



## **An Analysis of Conversational Structure in Physiotherapist's Medical Consultation at YARSI Padang Panjang**

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### **Abstract**

This research aims to find elements of conversational structures that happen between physiotherapist and his patients at YARSI Padang Panjang when doing medical consultation. This research uses descriptive method to conduct the research. Data of this research are the transcription of recorded conversation that happens during therapy process. The participants who act as the subject of the study and became the source of the data are physiotherapist and his patients at YARSI Padang Panjang. Total patients who do therapy treatment with therapist are 20 patients. From 20 patients, seven of them are new patients, and thirteen of them are regular patients. This research uses Goutsos (2005) theory to analyze elements in global structure of conversation. Meanwhile, Stenstrom (1994) theory uses to analyze the elements of turn-taking systems in local structure of conversation. Result of this research shows that the conversation that happens between physiotherapist and his patients is structured and organized. In global structure section, it is found that every conversation has the elements of opening, body, and closing even though not all elements found in each section. Then, in turn-taking systems case, it is found that three strategies in turn-taking systems found in the research. They are turn-yielding strategy, taking the turn strategy, and turn-holding strategy.

**Key words:** Conversational Structure, Physiotherapist, Medical Consultation

### **A. INTRODUCTION**

Tool that is used by human to do the interaction is language. It is natural for human being as social creature to interact with each other in everyday life. Interaction is crucial for people in order to fulfill their need as well as to resolve or ease their problem. As example, people go to see a psychotherapist when they have

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mental problem, or go to see a physiotherapist when they lack of their physical competence. In other occasion, when people get into trouble, they tend to find a person to talk and ease their problem. Thus, conversation can happen in many different places, such as school, office, hospital, even on the street and, of course, it has different topics and purposes.

Mazeland (2006: 153) states that conversation is talk between two or more people in which thoughts, feelings and ideas are expressed, questions are asked and answered, or news and information are exchanged. People exchange their thoughts, ideas, feeling, etc. through conversation. They can get new information and new knowledge by doing conversation with each other. And, of course, every conversation is different from all others. Thus, interaction between one person and another can be an interesting topic to be studied. In order to analyze how conversation works in everyday life, linguists use some theories and one of them is Conversation Analysis (CA).

Conversation Analysis (CA) is a part of discourse analysis study. According to Syarif (2016: 5) discourse analysis studies about how any context of social life can influence the using of language in conversation. So that, different place and time will show different language use between participants. CA is one of discourse analysis study that studies about the conversation. So it focuses largely on verbal communicative practices which people currently use in interacting with one another. Then, Perakyla (2003: 165) states that Conversation Analysis (CA) is a way of doing investigation to the structure and process of social interaction between humans. Primarily, CA focuses on talk analysis, but it also integrates to the nonverbal aspects of interaction.

Conversation in medical environment has wide field to be studied. For example, interaction between medical practitioner and patient, a telephone conversation between staff and client, interview between intern and senior, interaction between doctor and doctor, etc. In this thesis, the researcher analyzes the structure of conversation that happens during medical consultation between medical practitioner, in this case, physiotherapist and patients. Physiotherapist is person who is trained to assess patients' condition, diagnose the problem, and help patients understand what is wrong with patient's health. The treatment that is used by the physiotherapist called physiotherapy.

Physiotherapy centers largely on patients who lack of physical competence. Therapist works to solve these problems through actions that need patients' active, often effortful, participation and co-operation. In order to accomplish good result in physiotherapy, mutual understanding about participation in treatment activities is required. Patients and therapists also need to develop shared understandings about how well these have been done, and about any corrections, if achievements and progress are to be made in treatment. So that, this research aims to find out the global structure features of conversation and the turn-taking systems that happen during therapy process.

Each conversation has its own conversational structure. According to Rui and Ting (2014) there are two aspects of conversation structure features: global structure and local structure. In terms of global structure, conversation can be divided into three sections: opening, body, and closing section. Then, as to local

structure, there are also some features in it such as turn-taking, adjacency pair, and feedback. However in local structure feature, the researcher only analyzes the turn-taking systems of conversation.

There are some theories delivered by experts about global structure and local structure of conversation, but in this thesis the researcher chooses the theory delivered by Goutsos (2005) for analyzing global structure features and Stenstrom (1994) for analyzing turn-taking strategies in local structure. For global structure, each element used different theories from different experts. For the elements of opening section, theory by Goutsos (2005) was used. Then for the body section, researcher used the theory delivered by Byrne and Long (1976). And for the closing section, theory by Schegloff and Sacks (1973) was used.

