

POLITENESS STRATEGIES USED DURING DOCTOR PATIENT INTERACTION BY DOCTORS OF MARDAN MEDICAL COMPLEX, MARDAN, PAKISTAN

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ABSTRACT

Background: Medical communication, especially in multilingual contexts, relies on effective politeness strategies. Using Brown and Levinson's Politeness Theory¹, this study examines doctor-patient interactions, emphasizing communication's role in reducing disparities and improving healthcare outcomes in diverse settings.

Study Design: A Descriptive Qualitative Study.

Place of Study: Department of Psychiatry Mardan Medical Complex (MMC), Mardan from April 1st, 2023, to 30th June, 2023.

Methods and Materials: This Study a qualitative Descriptive study to collect non-numerical data from the Mardan Medical Complex in Khyber Pakhtunkhwa. The study used Snowball and convenience sampling to collect data from doctors, with 133 audio samples recorded and 88 purposively sampled. The researcher observed interactions and took notes during data collection. Two politeness models were used for data analysis: Brown and Levinson's politeness theory and Leech's politeness maxims. The results will be shared with doctors to enhance the research's fruitfulness.

Results: The study explores the strategies used by Pakistani doctors, focusing on positive politeness, bald on record, and negative politeness. Positive politeness is used to make patients comfortable and avoid threats, while bald on record is used to guide patients through health and treatment. In government sectors, tact, generosity, agreement, approbation, and sympathy are used more frequently. The study concludes that these strategies vary depending on the context and patient needs.

Conclusion: The study investigates politeness in medical discourse, focusing on doctor-patient verbal interactions in Pakistani government hospitals. It identifies a communication gap due to doctor-centered discourse, contributing to sociolinguistic use of language and workplace communication.

Keywords: Doctor-patient relationships, communication gap, politeness strategies, Mardan Medical Complex

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INTRODUCTION

Discourse analysis² is crucial in medical communication, as it helps understand the duality of meaning in words or phrases in both written and spoken languages. In multilingual settings, achieving key communication goals is acknowledged to be challenging². In countries like Pakistan, the English language emphasizes the authoritative role physicians play during medical examinations, benefiting high-educated patients while underprivileged individuals may experience detrimental effects³. The effectiveness of medical examinations and treatment processes depends on the understanding and courteous behavior of physicians and other medical personnel⁴. Communication competence is a significant issue in the West's medical industry, with less emphasis placed on communication skills in medical school than on other medical professional abilities like diagnosis, surgery, and therapy. Symbolic communication in the form of language uses both denotation and connotational coding schemes, which are used by humans for various purposes. This study aims to enhance researchers' understanding of doctor-patient interactions in public and private sectors, benefiting the general public by understanding patient-physician conversations⁵. It highlights diverse perspectives of doctors and suggests doctors may improve their politeness levels using Brown and Levinson's politeness theory and Leech's maxims, with face-threatening acts and politeness maxims as main analytical instruments. The study of rudeness and impoliteness in medical communication has increased due to globalization and the need to understand communication from various civilizations⁶. Politeness and civility are essential aspects of medical discourse⁷, but the communication skills of overworked physicians, particularly those in government hospitals, remain underdeveloped. Brown & Yule (2022) suggest being aware of and considerate of another person's face as a good approach to be courteous⁸. Patients' socioeconomic position, education, and social standing also influence how doctors will treat them¹⁰. Doctors spend more time and provide more information to better-educated patients than to less educated and non-college-going people. Patients from lower socioeconomic groups tend to be reserved and unwilling to ask their doctors questions. In medical communication, patients speak in a variety of languages, with Pakistan being a multilingual nation where several languages are

used for communication in various contexts. Studies have been conducted on the politeness techniques used by general practitioners in community health centers when communicating with patients or their relatives. Politeness cannot be isolated from social life, as everyone involved in communication must act politely. The concept of polite language is often linked to the selection of linguistic forms that reflect the proper level of social distance and participants' varying levels of power or position.¹¹ Brown and Levinson (2021) introduced several politeness methods, including Off-record, Positive Politeness, Negative Politeness, and Bald on Record. By implementing these techniques, speakers can demonstrate their understanding and desire for the listener's needs, fostering a positive and respectful communication environment. Negative politeness is a communication tactic that emphasizes the negative face and respects the hearer's request for freedom of action. It is more formal than positive politeness, which demonstrates solidarity. Brown and Levinson's list of communication tactics for negative politeness includes indirect speech acts, questions and hedges, pessimistic gestures, deference, apologizing, impersonalizing speakers and hearers, stating that face-threatening behavior is a general rule, nominalizing the utterance to make the speech more formal, and clearly stating whether the speaker incurs or does¹². Language plays a crucial role in transactional and interactional tasks, with different cultures having different standards of civility. In doctor-patient interactions, doctors use techniques like interruptions and civility to keep patients on task and attentive. The Politeness Theory, developed by Penelope Brown and Stephen Levinson, provides a foundation for understanding politeness and face in various contexts. The quality of treatment is significantly influenced by doctor-patient interaction, with studies exploring the connection between language use and human behavior.

