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RESEARCH ARTICLE

Communicative Language between a Doctor and a Patient in Healthcare

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ABSTRACT

Language is communication media between member of societies in form of sound symbol produced by human speech organs. Functions of language in the communication can be identified. One of them is interactional function, that the language user in an interaction between the addressing person and the accosted person. In terms of communication between a doctor and a patient, the interaction to be achieved by a doctor is skill of effective communication. Most of mistakes in practices of doctor are failure in the use of communicative language. Doctors often failed to understand a patient and other problems of the patient related to his/her disease. This failure will impact on further patient handling. In this study, the author uses descriptive analysis method, a method to study a human group status, an object, a condition, an intellection system, or an event class in today's era. Theory of language used in this study is pragmatics, maxim of cooperation by Grice and maxim of politeness by Leech. These maxims explain that to achieve a smooth communication and interaction process between the addressing and the accosted person, each of them should be able to cooperate well and optimally. Grice cooperation principles consist of four maxims, including quantity maxim, quality maxim, relevance maxim, and maxim of manner, while Leech politeness principles consist of six maxims including, wisdom maxim, generosity maxim, respect maxim, and simplicity maxim, discussion maxim, as well as sympathetic maxim. The result of this study shows that communicative language between a doctor and a patient will increase the patient's trust to the doctor so that the patient will give explanation and agreement voluntarily.

INTRODUCTION

Every human being must use language in their daily life. Language is communication media among members of societies in form of sound symbol produced by the speech organs (Keraf, 1980). Functions of the language use in communication can be identified. One of them is interactional function, that is interaction of language users between the addressing and the accosted person (Brown & Yule 1983 in (Rani & Aeifin, 2004)).

Effective communication between doctors and patients is essential for achieving optimal healthcare outcomes. In this context, the interactional function of language plays an important role as it can facilitate information exchange and strengthen trust between both parties. However, many doctors

still face difficulties in using communicative language effectively, which can lead to misunderstandings and negatively impact patient care. Good communication skills are needed by doctors as they spend most of their time interacting with patients and colleagues. High communication competence can improve patient trust as well as treatment outcomes, whereas poor communication has the potential to trigger conflict and slow down medical practice (Rusalkina & Grigoriev, 2023).

One of the challenges faced in doctor-patient communication is the difficulty of simplifying complex medical information into terms that are easily understood by patients. This often leads to patients feeling alienated and reduces their level of satisfaction (Danishta et al., 2024). In addition, patients' emotional and psychological states also affect their ability to understand medical information, so doctors need to use customized communication strategies (Danishta et al., 2024).

In the medical world, language also plays an important role as a means to express ideas and emotions, which is essential in building relationships and understanding between doctors and patients (Nasution et al., 2022). Effective communication should include verbal, non-verbal, as well as technological elements, which should be tailored to the individual needs of the patient (Danishta et al., 2024). While the focus is often on improving the doctor's communication skills, it is also important to consider the patient's active role in these interactions. The patient's ability to articulate their concerns and ask questions is crucial in supporting effective communication, demonstrating the importance of a collaborative approach in healthcare settings (Rinaldi et al., 2022).

In this study, the author uses descriptive analysis method, a method to study a humen group status, an object, a condition, an intellection system, or an event class in today's era. The objectives of this descriptive study is to make a description, overview, or depiction systematically, factually, and accurately in relation to the facts, nature, and inter-phenomenon relationship investigated (Nazir, 2003).

The novelty of this study lies in the pragmatic approach used, specifically the application of Grice's maxims of cooperation and Leech's principles of politeness in analyzing communication between doctors and patients. This study highlights the importance of doctors' communication skills that are often overlooked in medical education, suggesting that errors in communication can lead to misunderstandings that negatively impact patient diagnosis and treatment. In addition, the results revealed that effective communication can increase patients' trust in doctors, indicating that the doctor-patient relationship relies heavily on doctors' ability to communicate with clarity and empathy. The research also addresses the communication challenges that arise from diverse cultural backgrounds, emphasizing the need for doctors to adapt in the way they communicate with patients from different ethnic and educational backgrounds. By detailing the principles of good communication, this study provides practical guidance for doctors to improve interactions with patients, including techniques for conveying complex medical information in a way that is easy to understand. Lastly, this study shows that communication is a shared responsibility between doctors and patients, where patients are empowered to express their concerns and questions, thus improving the overall effectiveness of communication in medical practice.

