



UNIVERSITI PUTRA MALAYSIA

***DISCOURSE AND LANGUAGE USE IN HISTORY-TAKING STAGE OF
VETERINARIAN-CLIENT-PATIENT INTERACTION***

NOORJAN HUSSEIN JAMAL

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By

NOORJAN HUSSEIN JAMAL

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,
in Fulfilment of the Requirements for the Degree of Doctor of Philosophy**

March 2020

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DEDICATION

To

My Father, Mother, Siblings, and Beloved Sons



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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

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NOORJAN HUSSEIN JAMAL

March 2020

Chairman : Associate Professor Chan Mei Yuit, PhD
Faculty : Modern Languages and Communication

Human and veterinary medical consultation consists of similar phases. Medical consultation phases, including history taking, involve several activities. These activities of informing, complaining, advicegiving, describing, requesting, apologizing, joking, greeting, and others, are organized events. Activities of each stage of the medical consultation, either human or veterinary, have unique tasks and goals. For example, the history-taking stage in veterinarian-client-patient interaction is an activity of a series of requests, answers, reactives, advice giving and so on. The veterinarian's goal is to collect comprehensive information about the animal's health problem. The clients' task is to help their veterinarians arrive at an accurate diagnosis by providing them with relevant and complete information about their animals' health problem. This can be achieved by the use of proper language expressed by the performance of different discourse strategies, communicative acts, questions, and interactional features. This study aims to describe the overall structure of veterinarian-client-patient interaction during the history-taking stage, examine the communicative acts employed by the veterinarians and the clients, determine the types, forms, and functions of questions used by the veterinarians to solicit information from the clients, identify the interactional features and their functions used in veterinarian-client-patient talk, and finally explore how all these discourse features contribute to framing the relationship between the veterinarians and their clients. The data were collected by means of audio, video recordings and field observation notes from a public veterinary clinic in Malaysia. For data analysis, a discourse and speech act analysis were used to qualitatively and quantitatively analyse the data. The findings showed the largest amount of consultation concentrated on seeking and providing information by the veterinarians to the clients using different discourse strategies and communicative acts. Veterinarians also tended to build a relationship and rapport with the clients using various interactional features of talk such as the use of: simple and informal language, facilitative response remarks, generic vocabulary among others. Moreover, the veterinarians controlled the amount and type of gathered information through

dominating the questions speech act. Clients also interacted with the veterinarians by asking questions and providing information important for diagnosing their pet animals' health problem. The results of the study provide some insights for trainee veterinarians and scholars on how interactional strategies facilitate soliciting clients' concerns and arrive at accurate diagnoses.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**WACANA DAN PENGGUNAAN BAHASA DALAM FASA PENGAMBILAN
SEJARAH SEMASA INTERAKSI ANTARA DOKTOR VETERINAR DAN
KLIEN**

Oleh

NOORJAN HUSSEIN JAMAL

Mac 2020

Pengerusi : Profesor Madya Chan Mei Yuit, PhD
Fakulti : Bahasa Moden dan Komunikasi

Konsultasi perubatan veterinar dan manusia mempunyai fasa yang serupa. Fasa konsultasi perubatan, termasuk pengambilan sejarah, melibatkan beberapa aktiviti. Aktiviti tersebut, termasuk memberitahu, mengadu, memberi nasihat, menjelaskan, memohon, memohon maaf, melawak, menegur sapa, dan lain-lain, merupakan acara yang terancang. Aktiviti bagi setiap peringkat konsultasi perubatan, sama ada di konteks perubatan manusia atau veterinar, mempunyai tugas dan matlamat yang unik. Contohnya, peringkat pengambilan sejarah dalam interaksi pesakit-klien-doktor veterinar merupakan suatu aktiviti pelbagai siri melibatkan permohonan, jawapan, reaktif, pemberian nasihat, dan sebagainya. Matlamat doktor veterinar adalah untuk mengumpul maklumat yang komprehensif mengenai masalah kesihatan haiwan. Tugas klien adalah untuk membantu doktor veterinar mendapatkan diagnosis yang tepat dengan memberikan maklumat yang relevan dan lengkap mengenai masalah kesihatan haiwan peliharaan mereka. Hal ini dapat dicapai dengan menggunakan bahasa yang munasabah dan pelaksanaan strategi berinteraksi yang berbeza, lakuan komunikasi, penyoalan, dan ciri interaksi yang lain. Kajian ini bertujuan untuk menerangkan keseluruhan struktur interaksi pesakit-klien-doktor veterinar dalam fasa pengambilan sejarah, meneliti lakuan komunikasi yang digunakan oleh doktor veterinar dan klien, menentukan jenis, bentuk, dan fungsi soalan yang digunakan oleh doktor veterinar yang berusaha mendapatkan maklumat daripada klien, mengenal pasti ciri interaksi dan fungsi mereka yang digunakan dalam perbualan pesakit-klien-doktor veterinar, dan akhirnya menerokai bagaimana semua ciri wacana tersebut menyumbang kepada pembentukan hubungan antara doktor veterinar dan klien mereka. Data dikumpul melalui audio, rakaman video dan nota pemerhatian lapangan dari sebuah klinik veterinar awam di Malaysia. Bagi analisis data, analisis wacana dan lakuan tuturan telah digunakan bagi menganalisis data secara kualitatif dan kuantitatif. Dapatan menunjukkan bahawa jumlah konsultasi yang paling besar tertumpu kepada mendapatkan dan memberikan maklumat oleh doktor veterinar kepada klien

menggunakan pelbagai strategi berinteraksi dan lakukan komunikasi. Doktor veterinar juga berkecenderungan untuk membina hubungan baik dengan klien menggunakan pelbagai ciri perbualan berinteraksi. Tambahan pula, doktor veterinar mengawal jumlah dan jenis maklumat yang dikumpul melalui pengawalan lakukan tuturan menyoal. Klien juga membentuk interaksi dengan doktor veterinar dengan mengemukakan soalan dan memberikan maklumat penting bagi pendiagnosian masalah kesihatan haiwan peliharaan mereka. Dapatan kajian memberikan beberapa pemahaman kepada pelatih veterinari serta penyelidik dalam bidang veterinar tentang bagaimana strategi berinteraksi memfasilitasikan dalam memudahkan klien untuk memberitahu kebimbangan mereka dan untuk doktor veterinar mencapai diagnosis yang tepat.



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This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Chan Mei Yuit, PhD

Associate Professor
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Chairman)

Yap Ngee Thai, PhD

Associate Professor
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Member)

Lee Geok Imm, PhD

Senior Lecturer
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Member)

Shameem binti Mohd Rafik Khan, PhD

Professor
Faculty of Social Sciences & Liberal Arts
UCSI University
(Member)

ZALILAH MOHD SHARIFF, PhD

Professor and Dean
School of Graduate Studies
Universiti Putra Malaysia

Date: 11 February 2021

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Signature: _____

Date: _____

Name and Matric No: Noorjan Hussein Jamal, GS39700

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter introduces the background of the study which includes a discussion on the history taking stage (hereafter, HTS) of human and veterinary medical consultation, the use of language in medical communication, and interactional features of medical consultation talk. Focus is also given to the statement of the problem in which the problem and gaps of the study are highlighted. In addition, the chapter presents the study's research objectives, research questions, a brief description of the theoretical and conceptual framework used, significance of the study, scope of the study, and ends with an explanation of the organization of the thesis.

1.2 Background of the Study

Any clinical consultation, whether it is in human or veterinary medicine, is organized in various stages such as the opening stage of the visit, information gathering or history taking, diagnosis, teaching and advising, and closing the visit (Shaw, 2004). Among these stages of consultation, history-taking is considered to be the most important as it involves the gathering of information that will enable a clinician to move on to the subsequent stage of diagnosis (Beckman & Frankel, 1984).

Medical consultation phases, of which history taking is one, involve several activities such as informing, complaining, advice giving, describing, requesting, apologizing, joking, greeting, and others; all of which are collectively known as organized events (Sarangi, 2000). The activities of each stage of medical consultation, either human or veterinary, come with unique tasks and goals. For example, the HTS in veterinarian-client-patient (hereafter, VCP), and doctor-patient interaction is an activity that involves, among others, a series of requests, answers, advice giving, and apologies (Holst, 2010; Shaw, 2004 ; Park, 2011; Mohammad, 2017;). A veterinarian's task is to gather as much relevant information as possible to identify the patient's illness. A client's task, on the other hand, is to help the veterinarian arrive at an accurate diagnosis by providing comprehensive information about the patient's health problem (Adams & Frankel, 2007). This can be achieved by the use of appropriate language expressed through the organization of discourse, performance of specific communicative acts, questioning and answering sequences, use of interactional features of talk in communication and framing of interactional roles. In spite of the relevance and importance of these discourse features towards developing a sound understanding of the VCP practice, studies that examine their significance in the context of veterinary consultations have been few and far between (Shaw, Adams & Bonnett., 2004). The present study attempts to fill the gap above and provide a comprehensive picture of the type of, and ways how, interaction takes place during the history-taking stage of a VCP consultation. In the following sub-sections,

background information about the veterinary and human medical consultation is provided.