For global structure of conversation, Goutsos (2005) states that there are three section of conversation. They are opening, body, and closing. Opening can be defined as the starting point in conversation. According to Goutsos (2005: 8) there are some elements of conversation: 1) greeting, 2) self-identification/self-description. Body section is the main content of conversation. According to Nanthakanok (2013: 108) body section of conversation will happen naturally after the opening. It can be initiated by one of participants. Then, during the conversation participant will take turn to talk until it is over.

Goutsos (2005: 8) states that there are some stages in the body of the conversation: 1) introduction, 2) development. Goutsos theory about body section structure in conversation is the general structure for all type of conversation. However, there are some other experts who delivered theory about the structure of medical consultation in medical field. One of them is Byrne and Long (1976). They say that there are four stages in the body of conversation: 1) history taking, 2) examination, 3) diagnosis, 4) treatment or further investigation (Byrne and Long in Pawlikowska, 2003: 189)

Closing section is the final part of conversation. When it comes to closing section, it means that the conversation has reached its end. If some people find it difficult to start a conversation and others find problems keeping it going, it can also be difficult to close a conversation so you can either move to another topic or move away to talk with someone else. According to Schegloff and Sacks (1973: 300) there are three phases in terms of structure of the closing section: 1) pre-closing, 2) terminal exchange, and 3) leave-taking.

## **B. RESEARCH METHOD**

The aim of this research was to describe and analyze the content and processes of the linguistic exchanges occurring within clinical encounters between a therapist and his patients. This research used descriptive method as a research design. The data of this research were the transcription of recorded conversation that happened during therapy process. The participants who act as the subject of the study and became the source of the data were physiotherapist and his patients at YARSI Padang Panjang. Total patients who did therapy treatment with therapist were 20 patients. Therefore, the data of the research were 20 transcriptions of recorded conversation that happened during therapy process.

There were some instruments that needed in this research. First instrument was the researcher herself. Second instrument was audio recorder. Then, the last instrument was table. In order to collect the data, the researcher did some steps. First, to do an appropriate research, the researcher asked permission to the physiotherapist for doing her research there. After getting the permission, the researcher recorded the conversation between physiotherapist and patients during their therapy process.

### C. RESULT AND DISCUSSION

#### 1. The Elements of Global Structure of Conversation between Physiotherapist and his Patients at YARSI Padang Panjang.

The data were analyzed by using the theory which was delivered by Goutsos (2005). He divided conversational structure into three general sections; opening, body, and closing. Based on his theory, there were two elements in the opening; greeting, and self-description/self-identification, four elements in the body; history taking, examination, diagnosis, and treatment for further investigation, three elements in the closing; pre-closing, terminal exchange, and leave-taking. However, the result of the study showed that the elements of conversational structure between physiotherapist and his patients at YARSI Padang Panjang were different with the study which was conducted by Goutsos (2005) before. The result was shown in the table below:

Elements of conversational structure		Freq	(%)
Opening	Greeting	20	100%
	Self-introduction/self-identification	6	30%
Body	History taking	20	100%
	Examination	20	100%
	Diagnosis	-	-
	Treatment or further investigation	20	100%
Closing	Pre-closing	20	100%
	Terminal-exchange	1	5%
	Leave-taking	8	40%

*Table 1. the result of global structure of conversation*

Table above shows that not all elements of conversational structure found in this research. In opening section there were two elements; greeting and self-introduction/self-identification. From 20 conversations, it was found that all



conversations contained greeting element (100%) in the opening and only 6 (30%) conversations which contained self-introduction/self-identification.

In body section, there were 4 elements; history taking, examination, diagnosis, and treatment for further investigations. From the data analysis it was found that all conversations contained three elements of body section (100%). The only element which was not found in those conversations was diagnosis. There is no single conversation in this research contained diagnosis element.

Then, closing was the last section of conversation structure. Closing can be divided into three elements and from 20 conversations, it was found that all conversations contained pre-closing element (100%). However, there was only 1 (5%) of those conversations contained terminal-exchange element. Meanwhile for the leave-taking element, it was found that 8 conversations (40%) contained this last element.

## 2. The Elements of Turn-taking Strategies between Physiotherapist and his Patients at YARSI Padang Panjang.

Turn-taking systems in this research analyzed by using Stenstrom (1994) theory. According to him there were three parts of turn-taking, they were turn-yielding strategy, taking the turn strategy, turn-holding strategy. Below was the finding found in this research.

