



UNIVERSITI PUTRA MALAYSIA

***INFORMATION SEEKING / PROVIDING SEQUENCE AND QUESTION-
ANSWER RESPONSE IN DOCTOR-ELDERLY PATIENT-COMPANION
CONSULTATION***

RANA AZZAH SUHAIL

FBMK 2017 20



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CONSULTATION**

By

RANA AZZAH SUHAIL

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
Malaysia, in fulfilment of the requirements for the Degree of Master of Arts**

February 2017

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DEDICATION

To my beloved father, mother, husband and my siblings



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the Degree of Master of Arts

INFORMATION SEEKING / PROVIDING SEQUENCE AND QUESTION-ANSWER RESPONSE IN DOCTOR-ELDERLY PATIENT-COMPANION CONSULTATION

By

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February 2017

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Faculty : Modern Language and Communication

Doctor- elderly patient-companion communication is an important area to study. How doctors exchange information with their elderly chronic illness patients-companions and manage communication during consultations is largely absent from research literature in the Arab context. This is because triadic communication appears to be a neglected subject of research in the medical domain. Addressing this gap, information exchange among medical doctors, patients and their companions at three selected private clinics and a teaching hospital in Iraq are investigated. More specifically, this study examines the general structure of the elderly triadic (doctor-patient-companion) consultation. The study sought to investigate the discourse patterns and sequence structure of information exchange during triadic consultations in the selected private clinics and the teaching hospital. The theoretical framework that is used to examine the general structure of the consultations and the discourse patterns and sequence structures of information exchange is Searle's (1968) speech acts theory illocutionary domain, Sacks, Schegloff, and Jefferson's (1974) conversation analysis, turn-taking model, and the typology of questions that physicians use to solicit patients' problems, and Have's (2002) "ideal model" of general structure of the consultation phases are used to examine the consultation phases and information seeking/providing patterns during elderly triadic consultations in these selected private clinics and the teaching hospital. Data were collected using a qualitative approach by using audio recordings. All the recorded data were transcribed using Jefferson's transcription Notation. All the thirteen (13) consultations were transcribed and analysed. The findings show that the discourse of the consultations through which the information exchange is examined at all thirteen consultations phases are found to consist of unique sequences and patterns of information exchange due to the companions' presence during medical consultations. These consist of speaking on behalf of the patient, speaking to the patient, speaking about the patient, and speaking for the patient through asking questions, answering questions directed to the patient and volunteering information. This in turn affected the patients' role during the consultation and the information

seeking/providing sequences during medical consultations. Lastly, implications for the study indicate that the narrow focus on doctor-patient communication and a neglect of the relational function of discourse may give rise to negative perceptions among both doctors and patients. It is therefore proposed that the findings from this study be used in doctors training programmes to raise awareness of patterns of discourse behaviour during medical consultations, with a view to improving the professional experience and skills of doctors.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Master Sastera

POLA DAN SEKUEN PENCARIAN / PENYEDIAAN MAKLUMAT DALAM KOMUNIKASI DOKTOR IRAQ-PESAKIT TUA – TEMAN

Oleh

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Komunikasi doktor - pesakit tua - teman merupakan bidang penting untuk dikaji. Bagaimana doktor bertukar-tukar maklumat dengan pesakit tua berpenyakit kronik-teman dan menguruskan komunikasi semasa konsultasi merupakan sesuatu yang tidak banyak terdapat daripada penelitian penyelidikan dalam konteks Arab. Hal ini disebabkan oleh komunikasi triadik yang merupakan subjek penyelidikan terabai dalam domain perubatan. Menanggapi jurang ini, pertukaran maklumat dalam kalangan doktor perubatan, pesakit dan teman mereka di tiga buah klinik swasta terpilih dan sebuah hospital pengajaran di Iraq telah diselidiki. Lebih spesifik, kajian ini meneliti struktur umum konsultasi triadik (doktor-pesakit-teman) tua. Kajian ini berharap untuk menyelidiki pola wacana dan struktur sekuen pertukaran maklumat semasa konsultasi triadik di klinik swasta terpilih dan di hospital pengajaran. Kerangka teoretikal yang digunakan untuk meneliti struktur umum konsultasi dan pola wacana dan struktur sekuen pertukaran maklumat ialah teori lakuan bahasa Searle (1968) domain ilokusionari, analisis pertuturan Sacks, Schegloff, dan Jefferson, model pengambilan giliran (1974), dan tipologi soalan yang digunakan oleh pakar perubatan untuk mendekati masalah pesakit, dan “ model ideal” Have (2002) tentang struktur umum fasa konsultasi yang digunakan untuk meneliti fasa konsultasi dan pola pencarian/penyediaan maklumat semasa konsultasi triadik di klinik swasta terpilih tersebut dan di hospital pengajaran. Data telah dikumpul menggunakan pendekatan kualitatif dengan menggunakan rakaman audio. Semua data yang dirakam telah ditranskripsikan menggunakan Notasi transkripsi Jefferson. Kesemua, tiga belas (13) konsultasi telah ditranskripsikan dan dianalisis. Dapatan menunjukkan bahawa wacana konsultasi melalui pertukaran maklumat yang telah diselidiki pada semua tiga belas fasa konsultasi didapati mengandungi sekuen dan pola pertukaran maklumat yang unik disebabkan kehadiran teman semasa konsultasi perubatan. Perkara tersebut, termasuk berbicara bagi pihak pesakit, berbicara dengan pesakit, berbicara tentang pesakit, dan berbicara untuk pesakit melalui pertanyaan soalan, menjawab soalan yang ditujukan kepada pesakit dan maklumat suka rela. Perkara ini kemudiannya memberikan kesan pada peranan pesakit semasa konsultasi dan sekuen