1.2.1 History-Taking, Participants and Communication in Veterinary and Human Consultation

Apart from clinicians' well-grounded command of medical knowledge, the success of the HTS is also very much dependent on their understanding of human communication as well as their abilities to manage the interactive speech events that occur in their professional settings. (Shaw et al., 2006). In the HTS of each visit, language and communication have key roles to play in enabling accurate diagnoses and increasing client satisfaction (Beckman & Frankel, 1984). History taking has been defined as collecting information on the biomedical perspective of the illness, the client's concerns and values as well as the context in which decision-making was taking place during the VCP interaction (Everitt, Pilnick, Waring & Cobb, 2013). In a VCP interaction, the discourse involves only one type of patient, which is the animal (the pet). This in itself points to the unique characteristic of veterinary clinical consultations which differ from typical human medical consultations (other than paediatric consultation), in that the patient in this case is an animal that cannot speak for itself, a fact that requires the intervention of a third party, the client. In such a case, the veterinarian deals with two parties, the animal and the client. The clear distinction between a two-party doctor-patient interaction and the three-party VCP interaction becomes evident during the history-taking or information gathering phase.

The unique communicative context in the HTS requires the veterinarian to secure relevant information from the client who speaks on behalf of the animal-patient. This is a challenging communication situation for the veterinarian who is now expected to solicit from a conversation partner the required information about a third party (the animal patient) that is present within the participation structure of the discourse but is not the speaker. Thus, there is a need for veterinarians to utilize effective communication and discourse strategies and features that could enable them to elicit detailed and comprehensive information from clients who do not possess first-hand experience of the illness, and are merely relying on their daily observations to answer questions about their pets' health problems (Shaw, 2004).

Discourse strategies that veterinarians and doctors could employ include, among others (a) displaying empathy for the client by considering his or her emotional state (Shaw et al., 2004; Shaw, Adams, Bonnett, Larson, & Roter, 2012; Shaw, Bonnett, Adams, & Roter, 2006 ; Shaw, Bonnett, Roter, Adams, & Larson, 2012) (b) probing into client's objective for seeking care (Gray & Moffett, 2013; Cornell & Kopcha, 2007) , (c) the use of small talk (Hudak & Maynard, 2011) , (d) showing uncertainty towards treatment decisions to empower or engage the client (Gordon et al., 2000), (e) asking a variety of questions (Heritage, 2009), and (f) summarizing collected information (Gray & Moffett, 2013; Hackett & Mazzaferro, 2012). The employment of such strategies by veterinarians and doctors could help them foster cordial relationships with clients/patients and successfully achieve their interactional goals,

which could have positive impact on animal/ patient recovery and the general satisfaction of the clients. However, the question as to how such outcomes can be achieved by the use of language requires further investigation as its feasibility in relation to the discourse aspects of the communicative event has not been discussed much.

The history-taking stage in VCP interaction typically sees the veterinarian asking the client a series of questions relevant to the animal-patient's health, such on the social interaction between the animal and his/her owner/family, and on the animal's daily routine such as its exercise, diet, sleep, and mood (Shaw, 2004). Since the question-answer session is led by the clinician, the manner in which the session unfolds and the discourse is structured and organised depends wholly on how the clinician manages the interpersonal interaction. While clients often rely on their observations from their daily interaction with their pets to answer the veterinarian's questions (Brown & Silverman, 1999), there are instances where the client's answers are based on information they had found on the internet (Blackwell, 2001). Hence, the consultation may also involve the veterinarian having to answer questions from clients who are knowledgeable about the animals' medical conditions. This underscores the evolving character of clinical consultations and the new skills needed to be acquired by veterinarians to handle an increasingly sophisticated and informed clientship. Hence, the conversation that takes place in the history-taking stage is not merely an exchange of factual information, it has, in fact, an interpersonal dimension that has a bearing on how the interaction will proceed, which in turn impacts the satisfaction of both veterinarians and clients.

To obtain a clearer understanding of the HTS in veterinarian-patient-client consultations, and the interactions that enact the professional practice, this study sought to examine the organization of discourse of the history-taking event, the communicative actions that characterize the structure of the HTS and how the roles of the veterinarian and client are framed in the interaction. The findings of the study contribute to a better understanding of the current practice of history taking in veterinary medicine consultations in Malaysia and elsewhere in the world.

1.2.2 Use of Language in Medical Communication

Language plays a pivotal role in communicating medical knowledge, ideas, diagnosis, and treatment in any medical consultation (Kurtz, 2006). The use of language enables the participants to engage in a number of communicative acts, such as informing, requesting, responding, and advice giving and so on. The use of these acts varies from context to context and from participant to participant. During the history-taking stage of a veterinary practice, which is the focus of the present study, the use of language refers to the collecting of medical information that is relevant to the medical case in hand by the veterinarian. It also involves the providing of information by the client to facilitate the understanding of the veterinarian to effectively diagnose the medical case. However, there are instances where the two parties encounter challenges in their interaction with one another; and one such challenge is the disparity of language styles

between the two. Such disparities do not only lead to potential miscommunication, but they also reflect, magnify and perpetuate the imbalanced social roles of the two parties (Mischler, 1984). In order to minimize such disparities, there is a pressing need for the veterinarian and the client to be sharply aware of the style of language used. For example, the physician / veterinarian may choose to use simpler and common words instead of always resorting to medical jargons in order to facilitate a smooth interactional process, and to ensure that his/her intended meaning is clearly understood by the clients.

There are existing studies in the area that have focused on other aspects of veterinary communication, such as displaying sympathy for the clients upon considering their emotional states; listening carefully to the clients; communicating with the animals using relevant tone of voice, touch, baby talk; and comforting clients by making them feel at ease (Show, 2004; De Graaf, 2005; Morrisey et al., 2007; Adams & Frankel, 2007; Coe, 2008; Shaw et al., 2010). Few studies, however, have addressed overall history taking as a bounded activity produced through interaction. Studies that examine key aspects of interaction, such as the macro-level organisation of its features of talk, and role relationships within interactions, are needed to facilitate the understanding of the mechanics of the activity. To this end, the current study has adopted a discourse and speech act analysis to provide a credible description of VCP interaction. Additionally, the study has also sought to interpret and explain how action sequences in interactions shape the relationship between the veterinarian and client during the HTS.

This study aims to fill the gaps in research on VCP interaction in the HTS of medical consultations in Malaysia. The findings could enhance understanding about how veterinarians in the Malaysian context employ communicative acts to achieve their information gathering goals, maintain healthy and supportive relationships with clients thus enabling client satisfaction, and ensure appropriate treatments are accorded to the animal-patients (see Carson, 2007; Kurtz, 2006).

1.2.3 Interactional Features of Medical Consultation Talk

The use of language mentioned in the previous sections, such as in the performance of communicative acts in general, and asking questions in particular, can reflect the interactional features that are found in veterinarians' and clients' talk during the HTS. Understanding the interactional features of both the veterinarians' and clients' talk can demonstrate how veterinarians and clients effectively manage talk to arrive at successful veterinarian-client relationships.

These interactional features have been investigated in human medical consultations by a number of researchers in different medical contexts. For example, Speer & Parsons (2007) found that psychiatrists in UK encouraged their patients to contribute to the conversations by using hypothetical questions (i.e., by intentionally using incomplete statements to encourage completion on the part of the clients). Their aims

were to elicit patients' own opinions and establish interpersonal relationships. Additionally, Mohammad (2017) found that nurses used interactional features such as: questions, hesitations and discourse markers, backchannels, overlapping, code switching and humour to successfully manage and organize discourses of nurse -to-nurse interaction.

Valero-Garcés (2002), on the other hand, showed that Spanish physicians used different interactional features such as: simple language, repeating of questions, making back-channelling remarks, code-switching, and avoidance of technical terms, among others, to engage patients and encourage them to take on more active roles in discussing medical decisions. Holst (2010) examined the features of doctor-patient discourses in Japan and found that doctors in Japan helped patients to freely elucidate their problems and build personal relationships by performing different interactional features such as: dependency, giving good news, extending apologies for miscommunication, encouraging mutual participation, laughter, and back-channeling. Additionally, these features were also found to be helpful for doctors when defending their diagnoses and medical decisions (Ha & Longnecker, 2010, p. 39). At the personal level, these interactional features were found to strengthen interpersonal ties and help build rapport between the doctors and their patients. They were also found to be useful to establish confidence and trust among patients, display empathy to patients and encourage patients to continue using the doctors' services (Fallowfield & Jenkins, 2004).

In veterinary medicine, minimal attention has been paid to investigate these interactional features and their functions in facilitating history taking in veterinary medical consultations. The present study was initiated to fill the gap of previous studies by analysing the interactional features of veterinarians' and clients' talk. It is believed that this study has the potential provide insights into how interactional features shape relationships between veterinarians and clients especially in the history-taking phase of VCP interaction.