RESEARCH METHOD

In this research, the author uses descriptive analytical research methods that focus on understanding and describing the interaction between doctors and patients in the context of medical communication. The approach applied is descriptive, which aims to provide a systematic and accurate description of the communication relationships that occur. The data analysis technique used is descriptive analysis, which explains the relationship between the facts and phenomena studied, although no specific techniques are described. The source of data in this study comes from direct interaction between doctors and patients, including observation of verbal and nonverbal communication. The type of data collected is qualitative data, which reflects experiences and interactions that occur in medical situations. For data collection, the author used observation techniques of the interaction as well as literature studies that support the theories used, such as

Grice's theory of pragmatics and maxims of cooperation, as well as Leech's principles of politeness.

RESULT AND DISCUSSION

The theory of language used in this study is pragmatics, including maxims of cooperation by Grice. These maxims explain that to achieve a smooth communication and interaction process between the addressing and the accosted person, each of them should be able to cooperate well and optimally. Grice cooperation principles consist of four maxims, including quantity maxim, quality maxim, relevance maxim, and maxim of manner (Grice, 1975).

Grice's principles of politeness and cooperation maxims are essential in creating effective communication, especially in the context of doctor-patient interactions. The Quantity Maxim emphasizes the importance of providing enough information, according to the patient's needs, without providing excessive or insufficient information. In a doctor-patient relationship, the doctor must ensure that the information provided helps the diagnosis without confusing the patient. The Quality Maxim requires speakers to convey the truth based on valid evidence. For doctors, this means that the information provided should be supported by reliable medical results, such as test results or an accurate diagnosis. The Relevance Maxim requires speakers to stay relevant and focused on the topic at hand, so doctors must keep the communication focused on the patient's medical condition. The Maxims of Manner emphasize clarity and order in speech. In medical interactions, doctors must ensure that explanations of illnesses and medical treatments are delivered in language that patients can easily understand. In addition, politeness principles, such as the Wisdom Maxim and the Generosity Maxim, teach that doctors should minimize the negative impact on patients and seek to maximize their well-being. The application of these maxims in doctor-patient communication plays an important role in increasing patient trust, ensuring a more accurate diagnosis, as well as creating a better relationship between the two parties. Effective communication can also increase patient satisfaction and lead to better outcomes in medical care.

Effective communication between healthcare providers and patients is essential to ensure quality healthcare (Saputra et al., 2020). In multicultural societies, clinicians often interact with patients from different ethnic backgrounds, which can pose communication challenges and affect quality of care. Cultural differences in communication styles and expectations can lead to misunderstandings, misdiagnosis and inappropriate treatment (Schouten & Meeuwesen, 2006). Research shows that patients from ethnic minority groups are less likely to be recommended for certain treatments compared to white patients, where the doctor-patient communication gap is one of the main contributing factors (Schouten & Meeuwesen, 2006). In addition, patients from ethnic minority groups, patients with poor health status, older patients, and those with low education often report less involvement in medical decision-making and lower satisfaction with healthcare. These disparities are partly explained by socioeconomic variables, but communication barriers stemming from cultural differences also play an important role (Schouten & Meeuwesen, 2006). Patient-centered communication, which focuses on understanding patients' perspectives, concerns and preferences, has been identified as a key strategy to overcome these challenges. Communicating in ways that are sensitive to cultural differences, such as using language and terms that are familiar to the patient, can help build trust and facilitate better understanding (Paternotte et al., 2017; Smedley et al., 2003).