pencarian/penyediaan maklumat semasa konsultasi perubatan. Akhirnya, implikasi kajian ini menunjukkan bahawa fokus yang rendah terhadap komunikasi doktor-pesakit dan pengabaian fungsi relasional wacana mungkin memberikan persepsi negatif dalam kalangan kedua-dua golongan, doktor dan pesakit. Oleh sebab itu, dicadangkan bahawa dapatan kajian ini digunakan dalam program latihan doktor bagi meningkatkan kesedaran tentang pola tingkah laku wacana semasa konsultasi perubatan, dengan pandangan untuk memperbaiki pengalaman profesional dan kecekapan doktor.



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I certify that a Thesis Examination Committee has met on 17 February 2017 to conduct the final examination of Rana Azzah Suhail on her thesis entitled "Information Seeking/Providing Sequence and Question-Answer Response in Doctor-Elderly Patient-Companion Consultation" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Arts.

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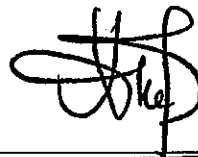
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LIST OF ABBRIVIATIONS

D	(Doctor)
P	(Patient)
C	(Companion)
1st.C	(first Companion)
2nd.C	(Second Companion)
0	(No Speaker)
OC	Observer Codes
AQAP	Answering Questions Addressed to the Patient
DPVBE	Describing the Patient's Values, Beliefs, and Experiences.
NIPP	Not Inviting the Patient to Participate
C-E	Co-Experiences
C No	Consultation Number
(CE)Q	Close-ended questions
(CR)Q	Confirmation responses
(Y/N)Q	Yes/no questions
(LR)	Limited responses
((Un)CQ)	(un) confirmation question
(O-E)Q	Open-ended question

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter will introduce the background of the study, the problem statement, the study objectives and the research questions, scope of the study, the significance of the study. The definitions of the important terms used during the study will be provided with an overview of the thesis.

1.2 Background of The Study

Spoken language is a means of communication and it is a tool for diagnosis and therapy in medicine. Yet, doctors in training and experts have reported a lack of words when focussing on communication with the patients (Platt et al., 2001). Doctors during the medical consultations encounter patients for diagnosis, interpreting the patients concerns, and offering the appropriate treatments (Sackett & Haynes, 1976). In addition, doctors must decide whether their patients understand the prognosis or illnesses they have and are able to follow the prescribed treatment procedures (Ibid). Generally, patients have two needs in relation to the demands of treatment, which are the need for medical information and instruction and the need for emotional support and reassurance (Murphy & Kinmonth, 1995).

However, triadic consultations can be characterised as either involving elderly patients or paediatric patients who are usually accompanied by a third individual during medical consultations (see section 2.5). Elderly patients are usually accompanied during their medical visits. These companions are either family members or significant others such as friends or neighbours. This often results in a transition from the traditional doctor-patient (dyad) to a triadic encounter that includes companions (third individuals) (Beisecker, 1989; Greene, Adelman, Charon, & Hoffman, 1986). As a result, communication in the triadic encounter can become considerably more complicated (Ibid).