1.2.4 Doctor-Patient and Veterinarian-Client Relationship

Animal owners or care takers are major players in the maintaining and improving of animal welfare. The frequency and quality of health services that the animal receives depend on the strength of the bond between the animal and its owner. According to existing literature, owners with stronger bonds with their animals were inclined to take their animals to veterinary clinics more frequently and are more committed to the veterinarians' recommendations. In such cases, cost is usually a secondary issue for clients which do not affect their animal-care decisions (Shaw et al. (2004). The study of Brown & Silverman (1999) highlighted the fact that when pet owners were asked about their relationships with their pets, 85% reported that they regarded their pets as family members. Therefore, it can be deduced that the veterinarians' circles of concern have expanded to include the well-being of their clients as well as the animal patients (Blackwell, 2001).

Several recent studies have considered doctor-patient relationship as a complex phenomenon that is characterized by factors such as doctor-patients' styles of communication, the degree of participants' contributions into the interaction, and patients' satisfaction (Mohiuddin, 2019; Turabian, 2017; 2018; 2019, Beck et al, 2002; Joshi, 2017; Garg et al, 2016). Three types of doctor-patient and veterinarian-client relationships are identified: *paternalism* (doctor/ veterinarian-centered); *consumerism* (patient/ client-centered); and *maturity* (relationship-centered), on the basis of the control factor exercised between the doctor/ veterinarian and the patient/ client (Turabian, 2019; Cornell & Kopcha, 2007).

In the first type, there is an asymmetrical power relationship between the interactional participants. The physician/veterinarian controls the agenda setting; making the patient/client's participation negligible (Bristol, 2002). The voice of the physician is projected by virtue of his higher position, thus presenting him/her as 'the voice of medicine'. In such a type of relationship, the clinician focuses on the physical aspects of the patient's disease while the psychological dimensions are ignored (Larsen et al, 1997, p, 300). Additionally, the clinician here has more power as the 'gatekeeper' or 'guardian' to healthcare resources; which suggests that the patient or the client has little power over medications or treatment procedures without the doctor's approval. This power establishes itself by the use of controlled interview techniques, such as the use of closed-ended questions, giving the patient/client minimal chance to express his/her expectations and concerns (Roter, 2000; Cornell & Kopcha, 2007).

In the second type of relationship, the patient or client's medical and psychological concerns are respected by the doctor/veterinarian. The patient and the client are seen as active participants and the doctor/veterinarian is less controlling. The clinician uses different discourse strategies and features to involve the patient into the interaction such as: open-ended questions, listening carefully, discussing issues with the patient, clarifying and interpreting things (Rafia, 2016; Morgan 2003). In veterinarian-client relationship, this type is referred to as client-centered relationship, in which opportunity for sharing the decision making responsibility is given to the client. The other participation opportunities given to the client include longer periods of talking and asking questions. These opportunities enable the client to express his or her preferences, desires, and needs. Such a type of relationship in which the veterinarians are more collaborative with their clients reflects positively on the animal-patients' health outcomes and could help increase clients' satisfaction and improve their adherence to follow up on suggested treatments (Coe et al., 2008; Levinson et al., 2005)

In the maturity or relationship-centered type, there is balanced relationship between the doctor and the patient in terms of partnership, power, decision making, accountability as well as conversation. Patients are allowed to express their concerns about their illnesses and symptoms without interruption and their perspectives are always taken into consideration. Such a relationship ensures positive health care outcomes as the patient becomes more committed to adhere to the treatment, and the physician gets to achieve his/her treatment goals as well (Aveling & Martin, 2013). In

this type of relationship, the veterinarian takes the role of a collaborator and acquires information regarding client's needs, preferences and desires (Shaw, 2001). This model of relationship in VCP can promote a reasonable number of outcomes such as high levels of client's and veterinarian's satisfaction, and client's adherence to the medical treatment (Coe et al., 2008; Shaw, Adams, Bonnett, Larson, & Roter, 2008). Such a positive relationship can also be seen to reflect positively on the health of the animal being cared for by the client because the client is now more satisfied which strengthens his/her his sense of responsibility for the animal (Adams & Frankel, 2007).

The intent of this study, however, is to comprehensively explore the role of linguistics in interaction (such as the communicative acts, structure of the discourse, types and functions of questions, interactional features of talk, and the role of the participants during the interaction) as employed by veterinarians and their clients in framing relationship during VCP interactions. Such an exploration could provide in-depth insights into how veterinarians and their clients reflect their social backgrounds to position themselves vis-a-vis one another during their interactions and the types of relationships that emerge through such interactions.

1.3 Statement of the Problem

There has been a large body of research in veterinary interaction that has focused on the importance of the human-animal bond (Shaw, 2006; Hall, 2012; Cohen, 2002; Hafen, Rush, Reisbig, McDaniel, & White, 2010; Shaw et al., 2004). Pets are increasingly being regarded as family members and friends in the American society. The result of a study conducted by Planchon, Templer, Stokes, and Keller (2002) showed that 87% of pet owners refer to their pets as members of their own family and 95% consider their pets as friends. Another study reported that a high percentage (81%) of owners who have close relationships with their pets are more willing to follow medical recommendations and contribute extensively towards their pets' health improvement (Cohen, 2002). Poor communication and interpersonal skills of veterinarians are the main reasons for clients' complaints and dissatisfaction (Anderson, 2008). Taking this into consideration, it becomes crucial for veterinarians to acknowledge the human-animal bond and be responsible for the well-being of their pets as well as the pet owners in order for them to achieve successful veterinarian-client-patient interactions (Blackwell, 2001).

The most number of verbal interactions take place during the history-taking stage of veterinary medical consultations which is the focus of the study. In this stage, the veterinarians interact with pet-owners or caregivers through different activities of requesting, replying, giving advice, apologizing, joking, greeting, and others. The animal patient assumes an absent role because it is incapable of speaking and revealing its internal symptoms (Shaw, 2004). Interacting with pet-owners or caregivers about the medical condition of a third party may jeopardise the effectiveness of the process of gathering accurate information for two reasons. Firstly, the pet owner or caregiver is not the person who is experiencing the illness but is merely relying on his/her daily observation to provide the veterinarian with what

he/she believes to be accurate and comprehensive information that is needed to interpret the animal's disease. Secondly, veterinarians in the current era are interacting with educated clients armed with questions and expectations. Therefore, addressing clients' questions and providing them with relevant information that could satisfy their curiosity and needs have now become the sole responsibilities of veterinarians (Blackwell, 2001). As such, veterinarians today have the pressing need to employ various discourse strategies, communicative acts, different interactional features, and questioning styles that are different from those used by doctors in human interaction in order to make the HTS more effective and is able to achieve the clients' satisfaction. A wide range of studies have been conducted to investigate doctor-patient, doctor-elderly person-companion, and doctor-parent-patient interactions in which the patient is able to speak and share information about himself/herself in human medical interaction. For example, Baker (1996) introduced the role of the mediator in minimizing patients' participation during consultations. Tsai (2000) examined the dynamic process of triadic interaction to identify factors that prompt companions' participation more than that of the patients themselves during consultations. Other scholars investigated doctor-parent-child interaction (Pantel, Stewart, Dias, Wells & Ross, 1982; Tanner & Wallat 1983; Dulman, 1998; Tates & Meeuwesen, 2001; Tates, Meeuwesen, Bensing & Elbers, 2002; Gabe, Olumide & Bury 2004). The findings of these studies emphasized the importance of the child's participation to increase satisfaction and adherence to medical treatment. However, interacting with a person who is not the patient but who is armed with questions and expectations needs to be further investigated. Dealing with patients who cannot speak or express his or her illness is the main challenge for the veterinarian. There is also a lack of sufficient studies that have investigated veterinarians' use of different linguistic and interactional strategies with overly concerned pet-owners in order to fully understand how the discourse of information giving and information interpretation is used, managed and negotiated during the HTS of VCP interaction.

Furthermore, previous research investigated the linguistic and communication means used by doctors in human medical interactions (Caffi, 2007; Larsson, Säljö, & Aronsson, 1987; Prince, Frader & Bosk, 1982; Rost, Carter & Inui, 1989; Roter & Hall, 2006). Researchers focused on how doctors used verbal means to communicate medical treatments to patients/parents and maintained healthy relationships with them. Past studies on veterinary discourses (Gray & Moffett, 2013; Hackett, 2012; Kirwan, 2010; Shaw et al., 2012; Shaw et al., 2008; Shaw et al., 2012; Shaw et al., 2006; Shanan, 2011) investigated the role of veterinarians when communicating with their clients at the dyadic and triadic levels. Such researches focused mainly on topics such as veterinarians' communication competence, veterinarian procedures in cases of client emergencies, assistance provided by veterinarians towards clients' decision making, clients' gender and other demographic factors, and clients' satisfaction. These studies are relevant in the investigation of communication strategies and their impacts on the relationships between veterinarians and clients/patients; nevertheless, there is a dearth of studies that have analysed the use of linguistic aspects of interactions of the VCP discourse. This research attempts to fill the gap by undertaking a study that seeks to understand how the use of discourse elements (discourse features; communicative acts; types, forms, and functions of questions; and interactional features of conversation;) contributes towards the framing of relationships between

veterinarians and pet owners or caregivers that will help develop understanding of the role played by veterinarians in this complicated situation and the role of the client as the only information provider during the interaction. This type of investigation helps us understand how HTS activities are organized and structured across different phases in situations where the patient is an animal patient who is not able to express its medical concerns during consultations.

