but yes-no interrogative and alternative interrogative confine the content of replying, so the answers for yes-no interrogative and alternative interrogative are always short and simple.

4.2.1 Characteristics of Patients' Choices for Interrogatives

Yes-no interrogatives, are one type of closed question, can help speakers acquire information efficiently and quickly. By the data, we found that yes-no interrogatives were favored most by patients in Chinese doctor-patient conversations (see Table 2 and Table 3), though the discrepancy is not significant after Fisher Exact test was applied, Chi-square= 7.609, $P=.093>.05$. In conversations, yes-no interrogatives limit the content of answering, and give little chance to responders to provide more details though they may provide information quickly. Topics in doctor-patient conversations are mostly picked by doctors, and patients just follow doctors' topics to give information, so they are not likely to choose Wh-interrogative but yes-no interrogatives. A doctor is professional, and he is a man of great influence in conversations. In the course of diagnosis and treatment, it

Table 3
Frequency of Patients' Interrogative Choice in Terms of Move

Types of interrogative	M1	M2	M3	χ^2	P
wh-interrogative	1 (1.23%)	32 (39.51%)	48 (59.26%)	7.609	.093
Yes-no interrogative	8 (4.65%)	45 (26.16%)	119 (69.19%)		
Alternative interrogative	2 (3.33%)	24 (40%)	34 (56.67%)		

Note. *: Results of Fisher's Exact Test (because of two frequencies less than 5).

is unnecessary for patients to demand more information from doctors, at the same time patients do not have to chance to demand more information.

From the perspective of move, Patients' interrogatives including Wh- interrogatives, yes-no interrogatives and alternative interrogatives, were mostly raised in M3, especially yes-no interrogatives (see Table 3). In M3, the phase of doctors' giving treatment, patients were curious about how to get treatment and whether the treatment is effective or not, so they were eager to quickly get new information. However, high frequency of using yes-no interrogatives caused them to keep distance with doctors. Moreover paying too much attention on new information, patients ignored building harmonious relationship with doctors.

In M2, the phase of diagnosis, there was no obvious difference among patients' choices for three types of interrogatives (see Table 3). For this phase, doctors demand information and patients give information. In general, interrogatives are not often chosen in this phase, because patients mainly give information not demand information in M2. The discrepancy of choices of different types of interrogative in different phases is not significant because of Chi-square= 7.609, $P=.093>.05$.

Meanwhile, interrogatives were seldom raised in M1 by patients (see Table 3), which happened due to doctors' great power and influence who have little chance to patients raise questions. Therefore, any type of interrogative was seldom raised in M1. Another important reason is that M1 is the phase when doctors demand information about patients' social status and history of disease. At this time, the task for patients is to give information to help doctors' diagnosis. Therefore, in M1 patients often choose declarative to answer questions.

4.2.2 Characteristics of Patients' Choices for Yes-No Interrogatives

Among the three types of yes-no interrogative in Chinese doctor-patient conversations, discrepancy is not significant due to Chi-square= 1.705, $P=0.785>.05$. However, from the frequencies, we might find that declarative clauses with rising tone (DR) were seldom chosen by patients in conversations (see Table 4). Interjection interrogative (II) and additional interrogative

Table 4
Frequency of Patients' Yes-No Interrogative Choice in Terms of Move

		M1	M2	M3	χ^2	P
Yes-no interrogative	II	5 (2.91%)	22 (12.80%)	61 (35.47%)	1.705	0.785
	AI	3 (1.74%)	22 (29.33%)	50 (29.07%)		
	DR	0	1 (0.58%)	8 (4.65%)		

Note. *: Results of Fisher's Exact Test (because of three frequencies less than 5).

(AI) were comparatively more often chosen by patients. In addition, Interjection interrogative and additional interrogative had comparatively higher frequency in M3 which was chosen by patients to make themselves confirm the treatment information given by doctors. Any type of yes-no interrogatives was seldom chosen by patients in M1 because of this phase patients mainly give information not demand information.

For the perspective of giving and demanding information, doctors and patients are not equal in conversations. Doctors mainly play a role of demand information, while patients mainly play a role of giving information. Doctors control the development of information and have more influence on patients. Sometimes patients are willing to be friendly and want to show respect for doctors. However, some factors finally influenced the relationship between doctors and patients which will be discussed in other studies.

4.2.3 Characteristics of Patients' Choices for Alternative Interrogatives

Alternative interrogatives, including compound alternative and A-not-A interrogative/repeating interrogatives, are very important questioning patterns in everyday Chinese. In terms of data, patients rarely made use of compound alternative interrogatives in conversations (see Table 5). For compound alternative interrogatives, speakers require responders to make a choice on certain information listing in the clauses. However, in doctor-patients conversations doctors possess professional knowledge about diagnosis and treatment, so it is impossible for patients to list choices for them. A-not-A interrogative/repeating interrogatives, to some extent, seem negotiable. Patients are likely to negotiate with doctors and comply with doctors' decision. Mostly, patients trust doctors and are eager to get accurate information and effective treatment.

Table 5
Frequency of Patients' Alternative Interrogative Choice in Terms of Move

		M1	M2	M3
Alternativeinterrogative	CAI	0	0	1
	A-not-A/RI	2	24	33

Declarative is the kind of Mood mostly chosen by patients in Chinese doctor-patient conversations. It is common because patients mainly play a role of giving information. The speech function of declarative is to tell something. So patients choose declarative to talk discomfort, pain and other symptoms. Interrogatives have a higher choice frequency than imperative and exclamatory clauses, which take the second place of patients' choices for Mood. Research on patients' interrogative choices is meaningful because different choices of different interrogatives may construe distinct interpersonal meaning in conversations.

From the perspective of M1, M2 and M3, Interrogatives are mostly raised by patients in M3, because patients are concerned more about treatment and they need to get information or make themselves sure understand the information given by doctors. On the contrary, Interrogatives are seldom raised in M1 by patients because this is the phase of doctors' demanding information when patients mainly give information.

Yes-no interrogatives are favored most for patients among the three types of interrogatives. Yes-no interrogative is a kind of closed question, providing little chance to responders giving more information, so high frequency of choosing yes-no interrogative by patients shows patients do not have to chance to demand more information and the relationship between doctors and them is indifferent and unfriendly.

In Chinese doctor-patient conversations, doctors are always in the leading position, picking topics and deciding topic shift, who is the center of conversations, while patients just give information according to doctors' requirements and comply with doctors' decision. Patients are not likely to express personal feelings in doctor-patient conversations, and they just simply give information to doctors, so they keep a certain distance with doctors. The relationship between doctors and patients seemed a little indifferent, which had the side effect on building good communication. Though patients sometimes have the desire to be friendly towards doctors, they don't have such chance. So they may give up the attempt to build good relationship with doctors. That has become a serious social problem and need to be solved urgently.

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