Competencies expected from the graduates doctor in terms of communicative language is able to speak effectively to patients, family members, community, and colleagues. This study will discuss communicative language between doctor-patient in medical practices.

The core competence of communicative language between physicians and their patients, is able to explore and exchange information verbally and nonverbally with patients, parents of patients, and family members. Implementation of Grice Cooperation Principle between doctors and patients, are:

1. Build relationships through verbal and nonverbal communication (Maxim of manner- Grace).

2. Empathize verbally and nonverbally (Maxim of Sympathizer-Leech)
3. Communicate using polite and understandable language (Maxim of Generosity- Leech)
4. Listen actively to explore health problems as a whole and comprehensively (Maxim of Relevance-Grice)
5. Delivering health-related information (including the bad news, informed consent) and counseling in a polite, good, and correct manner. (Maxim of Quality Grice).
6. Demonstrate sensitivity to biopsychosociocultural and spiritual aspects of patient and family (Maxim of Manner Grice).

A doctor should be able to demonstrate effective interpersonal relationships and able to speak communicatively, associated with healing and improvement of patient's health. Conversely, doctors who speak uncommunicatively often make medical errors and increase the occurrence of malpractice claims.

Errors occurred frequently in a doctor's office is due to failure in communicative language. Doctors often failed to understand the patient as well as their problems that may be associated with their disease. This failure will have an impact on subsequent patient management process. Patients will lose their courage, obedience, and trust to the doctor. It will also lead to ineffective treatments, causing frustration for both parties. The success of a doctor in a communicative language is the first step to success in the treatment of patients.

Objectives of communicative language between doctor and patient are:

1. Doctors can direct to excavation process of the disease history to get more accurate diagnosis and more effective treatment; and
2. The doctor can support the patient to be willing and able to give explanation of his/her illness.

Benefits of communicative language between doctor and patient:

1. Increase the trust of patients to the doctor on the basis of good doctor-patient relationship;
2. Improve the success of treatment and diagnosis of medical action;
3. Improve patient satisfaction in receiving medical care from a doctor; and
4. Increase confidence and fortitude of patients in facing their illness.

The relevance of the communicative language for the medical profession are:

1. Lead the patient to tell the truth about his problems.
2. Assist to provides options in solving health problems of patients.
3. Assist the treatment plan with the patient (for the benefit of patients, based on the ability of the patient including financial capability).
4. Help to control the performance of doctors with reference to steps or things that have been approved by the patient.
5. Facilitate the achievement of the objectives of both parties (doctors and patients).

The function and purpose of effective communicative language between the doctor-patient are:

1. Initiate and maintain the relationships (maxim of relevance Grice);
2. Solve the problem (maxim of consensus Leech);
3. Reassuring (maxim of sympathizers Leech);
4. Ease the difficulties (maxim of generosity Leech);
5. Convey the feeling (maxim of quality Grice);

6. Inform (maxim of quantity Grice);
7. Make decisions (maxim of consensus Leech); and
8. Invites (maxim of relevance Grice).

There are several factors influencingthe communication between doctor and patient, including:

1. Patient factors:

a) Physical problem;

b) Psychological factors associated with the disease or medical treatment (eg anxiety, depression, anger, denial);

c) Experience of previous medical treatment; and

d) Experience of current medical care.

In this case, a patient must apply the maxim of Grice and maxims of Leech comprehensively.

2. Doctor Factors:

a) Training in communicative language skills;

b) Confident in communicative language skills;

c) Personality;

d) Physical factors (eg fatigue); and

e) Psychological factors (eg, anxiety).

In this case, a doctor must apply the maxim of Grice and maxims of Leech comprehensively.

3. In addition to the patient and the doctor factors, the setting of atmosphere should be addressed including: privacy, comfortable environment, and proper seating arrangements.