The process of information seeking and providing is important in diagnosing a patient's illness (Tsia, 2000). The accuracy of the diagnosis stage depends on the quality of information gathered by the veterinarians during the history taking stage of veterinary medical consultation (MacMartin et al., 2015). The amount and type of information provided by patients and clients in medical interactions has a great effect on diagnosing the patient's illness in an accurate way. Much is yet to be understood about the process of information seeking and information providing between veterinarians and their clients during the HTS. In the human health communication field, several studies (Beckman & Frankel, 1984; Beckman et al., 1985; Boyd & Heritage, 2006; Heritage & Maynard, 2006; Marvel, Epstein, Flowers & Beckman, 1999) have demonstrated the importance of doctors' information seeking activities during medical interviews which are geared towards eliciting patients' medical concerns and relevant information. The focus of these studies was on analyzing the methods, types, forms, and functions of questions used by doctors to elicit information about patients' medical problems and concerns during consultations. In veterinary medical consultations too, a number of studies have also been conducted. For example, Dysart et al. (2011) investigated the effect of client's information eliciting at the opening stage of the interview on the relationship between veterinarians and their clients. MacMartin, Wheat, Coe and Adams (2015) analyzed the types of questions on nutrition that were asked by veterinarians to elicit information from clients about their pets' diets. However, the comprehensive investigation on the types, forms, and functions of questions asked during the HTS needs to be further explored and analysed during VCP interaction. Knowing how Malaysian veterinarians elicit information from clients about animal patients contributes to a better understanding of the ways veterinarians collect information that could help them diagnose patients' illnesses.

Through the review of existing literature, it can be observed that studies on veterinary medicine, healthcare, and communication have been growing globally, especially in the West. However, in the Asian context, in general, and the Malaysian context, in particular, there is a lack of research on VCP communication and interaction. To fill this gap in research and to ensure better practices among veterinarians that are up to the satisfaction of animal caretakers and promises the maintenance of good healthcare for the animals, further research is needed to understand how Malaysian veterinarians and their clients use language to organize their talk, ask questions to elicit information, perform different communicative acts, and use interactional features that characterize their talk in the HTS. This study is an attempt to fill the gap in the existing literature by projecting itself as one of the few studies conducted in the Malaysian context to interrogate the understanding of how Malaysian veterinarians and their clients use different linguistics aspects of interaction that characterize their context and contribute

to better understanding of the roles assigned by the interactional participants during this important stage of veterinary medical communication. In other words, this study sheds some light on the role of language in framing the relationships between the veterinarians and their clients during the history-taking stage in the Malaysian context, which has been neglected in the literature, hence, adding new information to the current body of knowledge and literature on VCP relationships.

1.4 Research Objectives

The general aim of the study is to investigate the language used during the history taking phase of veterinary consultation. More specifically, this study seeks to:

- 1) describe the overall structure of VCP interactions during HTS of illness consultations
- 2) examine the communicative acts employed by veterinarians and clients during the HTS of veterinary illness consultations
- 3) determine the types, forms, and functions of questions asked by the veterinarians to solicit information from the clients during the HTS.
- 4) identify the interactional features and their functions that are used in VCP talk during the HTS.
- 5) explore how the discourse features examined in the objectives above contribute to the framing of relationships between veterinarians and their clients during the HTS of veterinary illness consultations.

1.5 Research Questions

Based on the study objectives, the following are the research questions:

- 1) What is the overall structure of HTS of VCP interactions during the HTS of illness consultations?
- 2) What are the communicative acts employed by the veterinarians and the clients during the HTS of veterinary medical consultations?
- 3) What are the types, forms, and functions of questions asked by veterinarians to solicit information from their clients during the HTS?
- 4) What are the interactional features and their functions that are used in VCP talk during the HTS?
- 5) How do the discourse features addressed in the questions above contribute to the framing of roles of the veterinarians and their clients during the HTS of veterinary illness consultations?

1.6 An Overview of the Theoretical and Conceptual Framework

To achieve the objectives of this study, it was seen as necessary to adopt a theoretical framework (See 2.2), that can provide interpretations of the linguistic and interactional behaviours of the participants. Accordingly, this study adopted the interactional sociolinguistic discourse theory as proposed by a number of researchers, such as Heritage and Clayman (2011) who proposed the institutional discourse theory, Todd (1983) who proposed a modified version of Searle's (1979) speech act theory, and Gumperz (1982) and Goffman (1981) who proposed the participation frame theory.

Additionally, the study investigated a number of concepts, such as the discourse structures of HTS, types and functions of speech act categories that are used to perform certain communicative acts, types, linguistic forms, and functions of questions used by veterinarians to elicit information from the clients, and interactional features of veterinarians and clients' talk (like back-channelling remarks, interruptions, overlapping speech, repetitions, reformulations and so on). The analysis of these concepts provides a clear picture of the type of the relationship constructed between the veterinarians and their clients during the interaction in the HTS process (see 2.3 for more details).

1.7 Significance of the Study

Previous research on veterinary discourse has focused mainly on how veterinarians should communicate with their clients and animal patients using the right communicative strategies. This study distinguishes itself from previous research by providing a description of the language used in this type of veterinary discourse. The study also provides empirical evidence on how language use, and additionally the use of communicative acts and interactional features, influences the quality of VCP interactions. It is hoped that this study could contribute to linguistic and discourse analytic literature in general, and towards better understanding of language use in veterinary medical settings in particular.

Clients' complaints in the veterinary medicine context are often due to their misunderstanding of the veterinarians' talk through the interaction. Such misunderstandings tend to lead to breakdown in communication and are generally reflected as one of the reasons behind the decline of patient satisfaction with the healthcare service provided. To avoid such misunderstandings, veterinary practitioners should equip themselves with high levels of communication and language strategies that would enable them to effectively communicate their messages to their clients. Failing to communicate constructively by means of language with clients on issues related to the animals' health may have a negative impact on clients' overall satisfaction and adherence to proposed medical treatments. By analysing the language used by veterinarians when communicating with their clients during the HTS, a better understanding of the nature and structure of veterinarian talk could be achieved. The findings of the analysis could provide guidance and recommendations

towards the development of the best language taxonomies and strategies to improve veterinarians' practices in this context.

1.8 Scope and Limitations of the Study

This study can be contextualized under the study of discourse in institutional settings. It is an attempt to present a qualitative analysis of the use of language to ensure effective and successful communication during the history taking phase in the veterinary context. The study involves a discourse and speech act analysis of the use of language that takes place between the veterinarians and clients during the history taking phase of VCP interactions. History taking stage in veterinarian-client-patient interaction is critical as the veterinarian has to interact with a third person (the pet owner) who is not the patient and who is not capable of expressing the illness. The vet has to collect adequate information from their clients or pet owners by employing effective discourse strategies, questioning styles, and various interactional features in order to achieve a smooth transition of information and to create rapport and good interpersonal relationship. The purpose of this study is to shed some light on the relationship that is established through the interactions between these parties during the important stage of the veterinary medical appointments, and suggest relevant recommendations based on the findings. The scope of this study is to investigate discourse organization and features of language used during the history taking phase. The following issues, however, are not within the scope of the study:

- a) The non-verbal behaviours of the veterinarians and their clients,
- b) The genders of the participants,
- c) The veterinarians' experiences in veterinary practice,
- d) Veterinary wellness consultations,
- e) Clients' satisfaction,
- f) Large type of animals and their owners
- g) Animals' reactions.

1.9 Definitions of Key Terms

This section introduces the definitions of key terms that are relevant to this study, including history taking, veterinary illness consultation, discourse organization, framing, footing, and ethnomethodology.

1.9.1 Interactional Features of Talk

When individuals meet, they engage in casual or formal interactions and exchange greetings, engage in small talk, recount recent experiences with the motivation of being friendly and establishing comfortable zones of interaction with others. Talk in interaction has different features in that it has social functions that reflect role relationships between the interactants. It uses conversational conventions and register,

reflects degrees of politeness, employs many generic words, and is jointly constructed (Brown and Yule, 1983).

1.9.2 Discourse Strategy

A discourse strategy can be defined as a strategy that is used by participants of an interaction that is conducted in a particular setting, to facilitate speech production and comprehension. The term includes propositional discourse strategies such as questioning, repetition, code switching or structural discourse strategies such as discourse markers, and pronouns (Walker, 1994; Shartiely, 2012).