### a) Turn-yielding strategy: adjacency pair

No	Adjacency Pair	Freq	(%)
1	Request-acceptance	16	80%
2	Offer/invite-acceptance	16	80%
3	Assessment-agreement	11	55%
4	Question-answer	20	100%
5	Compliment-acceptance	0	0%

Table 2. the result of adjacency pair

Table above shows that there were five elements of adjacency pair; request-acceptance, offer/invite-acceptance, assessment-agreement, question-answer, and compliment-acceptance. Finding showed that four of them contained in this research. The first element was request-acceptance. It was found that from 20 conversations, 16 conversations (80%) contained request-acceptance element. Offer/invite-acceptance element was also found in 16 conversations (80%) in this research. Both request and offer/invite element had the same amount in this finding. Then, assessment-agreement element was found in 11 conversations (55%) in this research. The last element found in this research was question-answer. This last element was found in all conversations in this research (100%). Every conversation contained question-answer element in their interaction.

**b) Taking the turn: initiation**

No	Initiation	Freq	(%)
1	Therapist initiated	20	100%
2	Patient initiated	16	80%

*Table 3. the result of initiation***c) Turn-holding strategy**

No		Freq	(%)
1	Turn-holding strategy	10	50%

*Table 4. the result of turn-holding strategy*

Both table above showed the result of taking the turn and turn-holding strategy from 20 conversations. In taking the turn case, it was grouped into two parts; therapist initiated and patient initiated. It was found that from 20 conversation, physiotherapist initiated conversation the most during the treatment. All conversations (100%) contained the initiation talk from therapist. Meanwhile for the patient part, not all conversation contained the initiation of patient. It was found that from 20 conversations, only 16 conversations (80%) which had the patient initiated the talk. For turn-holding strategy, it was found that 10 conversations (50%) contained the strategy. From those 10 conversations there were connecting words which initiated the strategy found. It was found in the conversation in various type such as the using of “but”, “then”, or “and”.

**3. Discussion**

From the study of conversational structure in physiotherapist’s medical consultation with his patients, it was found that the conversation was structured and organized. Because of that, the conversation that happened between physiotherapist and his patients became more efficient. Physiotherapist got the information from patients without problem and there is no repetition in their conversation so that the therapy section ended quickly and the next patients could take their turn without waiting for so long.

All conversation had similar elements in case of global structure features. For the opening section, it was revealed that the patients started the conversation by greeted the therapist, and if they were a new a patient they will introduce themselves to the therapist.

In the body section, it was found that the therapist took patient’s health history before doing the treatment. After taking his patient’s health history, therapist continued asking some questions related to patient’s health problem. Not only they talked about things that related to the problem, they also talked about other things and sometimes they joked around with each other to keep a good atmosphere.

However, in this research there were only three sections found. The only element that was not found in this research was diagnosis. Therapist did not give his diagnosis about patient's health condition when giving the treatment. It was because therapist did not diagnose his patients when they were in the treatment process. However he did that after he finished the treatment and his patients already left the therapy room. Therapist only wrote his diagnosis on a book and he did not say it to the patient while doing the therapy treatment to them.

The last section was closing. Result of the study showed that the participants closed the conversation with some different ways. However, most of the closing section of these conversations was done by the therapist. It was after they finished the therapy treatment, therapist closed the medical consultation by giving some advice about his patient's health problem and also made a schedule for the next meeting.

In case of turn-taking system, the result of the study showed that the participants did take turn in their conversation. There were three types of turn-taking system; turn-yielding strategy, taking the turn, and turn-holding strategy. Three of them were found in the research even though not all conversation contained each of elements in every strategies.

Also, in this research, it was found that therapist talked longer and asked question often than his patients did. It was his role to examine his patient in order to get more information about patients' concern. Turn-taking systems in this research was found similar to Stenstrom (1994) theory which had three elements; turn-yielding strategy, taking the turn strategy, and turn-holding strategy.

#### **D. CONCLUSION AND SUGGESTIONS**

The result in this present study showed that three elements of conversational structure and three elements of turn-taking were found in physiotherapist's medical consultation with his patients. Most of conversations had similar elements of conversational structure. However, findings showed that there were some elements of conversational structures were not found in each section of conversational structure between patient and his patients at YARSI Padang Panjang.

Related to the present research, the future research about conversational structure can be conducted. Not only in institutional discourses like hospital or office, but this research also can be conducted in everyday discourse such as between a person and her friends or a mother and her child. Then, in local structure case, there were actually some types of it such as turn-taking, feedback, topic management, etc. However the researcher only analyzed one type of local structure in conversation which was turn-taking. For the future research, the researcher suggested to also analyze other types of local structure, not only the turn-taking one.

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