Previous work on how essential it is for the elderly patients to communicate actively in consultations with their doctors has provided different results (Pennbrant, Pilhammar Andersson, & Nilsson, 2012). The meetings between elderly patients and doctors are affected by the manner and shapes of the conversations, which are influenced by power and interaction. The communication between an elderly patient and his/her specialist leads to reducing, realizing and expanding confidence in the provided health care (Ibid). Therefore, identifying the triadic communication of the elderly chronic illness patients and the roles of their companions during consultations will clearly help doctors to achieve their goals in the workplace. Early studies show that most of the doctor-patient communication studies have been done in western countries and that there are few studies carried out in non western contries (see 2.5).

1.3 Health care In Iraq

In medical colleges of Iraq, the medical education is based on the 6-year British curriculum and is carried out in English (Richards & Wall, 2000). However, doctors use Arabic Language when communicating with their patients during the medical consultations.

The health care system in Iraq began in the early 20th Century when the government established the Ministry of Health. During the 1970s and early 1980s, Iraq experienced improvements in several critical health outcomes such as the infant death rates decreased. However, the capacity and performance started to decline during the 1980s—the decline is a result of wars and of political and economic sanctions (Dewachi, & Berman, 2011).

Generally, the health care system is a capital intensive model where the hospitals that require large-scale imports of medicines, medical equipment and even health workers are inefficient and access is inequitable (Garfield, 200. P. 943). Although the system ran effectively, little health service data was collected. This led to a lack of cost effective public health interferences, and services only partially matched population health needs. Until recently, the levels and distribution of available human resources for health is inadequate (Garfield, 200. P. 945). The health information system, which was mainly based on the filling of paper forms and a very limited and centralized use of hardware and software, was also affected by the events. The system is still based on out-dated paper forms that are filled by statistical clerks with little insight on the value of timeliness and completeness of reporting. The lack of computerization makes data analysis and flow from the peripheral to the central level slow and inefficient. Moreover the departments are responsible that all data collected should be reliable and valid (Ibid).

In addition, research in the health systems is not formal nor is it institutionalized and structured to monitor and regulate and promote research although large scale surveys are being conducted to assess the health care needs of the country. More often than not these surveys of the health system are primarily one off attempts to establish some information about the health system.

In Iraq there is no social or private insurance system that is currently functioning. The public system is tax based and funds are from general income, moreover there is out of pocket spending from well off individuals (Al Hilfi, Lafta, & Burnham, 2013. P. 939). Many hospitals and health centers were damaged in the bombings and civil unrest in 2003. The unpredictability of electricity and water supply, and the general insecurity have created an extremely inhospitable working environment for all health personnel, particularly women (Al Hilfi, Lafta, & Burnham, 2013. P. 945). The medical education in Iraq has much to do to re-enter the international mainstream of clinical and health management practices after years of isolation. There is a need for urgent task building of faculty skills and updating the curricula for health-worker preservice training within the Ministry of Higher Education. All schools follow the

standard Iraqi curriculum based on the British model of medical education established during the period of British influence in Iraq, except Tikrit, which has introduced problem-based learning and a case-based approach using individual and small group study. However, there has been no known research on how these programmes are functioning. Iraq's medical school curriculum is widely thought to need revision and updating (Al Hilfi, Lafta, & Burnham, 2013. P. 945).

In a nutshell, Al Hilfi et al., (2013. P. 946) pointed that after decades of sanctions and war that have seriously compromised a once proud and functional health system, it now struggles to rebuild itself, having adequate financial resources, but with a shortage of skills and strategies (Al Hilfi, Lafta, & Burnham, 2013. p. 946). Although the fragmented health policy seems to emphasise further development of a health system based on the family health-care model, resources are heavily directed towards expansion of secondary and tertiary health-care facilities. According to Al Hilfi, Lafta, and Burnham (2013. p. 946) human resource development fails to link needs, strategic plans, and training programmes together. As the public sector loses its monopoly on the employment of doctors, major changes emerge in the health system, for which there are as yet no policies. Missing from the discussions of strategic planning is solid evidence based on which to build policies (Al Hilfi, Lafta, & Burnham, 2013. P. 946).

To the researchers' knowledge there is no known doctor-patient interaction studies that have been done in Iraq. Thus, the study of doctor-patient communication is necessary to be established in Iraq especially now that the new policy appears to emphasise the further development of a health system based on the family health-care model. This brings a need to study how doctor-patient communication in Arab countries and precisely Iraqi doctors and elderly chronic illness patients and their companions communicate and exchange information through questions and answers during the medical consultations. Previous studies on triadic communication have examined triadic communication with elderly patients suffering from the prognosis of diseases or who are unable to speak because of their illness.