1.9.3 Discourse Organization

The use of discourse as a principal means by which organizational members create coherent social realities that frame their sense of identity (Mumby & Clair, 1997: 181).

1.9.4 Frames

Frames refer to the background knowledge and the framework that participants bring into interactions which reflect their thoughts and use of words that help them to see the world, the goals they seek, the plans they make, the manner in which they act, and what counts as good or bad outcomes of their actions (Marks, 2012)

1.9.5 Footing

Footing is defined as “the alignment we take up to ourselves and the others present as expressed in the way we manage the production or reception of an utterance” (Goffman, 1981:128).

1.10 Thesis Organization

The overall structure of this study consists of five chapters. In the first chapter, the study gives a brief overview of the communications and interactions that take place in human and veterinary medical contexts and explains HTS as one of the human/veterinary medical consultation stages that is essential for diagnosing patients' illnesses. It also presents the problems and gaps in existing literature which the study aims to fill. Additionally, the chapter also includes research objectives, research questions, an overview of the theoretical and conceptual frameworks that have been adopted in this study, and the significance and scope of the study.

Chapter 2 reviews the existing literature on doctor-patient and VCP communication and interaction and is divided into three parts. The first part includes a theoretical discussion that explains the main theories that guide this study. The second part presents the conceptual framework that explains the various important dimensions and concepts that the study undertakes. The third part of the chapter presents a review of previous studies that had investigated concepts underlying the present study.

Chapter 3 presents the methodology used for the study. It includes six main sections. In the first section, the aims of the current study are introduced. In the second section, the research design is explained by providing a brief explanation of the methods used for data collection and analysis. In the third section, the sample and sampling methods are introduced and explained. In the fourth section, details of data collection, including the instruments, materials and researcher's role, are explained and justified. In the fifth section, data analysis is explained including data analysis procedures and the analytical framework. In the last section, inter-coder reliability including coders, coders' training procedures and results are produced and discussed.

Chapter 4 presents and discusses the findings and analysis of the quantitative and the qualitative data to answer the five research questions of this study. The analysis focuses on (1) the discourse strategies used by the participants to organize the HTS, (2) types and communicative functions of speech acts, (3) types, linguistic forms and functions of questions used by veterinarians during the information gathering stage, and (4) interactional features of participants' talk, and (5) the role of these discourse elements in framing the relationship between clients and their veterinarian.

Chapter 5 summarizes the major findings that are related to each research question of the study. The contributions of the study in light of the findings are also explained and presented. A number of recommendations and suggestions for future research are provided. The chapter ends with a conclusion of the study.

REFERENCES

- Abood, S. K. (2007). Increasing Adherence in Practice: Making Your Clients Partners in Care. *Veterinary Clinics of North America: Small Animal Practice*, 37(1), 151-164. doi: <http://dx.doi.org/10.1016/j.cvsm.2006.09.011>
- Adams, C. L., & Frankel, R. M. (2007). It May Be a Dog's Life But the Relationship with Her Owners Is Also Key to Her Health and Well Being: Communication in Veterinary Medicine. *Veterinary Clinics of North America: Small Animal Practice*, 37(1), 1-17. doi: <http://dx.doi.org/10.1016/j.cvsm.2006.10.003>
- Adams, C. L., & Ladner, L. (2004). Implementing a simulated client program: bridging the gap between theory and practice. *Journal of veterinary medical education*, 31(2), 138-145.
- Adegbite, W., & Odebunmi, A. (2006). Discourse tact in doctor-patient interactions in English: an analysis of diagnosis in medical communication in Nigeria. *Nordic Journal of African Studies*, 15(4), 499-519.
- Adelman, R. D., Greene, M. G., & Ory, M. G. (2000). Communication between older patients and their physicians. *Clinics in geriatric medicine*, 16(1), 1-24.
- Agar, M. (1985). Institutional discourse. *Text-Interdisciplinary Journal for the Study of Discourse*, 5(3), 147-168.
- Ainsworth-Vaughn N. (1998). *Claiming power in doctor-patient talk*. Oxford Studies in Sociolinguistics. Oxford: Oxford University Press.
- Alderson, P., & Montgomery, J. (1996). Health care choices: making decisions with children. *Institute for Public Policy Research*, 2.
- Al-Qahtani, H. A. (2009). *Female use of politeness strategies in the speech act of offering: A contrastive study between spoken Saudi Arabic and spoken British English* (Unpublished MA thesis), King Saud University, Saudi Arabia.
- Amelang A. (2009). *Inter-rater reliability of the clinical practice assessment system used to evaluate pre-service teachers at Brigham Young University* [MA thesis]. Provo (UT): Brigham Young University.
- Anthonnissen, C. & Meyer, B. (2008). Question-answer sequences between doctors and patients in a South African. HIV/AIDS day clinic. *SPIL PLUS* 36: 1–34.
- Antelyes J. (1990) Client hopes, client expectations. *J Am Vet Med Assoc*; 197:1596–1597.
- Austin, J. L. (1962). *How to do things with words*. Cambridge: Oxford University Press.

- Baker, P. S. (1996). *Discourse analysis of elderly patient medical encounters* (Unpublished Ph.D. dissertation), University of Alabama at Birmingham, Alabama.
- Bardovi-Harlig, K., & Hartford, B.S. (2005). Institutional discourse and interlanguage pragmatics research. *Interlanguage pragmatics: Exploring institutional talk*, 736.
- Bertaux, D. (1981). From the life-history approach to the transformation of sociological practice. In *Biography and society: The life history approach in the social sciences*, ed. by D. Bertaux, 29–45. London: Sage
- Beckman, H. B., & Frankel, R. M. (1984). The effect of physician behavior on the collection of data. *Annals of Internal Medicine*, 101(5), 692-696.
- Beckman, H. B., Frankel, R. M., & Darnley, J. (1985). Soliciting the patient's complete agenda. A relationship to the distribution of concerns. *Clinical Research*, 33, 714A
- Bieber, C., Müller, K. G., Blumenstiel, K., Schneider, A., Richter, A., Wilke, S., ... Eich, W. (2006). Long-term effects of a shared decision-making intervention on physician – patient interaction and outcome in fibromyalgia A qualitative and quantitative 1 year follow-up of a randomized controlled trial. *Patient Education and Counseling*, 63(3), 357–366.
- Blackwell, M. J. (2001). The 2001 Inverson Bell Symposium Keynote Address-Beyond Philosophical Differences: The Future Training of Veterinarians. *Journal of veterinary medical education*, 28(3), 148-152.
- Bolden, G. B. (2000). Toward understanding practices of medical interpreting: Interpreters' involvement in history taking. *Discourse Studies* 2 (4), 387-419.
- Boyd E, Heritage J. (2006). Taking the patient's medical history: questioning during comprehensive history taking. In: Heritage J, Maynard D, eds. *Communication in Medical Care: Interactions between Primary Care Physicians and Patients*. Cambridge, England: Cambridge University Press; 2006.
- Bristol, D. G. (2002). Using Alumni Research to Assess a Veterinary Curriculum and Alumni Employment and Reward Patterns. *Journal of Veterinary Medical Education*, 29(1), 20–27.
- Brown, J. P., & Silverman, J. D. (1999). The current and future market for veterinarians and veterinary medical services in the United States. *Journal of the American Veterinary Medical Association*, 215(2), 161.
- Butler, C., Williams, S., & Koll, S. (2002). Perceptions of fourth-year veterinary students regarding emotional support of clients college curriculum. *Journal of the American Veterinary Medical Association*, 221(3), 360–363.

- Byrne, P. S., & Long, B. E. (1976). Doctors talking to patients: A study of the verbal behavior of general practitioners consulting in their surgeries.
- Caffi, C. (2007). *Mitigation*. Amsterdam: Elsevier.
- Campbell, J. L., Quincy, C., Osserman, J. & Pedersen, O. K. 2013. Coding in-depth semistructured interviews: Problems of unitization and intercoder reliability and agreement. *Sociological Methods & Research*, 42(3), 294-320.
- Carson, C. A. (2007). Nonverbal communication in veterinary practice. *Veterinary Clinics of North America: Small Animal Practice*, 37(1), 49-63.
- Černý, M. (2007). On the Function of Speech Acts in Doctor-Patient Communication. *Linguistica ONLINE*, pp. 1-15. ISSN 1801-5336
- Černý, M. (2010). Interruptions and overlaps in doctor-patient communication revisited. *Linguistica Online*
- Chang, C. L., Park, B. K., & Kim, S. S. (2013). Conversational analysis of medical discourse in rehabilitation: A study in Korea. *The journal of spinal cord medicine*, 36(1), 24-30.
- Chambers, J. K., Trudgill, P., & Schilling-Estes, N. (2002). *The handbook of language variation and change*: Wiley Online Library.
- Charles, C., Gafni, A., & Whelan, T. (1999). Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model. *Soc Sci Med*, 49(5), 651-661.
- Charles, C., Whelan, T., & Gafni, A. (1999). What do we mean by partnership in making decisions about treatment? *British Medical Journal*, 319(7212), 780.
- Coe, J. (2008). Communication during veterinarian-client-patient interactions in companion animal practice. Ph.D. NR42556, University of Guelph, Canada
- Coe, J. B., Adams, C. L., & Bonnett, B. N. (2008). A focus group study of veterinarians' and pet owners' perceptions of veterinarian-client communication in companion animal practice. *Journal of the American Veterinary Medical Association*, 233(7), 1072-1080.
- Cornell, K. K., & Kopcha, M. (2007). Client-Veterinarian Communication: Skills for Client Centered Dialogue and Shared Decision Making. *Veterinary Clinics of North America: Small Animal Practice*, 37(1), 37-47. doi: <http://dx.doi.org/10.1016/j.cvsm.2006.10.005>
- Coulehan, J. L., & Block, M. R. (1992). *The medical interview: mastering skills for clinical practice*: FA Davis Company.
- Coupland, J., Robinson, J. R., & Coupland, N. (1994). Frame negotiation in doctor-elderly patient consultations. *Discourse & Society*, 5(1), 89-124.