Things often be barriers of communicative language between physicians and patients, are:

a) The use of medical / scientific terms interpreted differently or not at all understood by the patient;

b) Keep communicate fluently while in fact the patient does not fully understand or have a different perception to what is discussed);

c) Nonverbal communication (facial expression, tone of voice, movement that could affect the understanding of the message / information given).

A doctors often provides too much information and talk with paternalistic and patronizing style of patients, especially if the patient is derived from the lower level of social / education. These things can lead to confusion in the process of communicative language, so that the message to be conveyed by the two sides can not achieve the goals as expected. It requires constant practice and that skill will be instrumental in determining the success of relationship between a doctor and a patient. Therefore, to speak communicatively, a doctor must understand the language principles proposed by Grice and Leech.

The application of the maxim of relevance (Grice) also supports every empathy of doctor. Empathy is the ability to perceive and understand the feelings of others. In the doctor-patient relationship, physician's empathy is the cognitive ability to understand the needs of patients as well as the sensitivity to the feelings of the patient.

Doctors certainly expected to show empathy to the patient, or in other words do not just empathize without showing it to the patient and / or his family . Empathy can be developed if the physician is a good listener.

The ability of a physician empathy consists of six levels, as follows:

Level 0: doctors refused viewpoint of patients

a) Abandon the perceptions of patients.

b) Do not agree with the patient.

c) Hurt with words, such as: "If you are afraid, for why do you came to my practice."

d) Making decisions without asking approval / opinion of the patient: "ok, surgery then."

Level 1: physicians slightly identify patients viewpoint. For example, say: "Oh I see", but the doctor did other things.

Level 2: physicians implicitly identify patients viewpoint. For example, when the patient said: "my headache give me difficulties at work". Then the doctor asked: "How is your business lately?"

Level 3: doctors appreciate patients' views. For example, doctors say the following: "You said it was stress that make you come here? "Do you want to tell me more about what makes you stressed?"

Level 4: doctor confirmed to the patient. For example the doctor said as follows: "You look very busy, I wonder how much effort you take for exercise."

Level 5: doctors share feelings and experiences with patients.

"Yes, I understand this may be worrying you both. Some of my patients have also experienced spontaneous abortions, and they are very worried in the subsequent pregnancies, but with proper treatment and follow the advice of doctors, any fear did not happen. "

Grice theory, called the maxim of quantity can be used in carrying out the greeting. The history uses standard of four basic thoughts (The Fundamental Four) and seven basic points in the history (The Sacred Seven).

What is meant by the four basic thoughts, is history-taking by looking for data on:

a) History of current disease (RPS);

b) History of past desease (RPD);

c) History of family healt; and

d) Social and Economic History.

Before committing further history taking, firstly ask the identity of the patient, such as age, sex, race, marital status, religion and occupation.

Anamnesis/history is potentially a major force and sensitive tool in early diagnosis. The role of a doctor is to collect as accurate as possible about problems of the patient. Ideally, physicians also collaborate with patients to develop a plan to resolve the problem (maxim of consensus Leech). In history-taking, doctor should be able to behave as a child, parent, or friend so that patients do not hesitate to tell the whole feeling (maxim of quantity Grice).

After the history and physical examination, a doctor should explain the problem / disease faced by the patient. The doctor also need to give advice to the patient. An advice is a suggestion or education given by the doctor to the patient in order to follow the advice of the doctor (maxim of manner Grice).

Things to consider in the provision of advice (must use all the maxims of Grice and Leech), are:

a) Maintain good relations and feeling to the patient.

b) Provide relevant advice with the desease.

c) Provide advice with clear pronunciation and contents.

d) Use appropriate language to educational background and age of the patient.

e) Consider the knowledge or the treatment efforts by the patient / family.

f) Position the patient equals to the doctor and do not patronize.

Information about the disease process, treatment procedures, outcomes of care and treatment are often not in line with expectations of patients and families. Things that lead to unsatisfactory results or make the disappointment can be derived from the patient's condition, the ability of doctors, the existing facilities, as well as the disease process itself.