METHODS AND MATERIALS

Study Design and Setting

This Descriptive Qualitative Study was conducted at Mardan Medical Complex, Khyber Pakhtunkhwa. Data were collected through audio recordings, observations, and field notes, focusing on doctor-patient interactions across multiple hospital wards.

Study Population

The study involved seven doctors from various departments, selected using snowball and convenience sampling. A total of 133 audio samples were recorded, capturing real-time clinical communication and interpersonal exchanges. The study used snowball and convenience sampling to collect data from doctors. The researchers observed interactions and took general notes during data collection. After translation, a qualitative analysis of conversations was conducted using Brown and Levinson's politeness theory and Leech's politeness maxims. The results were shared with doctors to make the research more fruitful. To protect patients' personal data, the researchers adhered to research ethics during data collection. A recommendation letter was obtained from the Ethical committee of Mardan Medical Complex, and a consent form was created and signed by both doctors and patients. This approach allows for a free and realistic data collection process, ensuring the integrity of the collected data.

Ethical Approval Statement

Approval for the study was obtained from the Ethical Committee of Mardan Medical Complex, Mardan, Pakistan (Ref No: BKMC-368-04-2022). All participants, including doctors and patients, provided informed consent before data collection. The study adhered to strict confidentiality protocols to ensure patient privacy and data integrity.

Inclusion Criteria

- Doctors working in Mardan Medical Complex, Mardan, Pakistan.
- Doctors who interact with patients during routine check-ups and consultations.
- Doctors who voluntarily consented to participate in the study.
- Patients who consented to have their conversations recorded.

Exclusion Criteria

- Doctors who declined to participate in the study.
- Doctors who were not available during the study period.
- Patients who refused to provide consent for recording.
- Emergency cases where doctor-patient interactions were time-sensitive.

DATA COLLECTION

The study collected audios, transcribed orthographically and translated into English, using Urdu or Pushto as the primary language. Culturally restricted terms were transliterated. Conversations were qualitatively analyzed using Brown and Levinson's politeness theory and Leech's maxims, using Brown and Levinson's

strategies and Leech's maxims as analytical tools.

DATA ANALYSIS

After collecting data, the audios were transcribed orthographically and translated into English, as the main languages used by subjects were either Urdu or Pushto, or both. For culturally restricted terms, transliteration was used to retain authenticity. The conversations were then analyzed qualitatively using two frameworks of politeness: Brown and Levinson's politeness theory (1978, 1987) and Leech's (1983) politeness maxims. These models served as analytical tools for examining the doctor-patient interactions.

ANALYSIS

The data reveals three major politeness strategies employed by doctors: bald on record, positive politeness, and negative politeness, as detailed below.

DATA ANALYSIS AND RESULTS

After collecting data, the audios were transcribed orthographically and translated into English, as the main languages used by subjects were either Urdu or Pushto, or both. For culturally restricted terms, transliteration was used to retain authenticity. The conversations were then analyzed qualitatively using two frameworks of politeness: Brown and Levinson's politeness theory (1978, 1987) and Leech's (1983) politeness maxims. These models served as analytical tools for examining the doctor-patient interactions.

Analysis:

The data reveals three major politeness strategies in Brown and Levinson's politeness theory employed by doctors: bald on record, positive politeness, and negative politeness while in Leech's politeness maxims, Tact and Generosity maxims are mainly used while other three, sympathy, agreement and approbation are less commonly used.

Bald on Record: Bald on record involves direct, clear, and unambiguous communication, typically used to accomplish tasks without minimizing imposition. It is common for doctors to use this strategy when giving instructions to ensure that patients understand the necessary steps for treatment. The following extracts illustrated how bald on record is used frequently in doctor-patient interactions to issue direct, necessary instructions.

Extract 1: The doctor instructs the patient directly: "Let her also do the test... If she is negative, let her receive the vaccination." This clear instruction ensures the patient understands the action to be taken.

Extract 2: The doctor directly corrects the patient's misconception about hepatitis B: "Do you know what is called hepatitis B?" and further clarifies with, "This has nothing to do with what your complaint." These unambiguous corrections help clear up the patient's misunderstanding without any mitigation.

Extract 5: The doctor instructs, "Ok tell me by touching your abdomen where do you get pain."

Extract 6: The doctor instructs, "Show me your face," and "Open your mouth!"

Extract 9: The doctor orders, "Check your blood

pressure and then tell me!"

Extract 18: The doctor directs, "OK go inside that room for a blood test."