- Creswell, J. W. (2012). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (4 ed.). Boston, USA: Pearson Education.
- Creswell, J.W. (2013). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*, 3rd edition, Thousand Oaks, CA: Sage
- Creider, S. (2009). Frames, footing, and teacher-initiated questions: An analysis of a beginning French class for adults. *Working Papers in TESOL and Applied Linguistics*, 9(2), 87-134.
- De Graaf, G. (2005). Veterinarians' discourses on animals and clients. *Journal of Agricultural and Environmental Ethics*, 18(6), 557-578.
- DiMatteo MR, DiNicola DD. (1982). *Achieving patient compliance*. New York, Pergamon.
- Denzin, N. K. 2012. Triangulation 2.0. *Journal of Mixed Methods Research*, 6(2), 80-88
- Drew, P., Chatwin, J., & Collins, S. (2001). Conversation analysis: a method for research into interactions between patients and health-care professionals. *Health Expectations*, 4(1), 58-70.
- Drew, P., & Heritage, J. (1992). *Analyzing talk at work: An introduction*
- Dysart, L. M., Coe, J. B., & Adams, C. L. (2011). Analysis of solicitation of client concerns in companion animal practice. *Journal of the American Veterinary Medical Association*, 238(12), 1609-1615.
- Everitt, S., Pilnick, A., Waring, J., & Cobb, M. (2013). The structure of the small animal consultation. *Journal of Small Animal Practice*, 54(September), 453-458. <http://doi.org/10.1111/jsap.12115>
- Fahy, P. J. (2001). Addressing some common problems in transcript analysis. *The International Review of Research in Open and Distributed Learning*, 1(2). doi: <http://dx.doi.org/10.19173/irrodl.v1i2.32>
- Faller, E.M., Dumanig F.P., Delli, R.M. (2015). Language Choice and Accommodation Strategies in Pharmacist-Patient Interaction in Ambulatory Care Pharmacy Service, presented at The fifth Asian Conference on Clinical Pharmacy, Advancing Clinical Pharmacy Practice & Education Toward Patient-Centered Care, Bangkok, 2015, Thailand, The Ambassador Bangkok and Convention Center.
- Fallowfield, L., & Jenkins, V. (2004). Communicating sad, bad, and difficult news in medicine. *The Lancet*, 363(9405), 312-319.

- Feagin, C. (2013). Entering the Community. *The handbook of language variation and change*, 17-37.
- Feider, H., & Saint-Pierre, M. (1987). Elementary school children's pragmatic skills: What children learn between five and ten. *Lenguas Modernas*, 14, 55–68.
- Fioramonte, A. (2014). *A study of pragmatic competence: International medical graduates' and patients' negotiation of the treatment phase of medical encounters*. (PhD Dissertation), University of South Florida, scholarcommons.usf.edu.
- Fisher, S. and Groce, S. (1990). Accounting practices in medical interviews. *Language in Society*, 19, 225-50.
- Fishman, J. M., Fishman, L. M., & Grossman, A. (2010). *History Taking in Medicine and Surgery*: PasTest Ltd.
- Fitzpatrick, R., & Boulton, M. (1994). Qualitative methods for assessing health care. *Quality in health care*, 3(2), 107.
- Frankel, R. M. (1984). From sentence to sequence: Understanding the medical encounter through micro interactional analysis. *Discourse Processes*, 7(2), 135-170.
- Frankel, R. M. (1995). Emotion and the physician-patient relationship. *Motivation and emotion*, 19(3), 163-173.
- Freed, A. F., & Ehrlich, S. (2010). *"Why do you ask?": The function of questions in institutional discourse*. Oxford: Oxford University Press.
- Freed, A. F. (2015). Institutional Discourse. In T. S. a. C. I. K. Tracy (Ed.), *The International Encyclopedia of Language and Social Interaction*.
- Gabe, J., Olumide, G., Bury, M., 2004. It takes three to tango: a framework for understanding patient partnership in paediatric clinics. *Social Science & Medicine* 59, 1071–1079.
- Gill, V. T., & Maynard, D. W. (2006). Explaining illness: Patients' proposals and physicians' responses. *Studies in Interactional Sociolinguistics*, 20, 115.
- Gravetter, F. J., & Forzano, L. B. (2012). Selecting research participants. In *Research methods for the behavioral sciences* (4th ed., pp. 137-156). Stamford, CT: Cengage.
- Gray, C., & Moffett, J. (2013). *Handbook of veterinary communication skills*: John Wiley & Sons.
- Goffman, E. (1981). *Forms of Talk*. Philadelphia: University of Pennsylvania Press

- Gordon G, Joos S, & Byrne J. (2000). Physician expressions of uncertainty during patient encounters. *Patient education and counseling*, 40 (50–65)
- Gumperz, J. J. (1982). *Discourse strategies* (Vol. 1): Cambridge University Press.
- Gumperz, J. J. (2001). Interactional Sociolinguistics: A Personal Perspective, in Schiffrin D., Tannen D. and Hamilton H. E. (eds.), *The Hand-book of Discourse Analysis*. Blackwell, Malden, 215–228
- Gumperz, J. J. (1977). The sociolinguistic significance of conversational code-switching. *RELC journal*, 8(1), 1-34.
- Ha, J. F., & Longnecker, N. (2010). Doctor-patient communication: a review. *The Ochsner Journal*, 10(1), 38-43.
- Hackett, T. B., & Mazzaferro, E. M. (2012). Veterinary emergency and critical care procedures. Blackwell, John Wiley & Sons.
- Hall, K. A. (2012). *Communication in Veterinary Medicine: An Examination of the Veterinary Medical Encounter*. Auburn University.
- Hassan, N. & Azirah, H. (2009). 'Electronic English in Malaysia: Features and language in use', *English Today* 100 25–4:39–46. <http://jcmc.indiana.edu/vol10/issue2/huffaker.html> (accessed 20 June 2013).
- Have, P. T. (2001). Lay diagnosis in interaction. *Text–Interdisciplinary Journal for the Study of Discourse*, 21(1-2), 251-260.
- Have, P. T. (1991). Talk and Institution: A reconsideration of the " Asymmetry" of doctor-patient interaction. In D. B. a. D. H. Z. (Eds.) (Ed.), *Talk and Social structure: Studies in Ethnomethodology and Conversation Analysis* (pp. 138-163). Berkeley: University of California Press.
- Have, P. T. (1989). The consultation as a genre. In: B. Torode, ed. *Text and Talk as Social Practice* : 115-35. Dordrecht/Providence, R.I.: Foris Publications.
- Heath, C. (1981). The opening sequence in doctor-patient interaction. In P. Atkinson & C. Heath (Eds.), *Medical work: Realities and routines* (pp. 71–90). Farnborough, England: Gower
- Heritage, J. (1997). Conversation Analysis and Institutional Talk: Analyzing Data, in D. Silverman (ed.) *Qualitative Analysis: Issues of Theory and Method*, pp. 161–82. London: Sag
- Heritage, J., & Clayman, S. (2011). *Talk in action: Interactions, identities, and institutions* (Vol. 44): John Wiley & Sons.