Families who have children with disabilities can experience five stages of the process as described by Kubler-Ross. The five stage are denial and isolation, anger, bargaining), depression and finally acceptance.

There are 3 stages of adjustment that are generally indicated by the parent who are the subject of this research, as follows (Blacher, 1984):

1. Stage when parents experience a variety of emotional crisis, such as shock, disbelief, and denial of the condition occurred to their children.
2. Stage when the disbelief and denial is followed by negative feelings and attitudes such as anger, regret, self-blame, shame, depression, low self-esteem in the presence of others, reject the presence of the child, or become overprotective.
3. The last stage is when parents have reached an awareness of the situation, and be willing to accept the child unconditionally.

Every parent has a different reaction according to the each character. Some parents may experience the feelings above in depth, light, or may not feel it at all. These feelings can arise, but it can also disappear, at any stage of the changes happenned to their child.

Guidelines for general information to patients (maxim of manner Grice).

1. Compile the information to be given to the patient;
2. Make a summary of your understanding of the patient's problems;
3. Finding a patient's understanding of the condition;
4. Consider structure of the end of history;
5. Use the right language;
6. If it is relevant, use pictures to help explaining the information; Explain the most important piece of information in advance;
7. Explore the patient's view on the information given to him;
8. Negotiate the problems management; and
9. Check the patient's understanding of the information provided.

Guidelines in delivering bad news information to the patient (maxim of sympathizers Leech):

1. Give information;
2. Check the patient's understanding of the information given;
3. Identify the main concern of the patients;
4. Provide examples of strategies and strengths as well as realistic expectations; and
5. Process the delivery of bad news.

Based on research on the parents of patient with Down syndrome, there is a positive relationship between the attitude of health practitioners in delivering content of the information and the patient response. Therefore, it is important for health care workers, to have adequate capability in

communicative language and counseling to patients / parents of patients / families in order to give the best advice.

Delivery of bad news is also often associated with giving suggestions and advice. Delivery of bad news must be preceded by connecting feeling. If the patient or the family felt ready to accept a new, the news can be delivered and followed by giving advice and suggestions. Advice and suggestion are important because it aims to enable patients or family to accept and continue to the further steps.

Application of Leech maxim of generosity in medicine is a suggestion. Suggestion is a process to influence a person to behave or act as desired by the suggestion grantor without coercion. Suggestion usually contains about:

1. Explanation that some chronic diseases requires patience and patient compliance.
2. Giving examples of cases that can be cured or healed.
3. Giving encouragement to patients that great power exists in him, that is desire to survive and recover. Give suggestion that recovery not only depends on doctors or medicine but also from the desire of the patient to heal himself.
4. Provision of suggestion is also given to cases with a poor prognosis in order that the patient is ready to face all possibilities, including preparation for disability or death.

Some things to consider in giving suggestions:

1. Observe the patient, whether he/she is ready to receive suggestions.
2. Use nonverbal language: use gentle quiet and dignified volume, tone and speed, show an eye contact, give a bright faces and do not hesitate to give suggestions, giving a touch (on the shoulder or in hand) if necessary, note the gestures, do not make too many unnecessary movements.
3. The suggestion does not need to be given at length, a few sentences when uttered by a gentle but charismatic face can affect the patient.
4. Skills of refusing a patient's request. The other important thing in communicative language between physicians and patients is ability to reject the request of patients which is not in accordance with the principles conveyed in education of medicine.

Some of these things can be used as a guideline, include:

1. Explain that the body or a person is different with others. Someone may be good with drug of A, but others may not, and more suited to drug of B.
2. Explain that not all illnesses require a "syringe". In addition, "injecting" can give a different result to every person, even it can be fatal for certain people who are allergic to a certain substance.
3. Sometimes patients just need to takes a breaks without medication. Give a brief explanation that without medication, the patient can recover by him/herself.
4. To rejection "sleep / forbidden" prescription, explain that the recipe can not be given without clear cause / diagnosis. Reject with delicate that a doctor can not provide the requested drugs for the patient.