To date, there are few studies that have investigated the communication between the patient and the doctor in Iraqi context. This dearth of studies gives vague impression about the doctor-patient relationship, which is the core of medical communication. The doctor-patient communication in Iraqi context needs to be studied to get a clear picture about this relation and to guide medical students and experts there how to exchange information during medical consultations.

Therefore, the present study aims to determine how consultations are structured during the exchange of information and patterns of communication among the participants of the medical consultations.

1.4 Statement of The Problem

This study, which investigates triadic communication and the effects of companions' presence during elderly consultations falls under the umbrella of English for Specific Purposes (ESP). The study has implications on ESP because it examines communication through language and the role of information exchange in clinics and hospitals. It also determines the language skills needed by doctors in their various job functions. The findings obtained will help in the planning and designing of courses suitable for medical student practice.

The scarcity of studies addressing communication between doctors and patients in Arab contexts has brought about the need to study the use of language in clinics and hospitals, focusing on such contexts. Language in the contextual situations focused in this study plays an important role in the communication in which doctors are increasingly responsible in participating and in sharing information and knowledge to enhance productivity and profitability of the medical communication.

Medical consultation begins and ends with the communication between the doctor and the patient (Bensing, 2000). Successful doctor-patient communication is associated with better health outcomes as Heisler Bouknight, Hayward, Smith, and Kerr (2002) indicated in their study on diabetic patients. In the following discussion, studies conducted on triadic (doctor-patient-companion) communication present the kind of patients being accompanied during medical visits. These studies showed that patients with severe illnesses such as cancer, dementia, and cognitive impairments are likely to be accompanied during medical visits.

A study by Karnieli-Miller, Werner, Neufeld-Kroszynski, and Eidelman (2012) have investigated patients of Alzheimer's disease in memory-clinic visits, which revealed that the "triadic" communication was actually a series of dyadic exchanges where the third person tried to become actively involved. The focus of communication shifted within these encounters from talking with the patient to talking about "him" or ignoring "him."

While Cordella (2011) examined triadic encounters with out-patient cancer patients in a clinic in Santiago, and the analysis revealed seven prominent roles that companions may engage in during medical visits. Although companions may not always provide information that is suitable with patients' views, they can be of great help with patients suffering from severe illnesses. However, companions with chronic illness patients affected the patients' priority in providing information during the medical consultations.

Patients who are family members or companions who accompany elderly patients on their medical visits could affect the patients priority in providing first hand information to the doctor during the medical consultations. Therefore, a work by Rosland, et.al., (2011) on triadic communication which are conducted to understand

the participation level of family and friends in the doctors' consultations of adults with chronic illnesses revealed that companions affected the experience of patients and doctors. The findings also showed that (77%) of the patients have reported that companions were more likely to understand primary care physicians' (PCP) advice, while (44%) of the patients discussed difficult topics with the doctor when companions participated in clinical visits.

In addition, a qualitative analysis of transcribed out-patients with advanced cancer showed that when discussing treatment choices and prognosis, companions often spoke on behalf of the patient in different ranges of positions (Mazer, et.al., 2014) instead of giving the patients the chance to speak for themselves.

In relation to the scarcity of research in the Iraqi context of doctor-patient communication, a literature search revealed only two studies on doctor-patient communication. There is a lack of understanding of triadic talk involving elderly patients and companion in Iraq and the studies conducted did not investigate the triadic talk and only focused on patients' satisfaction in Basrah and the health system in Kurdistan in the north of Iraq. The study in Basrah (Southern Iraq) on patients' satisfaction with nursing care in an out-patient oncology centre (Ebrahim & Issa, 2015) revealed higher satisfaction among female patients and elderly patients for technical quality of care and interpersonal communication. The least satisfaction was for the information given by the nurse.

A study in Sulaimaniyah (Kurdistan region of Northern Iraq) examined the health system of the Kurdistan region of Northern Iraq (KRI). The data was collected within the consultancy ward and the surgical emergency ward of a teaching hospital to observe physicians behaviour within structurally different work conditions (Karadaghi & Willott, 2015). The findings of the study revealed behaviours within interactions such as displays of discontent and the reluctance of physicians to share health information, as well as unfavourable behaviours such as dual practice and predatory behaviours towards patients and the health system. This has been identified within Kurdish hospitals as common patterns of practice. These behaviours may be labeled as forms of coping behaviours as Lipsky (1983) has described and they are justified as mechanisms of coping with or making the best of highly negative conditions of work. Doctors are free to do as they please, and this is the defining factor that explains the adoption of behaviours that are common practice among doctors in Kurdistan.