- Heritage, J., & Maynard, D. W. (2006). *Communication in medical care: Interaction between primary care physicians and patients* (Vol. 20): Cambridge University Press.
- Heritage, J., & Robinson, J. D. (2006). The structure of patients' presenting concerns: Physicians' opening questions. *Health communication, 19*(2), 89-102.
- Hewitt H, Gafaranga J, McKinstry B (2010) Comparison of faceto-face and telephone consultations in primary care: qualitative analysis. *Br J Gen Pract 60*:201–212. doi:10.3399/bjgp10X501831
- Hodson, R. (1999). *Analyzing Documentary Accounts* (Vol. 128). USA: SAGE Publications.
- Holloway, I. (2005). *Qualitative research in health care*: McGraw Hill Education (UK). Holmes, J. (1984). Modifying illocutionary force. *Journal of Pragmatics, 8*(3), 345-365.
- Holst M. (2010). *Japanese doctor-patient discourse: an investigation into cultural and institutional influences on patient-centered communication*, MA dissertation, University of Edinburgh.
- Holmes, J., & Stubbe, M. (2003). Small Talk and Social Chat at Work. *Power and Politeness in the Workplace: A Sociolinguistics Analysis of Talk at Work*. London: Longman, 87 – 108.
- Hudak, P. L., & Maynard, D. W. (2011). An interactional approach to conceptualising small talk in medical interactions. *Sociology of Health and Illness, 33*(4), 634–653.
- Jasper, J., (2011). Strange bedfellows: Appropriations of a tainted urban dialect. *Journal of Sociolinguistics 15*:493–524
- Jefferson, G. (2004). Glossary of transcription symbols with an introduction. *Conversation analysis: studies from the first generation*. G. Lerner. Amsterdam, John Benjamins: 13-31.
- Jewitt, C. (2012). An introduction to using video for research. *National Centre for Research Methods*
- Kanji, N., Coe, J. B., Adams, C. L., & Shaw, J. R. (2012). Effect of VCP interactions on client adherence to dentistry and surgery recommendations in companion-animal practice. *Journal of the American Veterinary Medical Association, 240*(4), 427-436.
- Karnieli-Miller, O., Werner, P., Neufeld-Kroszynski, G., & Eidelman, S. (2012). Are you talking to me?! An exploration of the triadic physician–patient–companion communication within memory clinics encounters. *Patient Education and Counseling, 88*(3), 381-390.

- Kiesling, S. F., & Schilling-Estes, N. (1998). Language style as identity construction: A footing and framing approach.
- Kirwan, M. (2010). Basic communication skills. *Handbook of veterinary communication skills*, 1-24.
- Kurtz, S. (2006). Teaching and learning communication in veterinary medicine. *Journal of veterinary medical education*, 33(1), 11-19.
- Lagoni, L., Butler, C., & Hetts, S. (1994). *The human-animal bond and grief*: WB Saunders Company.
- Larsson, S., Säljö, R., & Aronson, K. (1987). Patient–doctor communication on smoking and drinking: Lifestyle in medical consultations. *Social Science and Medicine*, 25, 1129–1137.
- Leavy, P. (2014). *The Oxford handbook of qualitative research*: Oxford University Press, USA.
- Ledford, J. K. (1999). *The complete Guide to Ocular History Taking*: SLACK Incorporated.
- Levinson W, Stiles WB, Inui TS, Engle R. (1993). Physician frustration in communicating with patients. *Med Care* , 31,285-95.
- Levinson, W., Kao, A., Kuby, A., & Thisted, R. (2005). Not all patients want to participate in decision making. A national study of public preferences. *Journal of General Internal Medicine*, 20(6), 531-535.
- Lindstrom, N., (2011). Use of other-repetition/ Reformulations as feedback by foreign and Swedish Physicians in medical consultation. In Paggio, ap., Ahlsen,E., Allwood,J., Jokinen,K., & Navarretta, C. *Proceedings of the 3rd Nordic Symposium on Multimodel Communication*. University of Helsinki, Finland.
- MacMartin, C., Wheat, H. C., Coe, J. B., & Adams, C. L. (2015). Effect of question design on dietary information solicited during veterinarian-client interactions in companion animal practice in Ontario, Canada. *Journal of the American Veterinary Medical Association*, 246(11), 1203-1214.
- Marks, A. R. (2012). Participation framework and footing shifts in an interpreted academic meeting. *Journal of interpretation*, 22(1), 4
- Marvel, M. K., Epstein, R. M., Flowers, K., & Beckman, H. B. (1999). Soliciting the patient's agenda: have we improved? *Jama*, 281(3), 283-287.
- Mast, M. S. (2007). On the importance of nonverbal communication in the physician-patient interaction physician – patient interaction. *Patient Education and Counseling*, 67(3), 315–318.

- Maxwell J. (2013). *A Model for Qualitative Research Design: An Interactive Approach*, 3rd Ed. SAGE publishing. California, USA.
- Maynard, D. W., & Heritage, J. (2005). Conversation analysis, doctor–patient interaction and medical communication. *Medical education*, 39(4), 428-435.
- Maynard, D.W., & Hudak, P.L. (2008). Small talk, high stakes: Interactional disattentiveness in the context of prosocial doctor-patient interaction. *Language in Society*, 37(5), 661-688.
- Meeuwesen, L., Bensing, J., & Kaptein, M. (1998). Doctor-parent-child communication over the years: an interactional analysis.
- Miles, M. B. & Huberman, A. M. (1984). *Qualitative Data Analysis: A Sourcebook of New Methods*. Beverly Hills, CA: Sage.
- Mohammad, A. (2017). *A Discourse Analysis of Nursing Handoffs: Exploring Nurse-to-nurse Interactions in Two Hospitals in Saudi Arabia*. Ph.D. Dissertation. University of South Florida.
- Morton, K. R., Worthley, J. S., Nitch, S. R., Lamberton, H. H., Loo, L. K., & Testerman, J. K. (2000). Integration of Cognition and Emotion : A Postformal Operations Model of Physician-Patient Interaction. *Journal of Adult Development*, 7(3), 151–160.
- Oprea, L. (2009) An analytic review of the doctor-patient relationship part I. *Revista Romana de Bioetica*, Vol. 7(2): p: 125-137
- Park, Y. (2011). The use of reversed polarity repetitional questions during history taking. *Journal of Pragmatics*, 43(7), 1929-1945.
- Prince, E. F., Frader, J., & Bosk, C. (1982). On hedging in physician-physician discourse. *Linguistics and the Professions*, 8, 83-97.
- Rampton, B. (2017). Interactional sociolinguistics. *UK: Tilburg University*.
- Realini, T., Kalet, A., Sparling J. (1995). Interruption in the medical interaction. *Arch Fam Med*; 4(12):1028-1033.
- Rees, A. M. (1993). Communication in the physician-patient relationship. *Bulletin of the Medical Library Association*, 81(1), 1.
- Robinson, A. (2009). Fort Dodge Indices, Fort Dodge Animal Health.
- Robinson, J. D. (1999). The organization of action and activity in primary-care, doctor-patient consultations (Unpublished Ph.D. dissertation), University of California, Los Angeles.

- Robinson, J. D. (2003). An interactional structure of medical activities during acute visits and its implications for patients' participation. *Health communication*, 15(1), 27-59.
- Robinson, J. D., & Heritage, J. (2006). Physicians' opening questions and patients' satisfaction. *Patient Education and Counseling*, 60(3), 279-285.
- Rost, K., Carter, W., & Inui, T. (1989). Introduction of information during the initial medical visit: consequences for patient follow-through with physician recommendations for medication. *Soc Sci Med*, 28(4), 315-321.
- Roter D. (1977). Patient participation in the patient-provider interaction: the effects of patient question asking on the quality of interaction, satisfaction and compliance. *Health Educ Monogr*.5281- 315
- Roter, D., Stewart, M., Putnam, S. M., Lipkin, M., Stiles, W., & Inui, T. S. (1997). Communication patterns of primary care physicians. *Jama*, 277(4), 350-356.
- Roter, D., & Hall, J. A. (2006). *Doctors talking with patients/patients talking with doctors: improving communication in medical visits*: Greenwood Publishing Group.
- Ruusuvuori, J. (2000). *Control in the medical consultation: Practices of giving and receiving the reason for the visit in primary health care*: Tampere University Press.
- Sadegh-Zadeh, K. (2015). *Handbook of Analytical Philosophy of Medicine* (2nd edition). Springer Dordrecht Heidelberg: London, New york.
- Saldana, J. (2013). *The coding manual for qualitative researchers* (2nd edn). London: Sage
- Sarangi, S. and Candlin, C. N. (2011). Professional and organisational practice: A discourse/communication perspective. In C. N. Candlin and S. Sarangi (eds) *Handbook of Communication in Professions and Organisations*. Berlin: Mouton de Gruyter.
- Sarangi, S. (2000). Activity types, discourse types and interactional hybridity: The case of genetic counselling. In Srikant Sarangi and Malcolm Coulthard, *Discourse and social life*, (eds.). Longman: Harlow, 1–27
- Schegloff, E. (1988). Presequences and indirection: Applying speech act theory to ordinary conversation. *Journal of Pragmatics*, 12(1), 55–62.
- Schegloff, E., & Sacks, H. (1973). Opening up closing. *Semiotica*, 8(289-327).
- Schegloff, E. A. (1972). Notes on a conversational practice: Formulating place. In D. Sudnow (Ed.), *Studies in social interaction* (75-119). New York: The Free Press.