Extract 22: The doctor commands, "Make a circle around the area where you feel pain."

Extract 29: The doctor directs, "Show me your tongue! Open your mouth!"

Negative Politeness: Negative politeness involves using indirectness and minimizing imposition to show respect for the listener's autonomy. This strategy is less frequently used, but it appears in situations where doctors wish to avoid imposing on patients. The following extracts reflect the use of negative politeness to avoid directly imposing on the patient.

Extract 1: The doctor employs indirectness by saying, "Now talk about yourself if you want to. Do you want to consult about yourself?" allowing the patient freedom to choose whether to engage.

Extract 3: The doctor asks, "What is your name?" and "Can you tell me your age?" giving the patient the freedom to respond.

Extract 7: The doctor uses vagueness with, "I guess you are the patient?" minimizing imposition by leaving space for the patient to confirm.

Extract 10: The doctor says, "If you have any further problem, you can discuss it with me right now," softening the directive with "if" and "can."

Extract 13: The doctor uses indirectness, referring to "particular places" to minimize intrusion when the patient is reluctant to discuss a sensitive area.

Extract 16: The doctor says, "Will you allow me to have a look at your neck?" showing deference to the patient's autonomy.

Positive Politeness: Positive politeness strategies are aimed at creating rapport, reducing anxiety, and showing attention to the patient's needs. This strategy was frequently used in doctor-patient interactions, especially to build trust and make the patient feel comfortable. The following extract showed the doctor's efforts to build rapport, provide reassurance, and create a positive atmosphere for the patient.

Extract 2: The doctor uses humor and comforting language to reassure the child: "Don't you eat good food, your mother doesn't give you food?" and "I will not do anything to you." The doctor also reassures the child in Pushto: "Sanga Aye?" ("How are you?").

Extract 3: The doctor builds rapport by asking personal questions, such as "Where do you live?" and "The same as mine?" and using comforting phrases like, "You will be fine when you get these injections, and God will be merciful on you, Inshallah."

Extract 4: The doctor uses humor to ease the situation: "When will you go to Japan again? Do you have a Visa?" and also uses polite forms, like "Yasir Mian," to create a friendly atmosphere.

Extract 5: The doctor uses attentive language: "How these 10 days were?" and "What color of blood did you see in your vomit?" and takes care to explain the patient's condition clearly.

Extract 11: The doctor aligns with the patient's discomfort, saying, "Yes, I agree with you, this condition is very uncomfortable," showing empathy.

Tact Maxim: The tact maxim minimizes the cost to others and maximizes the benefit to them. This is achieved primarily through questions aimed at understanding the patient's condition, ensuring the hospital visit is beneficial. This maxim is used to ensure that the doctor's questions and advice contribute to the patient's health without causing unnecessary burden as illustrated by the following extracts displayed by the doctors.

Extract 2: The doctor reassures the patient, saying, "I'll give you medicine, you will feel hungry, and you will eat," providing a solution to improve the patient's health.

Extract 3: The doctor asks, "Do you have a problem in your urine? Do you get burning while urinating?" to diagnose the patient effectively.

Extracts 5 and 6: Doctors ask about other health conditions and offer additional care, such as explaining ear drop usage and checking the patient's blood pressure.

Generosity Maxim: The generosity maxim focuses on actions that maximize the cost to the doctor while benefiting the patient. These extracts highlight the doctor's generosity in providing care beyond the minimum requirement for the patient's benefit.

Extract 3: The doctor prescribes affordable medication, showing generosity by selecting an option that helps the patient without benefiting the doctor.

Extract 2: The doctor advises regular medication for diabetes, going beyond the basics to ensure better management.

Extract 4: The doctor demonstrates how to stop a nosebleed, providing a hands-on explanation with no personal gain.

Extract 29: The doctor arranges follow-up visits and blood tests, offering continued care at their own expense to ensure the patient's ongoing well-being.

Agreement Maxim: The agreement maxim seeks to minimize disagreement and maximize agreement. In these extracts, the doctor confirms and supports the patient's concerns, ensuring alignment in the conversation.

Extract 11: "Ok, I'll give you an injection. Please be seated."

Extract 28: "OK, I get it. Bibi, go, and get the medicine."

Extract 75: "It's obvious this will happen; when you will not use something then this will happen."

Approbation Maxim: The approbation maxim aims to maximize praise and minimize dispraise. The following extracts show that these praise are used to build confidence and encourage positive behavior in patients.

Extract 2: "Wow Mashallah, beautiful name!" **Extract 7:** "It seems you are taking good care of yourself,

that's why your blood sugar level is quite well today."

Extract 14: "That's very good that you're so intelligent, you learned this just by hearing them. Wonderful."