These studies did not look at the information exchange and communication during the medical consultation between the doctor and the patient in Iraq and in particular these studies did not use a discourse analytic approach.

Studies on triadic interaction revealed that accompanied patients were significantly older and more likely to be female, less educated, and in worse physical and mental health than unaccompanied patients (Wolff, & Roter, 2008).

These few studies have revealed that sicker patients are more likely to bring a companion to a visit, and age differences disappear in situations involving serious illnesses such as cancer (Beisecker, 1996; Labrecque, Blanchard, Ruckdeschel, & Blanchard, 1991), cognitively impaired patients are likely to be accompanied with their accompanying caregivers speaking on their behalf (Karnieli-Miller, , Werner, , Neufeld-Kroszynski, & Eidelman, 2012).

A review of literature suggests that the area of triadic communication and information exchange of elderly patients during medical consultations, particularly in Iraq, has yet to be investigated. Thus, the present study seeks to provide a more detailed analysis of the triadic communication and discourse patterns of information exchange in the three private clinics and teaching hospital involved in this study.

The literature on previous studies on triadic communication during medical consultations shows a lack of studies with elderly chronic illness patients who are able to speak for themselves and at the same time being accompanied by a third individual. Thus far, studies have been conducted on elderly patients who were unable to speak because of their illnesses, education, and have disorders, and about the positive roles of companions in aiding the elderly patients. Most of these studies did not focus on companions' participation in information exchange during medical consultations involving elderly chronic illness patients through detailed analysis of transcriptions of conversations in their entirety to study the participants' participation in the overall encounters. This study aims to bridge this gap and contribute by identifying the difficulties of information exchanges between doctors and elderly chronic illness patients and their companions during consultations in the Iraqi contexts. Additionally, the present study aims to fill a gap in the literature, which is the critical point in this study that there is no need to talk on behalf of the patient if the elderly patient is able to speak on his/her own behalf.

Past studies have examined the triadic talk by using other methodologies while the current study adopts a qualitative linguistic approach to data analysis in order to provide a better understanding of the information exchange patterns of consultations' sequences through the use of verbal language during consultations. By examining the consultation phases and the information exchange sequence structures within the three private clinics and the teaching hospital, the researcher hopes to be able to understand the triadic communication during consultations, an aspect of medical practice which has been given very little attention in Iraq.

The study hopes to discover the role and the effect of companions during consultations. These are important components in the investigation because it provides a clear picture of the communication in these contexts. The out-come of the study can provide evidence and insights into how doctors may manage triadic communication during consultations. Thus, this study seeks to investigate information seeking /providing sequences and question-answer response in doctor-elderly chronic illness patients-companion consultations. It seeks to investigate how elderly patients with chronic illness and their companions communicate with their

doctors during consultations both in the contexts of a teaching hospital and in the private clinics.

1.5 Objectives of The Study

The study aims to investigate the triadic communication during medical consultations in communication between Iraqi doctors and their elderly chronic illness patients and their companions during medical consultations in selected clinics and a teaching hospital in Iraq. The study examines the extent of the effects of the companions in information exchange during consultations with the elderly chronically ill. More specifically, it aims to:

1. investigate the structure and patterns of information seeking/providing sequences in communication between Iraqi doctors and their elderly chronic illness patients and their companions during clinical consultations.
2. analyse the discourse patterns and sequences of information seeking/providing turns.
3. identify types of question-response structure between doctors and their patients/companions during medical consultations.

1.6 Research Questions

The study seeks to analyse the following questions based on the objectives of the present study observed above:

1. What is the triadic structure of medical consultations in communication between doctors and their elderly chronic illness patients and their companions?
2. What are the discourse patterns of the information exchanges during communication between doctors and their elderly chronic illness patients and their companions in medical consultations?
3. How is the information seeking/providing and question response sequences structured?
 - a. What types of questions are asked by doctors during medical triadic consultations?
 - b. What types of responses are given by the patients/companions during medical triadic consultations?

The first research question investigates the general structure of the triadic chronic illness consultations. It deals with the consultations when a third person is present and whether this presence affects the overall structure of the medical consultation, i.e., the overall structure of the six phases of a consultation. The second research question tackles the discourse patterns of the information exchange. It focuses on how the question/response and information seeking/providing sequences are structured during medical consultations. The third research question examines the way information is obtained and conveyed by the doctor and the way responses are given by the patients/ companions during the triadic medical consultations.