- Schiffrin, D.(1990). Conversation Analysis. *Annual Review of Applied Linguistics*, 11(3-16). Dio: 10.1017/S0267190500001926.
- Schöpf, A. C., Martin, G. S., & Keating, M. A. (2017). Humor as a communication strategy in provider–patient communication in a chronic care setting. *Qualitative Health Research*, 27(3), 374–390. doi: 10.1177/1049732315620773
- Searle, J. R. (1975). Indirect speech acts. In P. Cole & J. Morgan (Eds.), *Syntax and semantics: Vol. 3. Speech acts* (pp. 59-82). New York: Academic Press.
- Searle, J. R. (1979). *Expression and meaning : Studies in the theory of speech acts*. Cambridge, Eng. ; New York: Cambridge University Press.
- Selamat, J. T. (2014). *Code Switching in the Malaysian ESL Classroom* (Unpublished doctoral dissertation). University of Otago.
- Shartiely, N.E. (2013). *Discourse Strategies of Lecturers in Higher Education Classroom Interaction: A case at the University of Dar es Salaam, Tanzania*. Doctoral dissertation. Stellenbosch: University of Stellenbosch.
- Shanan, A. (2011). A veterinarian’s role in helping pet owners with decision making. *Veterinary Clinics: Small Animal Practice*, 41(3), 635-646.
- Shaw, J. R. (2004). *Communication skills and the VCPrelationship*. (ph.d), University of Guelph.
- Shaw, J. R. (2006). Four core communication skills of highly effective practitioners. *Veterinary Clinics of North America: Small Animal Practice*, 36(2), 385-396.
- Shaw, J. R., Adams, C. L., & Bonnett, B. N. (2004). What can veterinarians learn from studies of physician- patient communication about VCPcommunication? *Journal of the American Veterinary Medical Association*, 224(5), 676-684.
- Shaw, J. R., Adams, C. L., Bonnett, B. N., Larson, S., & Roter, D. L. (2004). Use of the Roter interaction analysis system to analyze veterinarian-client-patient communication in companion animal practice. *Journal of the American Veterinary Medical Association*, 225(2), 222-229.
- Shaw, J. R., Adams, C. L., Bonnett, B. N., Larson, S., & Roter, D. L. (2008). veterinarian-client-patient communication during wellness appointments versus appointments related to a health problem in companion animal practice. *Journal of the American Veterinary Medical Association*, 233(10), 1576-1586.
- Shaw, J. R., Adams, C. L., Bonnett, B. N., Larson, S., & Roter, D. L. (2012). Veterinarian satisfaction with companion animal visits. *Journal of the American Veterinary Medical Association*, 240(7), 832-841.

- Shaw, J. R., Barley, G. E., Hill, A. E., Larson, S., & Roter, D. L. (2010). Communication skills education onsite in a veterinary practice. *Patient Education and Counseling*, 80(3), 337-344.
- Shaw, J. R., Bonnett, B. N., Adams, C. L., & Roter, D. L. (2006). veterinarian-client-patient communication patterns used during clinical appointments in companion animal practice. *Journal of the American Veterinary Medical Association*, 228(5), 714-721.
- Shaw, J. R., Bonnett, B. N., Roter, D. L., Adams, C. L., & Larson, S. (2012). Gender differences in veterinarian-client-patient communication in companion animal practice. *Journal of the American Veterinary Medical Association*, 241(1), 81-88.
- Sidnell, J. (2009). The Design and Positioning of Questions in Inquiry Testimony In Alice F. Freed & S. Ehrlich (Eds.), "*Why Do You Ask?*" *The Function of Questions in Institutional Discourse* (pp. 20-41). NY: Oxford University Press, Inc.
- Silverman J, Kurtz SA, Draper J. (1999). *Skills for communicating with patients*. Abingdon, Oxon, UK: Radcliffe Medical Press.
- Silverman JD, Kurtz SM, Draper J. (2005). *Skills for communicating with patients. 2nd ed.* Oxford, England: Radcliffe Publishing.
- Speer, S. A., & Parsons, C. (2006). Gatekeeping gender: Some features of the use of hypothetical questions in the psychiatric assessment of transsexual patients. *Discourse & Society*, 17(6), 785-812.
- Stewart, M. A. (1995). Effective physician-patient communication and health outcomes: A review. *Canadian Medical Association Journal*, 152(9), 1423-1433.
- Stiles, W. B., Putnam, S. M., Wolf, M. H., & James, S. A. (1979). Interaction exchange structure and patient satisfaction with medical interviews. *Medical Care*, 17(6), 667-681.
- Stivers, T., & Heritage, J. (2001). Breaking the sequential mold: Answering 'more than the question during comprehensive history taking. *Text-Interdisciplinary Journal for the Study of Discourse*, 21(1-2), 151-185.
- Suchman, A. L. (2006). A New Theoretical Foundation for Relationship- centered Care. *Journal of General Internal Medicine*, 21(S1), S40-S44.
- Tates, K., & Meeuwesen, L. (2001). Doctor-parent-Child communication. A (re) view of the literature. *Soc Sci Med*, 52(6), 839-851.
- Tates, K., Elbers, E., Meeuwesen, L. & Bensing, J.(2002b) Doctor-parent-child relationships: A 'pas de trios' *Patient Education and Counseling*, 48, 5-14.

- Tay, L., Chan M., Yap N., Wong, B. (2016). Discourse particles in Malaysian English: What do they mean? *Bijdragen tot de taal-, land- en volkenkunde/Journal of the Humanities and Social Sciences of Southeast Asia* 172: 479–509.
- Teas Gill, V., & Roberts, F. (2013). Conversation analysis in medicine. *The handbook of conversation analysis*, 575-592.
- Ten Have, P. (1989). The consultation as a genre. *Text and talk as social practice*, 115-135.
- Ten Have, P. (2001). Sequential structures and categorical implications in doctor–patient interaction: ethnomethodology and history. Professional conference: ‘*structure and emergence of professionalized ‘Praxis’’*’, J.W. Goethe-Universität, September 26–28, Frankfurt, Germany
- Terasaki AK. (2004). Pre-announcement sequences in conversation. In: Lerner G, editor. *Conversation analysis: studies from the first generation*. Amsterdam: John Benjamins; 2004. p. 171–223.
- Tinga, C. E., Adams, C. L., Bonnett, B. N., & Ribble, C. S. (2001). Survey of veterinary technical and professional skills in students and recent graduates of a veterinary college. *Journal of the American Veterinary Medical Association*, 219(7), 924–931.
- Todd, A. D. (1983). A diagnosis of doctor-patient discourse in the prescription of contraception. *The social organization of doctor-patient communication*, 159-188.
- Tsai, M. H. (2000). *Companions of elderly patients: A sociolinguistic study of triadic medical encounters in Southern Taiwan* (Unpublished Ph.D. dissertation). Georgetown University, Washington, D.C.
- Tsui, A. (2013). A functional description of questions *Advances in spoken discourse analysis* (pp. 95-116): Routledge.
- Valero-Garcés, C. (2002). Interaction and conversational constrictions in the relationships between suppliers of services and immigrant users. *Pragmatics*, 12(4), 469-495.
- Vandevelde, P. (2000). Karl-Otto Apel’s Critique of Heidegger. *Southern Journal of Philosophy*, 38(4), 651–675.
- Viljoen, M. J., & Sibiyi, N. (2009). *History taking and physical examination* (Print book: English : 2nd ed.): Ape Town : Pearson Education South Africa,.
- Waitzkin, H. (1991). The politics of medical visits: How patients and doctors deal with social problems: New Haven, CT: Yale University Press.

- Walker, V. (2011). Codeswitching as a power and solidarity strategy in the foreign language classroom. An analysis of language alternation strategies utilised in a Portuguese-English higher education class. *Leading Undergraduate Work in English Studies* (3): 351-363.
- West, C. (1983) "Ask me no questions" an analysis of queries and replies in physician-patient dialogues'. In: *The Social Organization of Doctor-Patient Communication*. Washington, D.C.: Center for Applied Linguistics: 75-106
- White, K. L. (1988). *The task of medicine: Dialogue at Wickenburg*. Menlo Park, CA: The Henry Kaiser Foundation
- White, S. (1989). Backchannels across cultures: A study of Americans and Japanese. *Language in society*, 18(01), 59-76.
- Widdowson, H. G. (1996). *Linguistics*. Oxford: Oxford University Press.
- Wissow, L., Roter, D., Bauman, L., Crain, E., Kerckmar, C., Weiss, K., Mitchell, H., & Mohr, B. (1998). Patient- provider communication during the emergency department care of children with asthma. *Medical Care*, 36, 1439±1450.
- Witek, M. (2015). Science Direct Linguistic underdeterminacy : A view from speech act theory. *Journal of Pragmatics*, 76(January), 15–29.
- Wine, L. (2008). Towards a deeper understanding of framing, footing, and alignment. *Studies in Applied Linguistics*, 8(3):1–3.

BIODATA OF STUDENT

The candidate obtained her bachelor's degree in English language from Tikrit University / Iraq in 2003. She also obtained a master's degree in English language / Linguistics in 2007 from the same Iraqi university. She worked as an instructor in the Department of Translation / College of Arts / University of Tikrit for a period of 6 years, and she taught English grammar, general linguistics, composition, and comprehension. She supervised graduation research for many students of the translation department.





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