Sympathy Maxim: The sympathy maxim focuses on minimizing antipathy and maximizing empathy. These extracts show the doctor offering emotional support to help patients cope with their health challenges.

Extract 2: The doctor reassures the patient: "Don't fear, I will not do anything to you."

Extract 13: The doctor encourages the patient: "Hope and pray that you will get well."

Extract 22: The doctor advises the patient: "Be thankful to God that your injury was minor."

RESULTS:

The analysis indicates that doctors predominantly employ three politeness strategies: positive politeness, bald on record, and negative politeness in Brown and Levinson's politeness theory while Tact and Generosity maxims in Leech's politeness maxims. Positive politeness is the most frequently used strategy, aimed at making patients feel comfortable, ensuring clear communication, and reducing fear. This strategy is important in a multilingual context like Pakistan, where doctors often switch between languages to ensure understanding and build rapport and thus is observed frequently in government hospitals. Bald on record is employed to give clear, direct instructions, particularly in busy environments where time is limited, and instructions must be concise and actionable. This is also observed in government hospitals due to the overburden of patients. Negative politeness is observed less frequently, especially when delivering bad news or providing direct corrections. It is almost absent in the context of government hospitals. The tact and generosity maxims are often used by doctors to ensure the well-being of the patient and maximize the benefit for them, even at the doctor's own expense. The agreement, approbation, and sympathy maxims are also used, though less frequently, to support patients emotionally and encourage positive behaviors. Overall, bald on record and positive politeness are the most prominent strategies, while negative politeness is rare in this healthcare setting.

DISCUSSION

The study reveals that doctors in government hospitals use various politeness strategies to communicate with patients¹⁰. Positive politeness involves techniques such as notice to H, attention to H, promise, agreement, asking and giving reasons, optimism, and ingroup membership¹¹. These politeness techniques are used to ask information for diagnosis and provide explanations about diagnoses and treatment. Bald on record is achieved through imperatives, declaratives, and directives to direct patients and inform them about

healthy practices^{10, 11}. Negative politeness is achieved through minimizing imposition and using circumlocutions¹⁰. Kazeem and Olanrewaju (2019) found similar results in doctor-patient verbal interaction at University Hospital Nigeria. They used positive politeness to correct unwholesome health practices and bald on record to obtain data for diagnosis¹¹. The present study finds bald on record as a means to inform patients about healthy practices and maintain their health. Tact maxims, generosity maxims, sympathy maxims, approbation and agreement maxims were also realized by doctors in both government and private hospitals^{12,13}. Tact maxims were mostly interrogatives to make hospital visits more beneficial for patients, while generosity maxims were more employed by government doctors than private ones. Sympathy maxims were less used but still used by government doctors. Private sector doctors show no sign of using negative politeness and do not follow general polite and courteous manners while communicating with patients¹⁴. They often bombard patients with questions that make them confused and do not answer their queries properly. In Pakistan, multilingual people often do not understand English medical terms or Urdu properly, so doctors use the code of patients to make them understand about their diseases and treatment procedures¹⁵. Bald on record is a strategy used by doctors to guide and instruct patients through their health and treatment. This strategy is often used to maximize time and minimize direct communication. Negative politeness is less common in government hospitals, with few instances of it being employed. The comparative politeness maxims used in both sectors include tact, generosity, agreement, approbation, and sympathy¹⁶. Tact is more used by doctors, often asking questions to benefit patients. Government doctors use this technique to diagnose patients and make hospital visits more beneficial. Generosity is more used by government doctors, as they prescribe medicines that are only available in hospital pharmacies, as patients cannot afford them^{17,18}. Sympathy is less used by doctors in government sectors, with only 12 instances of sympathy. Approbation and agreement maxims are less used in government sectors, as doctors seem to occupy an authoritative position in communication with patients. They do not feel emotionally attached to patients, making it a daily ritual¹⁸. Overall, there are 7 instances of approbation maxim and 8 instances of agreement maxim in the data.

CONCLUSION

This study contributes to the understanding of medical discourse by studying politeness in doctor-patient verbal interactions. It addresses communication gaps in doctor-patient communication (DPD) and provides a comparative analysis of politeness techniques observed by doctors in Pakistan's government hospitals. The study also addresses questions about politeness strategies used by government hospitals and the maxims of politeness

Employed by doctors in both sectors using frameworks like Brown and Levinson and Geoffrey Leech's politeness maxims. The findings reveal a communication gap between doctors and patients due to a doctor-centered nature of medical discourse, which needs to be addressed for better medical discourse.

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AUTHOR CONTRIBUTIONS

MMK: Conceptualization, study design, and manuscript drafting.

F,I: Data collection, methodology development, and critical revisions.

N,IJ: Data acquisition, manuscript formatting, and final manuscript approval.

All authors have reviewed and approved the final version of the manuscript.

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