1.7 Scope of The Study

The aim of this study is to highlight the general sequence structure of consultations and patterns of information exchanges between doctors and elderly chronic illness patients and their companions in the teaching hospital and private clinics in Diyala in Iraq during the period from 17th of July to 17th of September 2015. The participants of this study were elderly chronic illness patients and their companions, and eight doctors from the teaching hospital and the private clinics in Diyala. The results gained from this study can be generalized to the population of Baquba Teaching Hospital in Diyala, the three private clinics, or any other clinics and hospitals with similar criteria.

The results gained from this study can be used by the population of doctors, nurses, or any other health practitioners in Iraq with similar contexts of triadic medical consultations and communication between doctors and patients.

The patients and doctors self-reporting about companion participation and the presence effect would be useful in this study. However, because of the unfamiliarity of linguistic studies in medical health, self-reporting and questionnaires were not used in this study.

Furthermore, more information on patients' education levels and gender differences between patients and doctors would help to establish a greater degree of accuracy on this issue.

1.8 Significance of The Study

This research can help to strengthen and therefore support the claims and results of previous studies conducted on the communication between doctors and their elderly patients and companions. Since most of the previous studies were conducted in the contexts of western countries, it is hoped that this research provides insights into the current issues of triadic communication among Arab patients.

This study would be of significance to researchers who are interested in studying medical discourse in the contexts of eastern countries. Past studies provided the positive side of the third person's presence during consultations with elderly patients who were unable to talk about their symptoms because they were experiencing debilitating physical and mental health problems. This study further contributes to the understanding of the roles and influence of companions of older adults by examining companion discourse patterns of information exchange during the medical consultations.

The analysis identifies potential barriers to effective communication. Integrating the results into training programs for medical students and residents (doctors-in-training) will develop their treatments of elderly patients. Although elderly medicine is a specialty, most doctors (specialists) are experts, either general doctors or internists; however, they still need to understand the dynamics of communication during the presence of any third person (companion) during consultations.

1.9 Definition of Terms

It is necessary to define some terms for this study. The definitions of important key terms relevant to this study are as follows:

Medical consultation

“A meeting of two or more physicians or surgeons to evaluate the nature and progress of diseases in particular patients and to establish diagnosis, prognosis, and therapy” (Farlex, 2012).

Companion

“An individual with whom a person has a close personal relationship, for example spouses, lovers, children, parents, friends, pets and others, who provide an individual with a sense of belonging and of being needed” (McGraw-Hill Concise, 2002).

Dyadic

‘Dyadic’ refers to the “type of traditional one-to-one communication between two people (here the clinician and patient), which is seen as the norm” (Swinglehurst, et.al., 2014).

Triadic

A ‘triad’ is an “interaction of three people or voices. In such situations, the conventional two-person communication is disturbed and its norms are challenged” (Swinglehurst et al., 2014).

Communication

- a. “Communication is an action where information is exchanged or transferred and is only successful when meaning is comprehended by both participants (Guffey, & Loewy, 2012).
- b. “Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals” (Aken, 2008).

An older or elderly person

“The old people or elderly are those whom the United Nations’s agreed cut off is 60+ years to refer to the older population. However, it differs from one country to another in considering the old age” (*WHO*. N.p., n.d. Web. 04 Mar. 2016).

1.10 Overview of Thesis

Chapter 1 describes the background of the study, which explains the gap in the research on elderly chronic illness patients. This chapter also presents the statement of the problem, the research questions, the purpose and significance of the study, and the limitations and the definitions of the key terms. Chapter 2 presents the theoretical perspectives and a review of the literature. The review of the related literature is provided by a thorough investigation into doctor-patient communication and the third individual presence. A detailed review of literature with respect to triadic elderly communication from previous studies in western and some Asian countries is discussed in this chapter. Chapter 3 describes the research design and the methodology of the study. It describes participants, instruments, data collection, and data analysis procedures. Chapter 4 reports the research findings and analysis. Chapter 5 highlights the conclusion and contributions of the study. The chapter ends with suggestions for further research.

1.11 Summary

The chapter has provided an overview of the whole study. It consists of the background section where the role of the companion during medical consultations communication is explicated. Moreover, the chapter highlighted the gaps which were observed in previous work and establishes the need for the study to be conducted. This is followed by elaborating on research objectives and research questions that have been raised and to be addressed in the study. Finally, the contributions of the study are presented and identified.

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