Pragmatic theory, specifically Grice's maxims of cooperation, emphasizes the importance of clear and effective communication to achieve optimal healthcare outcomes. Grice's cooperative maxims consisting of four aspects of quantity, quality, relevance, and manner are essential to ensure that doctors provide the right information as per the patient's needs, maintain accuracy, remain relevant, and speak in a clear manner.

In this context, the quantity maxim requires the doctor to provide enough information as per the

patient's needs without giving too much or too little. For example, in a medical consultation, a doctor should provide sufficient information to aid diagnosis without confusing the patient with excessive or irrelevant details.

The quality maxim ensures that the doctor only conveys information that is true and evidence-based. This is important for building trust with patients as the information conveyed must be trustworthy and supported by accurate medical results.

The maxim of relevance demands that the doctor stays focused on the patient's medical condition and does not stray from the topic of conversation. This helps maintain the efficiency of the consultation and ensures that the patient's urgent health issues are properly addressed.

Lastly, the maxim of manner emphasizes clarity and order in communication. Complex medical language needs to be simplified so that patients can understand their health problems easily. Excessive use of jargon or technical terms can alienate patients and lead to misunderstandings.

From this analysis, it can be seen that the application of Grice's maxims not only smoothens the flow of communication but also strengthens the relationship between doctors and patients. When patients feel understood and clearly informed, they are more likely to trust their doctors, which in turn increases treatment effectiveness and patient satisfaction in the healthcare process.

This research shows that effective communication between doctors and patients has a significant impact on healthcare outcomes. Good communication can increase the patient's trust in the doctor, so that the patient is more open in sharing information about their health condition. This supports more accurate diagnosis and more effective treatment. However, many doctors face challenges in simplifying complex medical information to be more easily understood by patients, which often leads to misunderstandings. Therefore, doctors need to be trained to develop good communication skills, particularly in explaining medical conditions clearly and empathetically.

In addition, this study emphasizes the importance of a culturally sensitive approach, especially in a multicultural society. Doctors need to understand the cultural differences and backgrounds of patients to avoid misunderstandings that can affect the quality of care. Another challenge is that patients' emotional state often affects their ability to understand medical information, so doctors need to adjust their communication strategies accordingly. On the other hand, while training doctors' communication skills is essential, research also highlights the need for patients to play an active role in this process by asking questions and openly expressing their concerns.

However, mistakes in communication can have serious repercussions, such as increasing the risk of malpractice and patient dissatisfaction. Therefore, the application of pragmatic principles such as Grice's cooperation principle and Leech's politeness principle is considered crucial in promoting more effective communication. With good communication, it is expected that medical care becomes more efficient, the relationship between doctors and patients is better, and patient satisfaction with health services increases.

CONCLUSION

The conclusion of this study shows that effective communication between doctors and patients is essential to achieve optimal healthcare outcomes. Good communication skills can strengthen patient trust as well as improve treatment outcomes. The application of Grice's principles of cooperation and Leech's principles of politeness help to create more efficient interactions and facilitate the exchange of information between doctors and patients. This study also identified several factors that affect the quality of communication, such as the patient's psychological condition, socio-economic background, as well as the doctor's communication skills. Errors in communication often lead to medical errors and loss of patient trust, which ultimately hinders the treatment process. Therefore, doctors need to develop good communication skills to better understand patients' needs and improve treatment effectiveness.

The recommendation from this study is the importance of communication training for doctors,

including how to simplify medical terms so that they can be clearly understood by patients. Doctors should also adopt a patient-centered approach to communication, involving them in decision-making regarding their care. In addition, building a good and empathetic relationship with patients is highly recommended so that patients feel comfortable in sharing information about their health conditions. Hospitals and healthcare institutions also need to provide adequate resources, including time and facilities, to support effective communication. By implementing these recommendations, it is hoped that the quality of interactions between doctors and patients can improve, ultimately contributing to better healthcare outcomes.

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