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Doctors' Politeness Strategies in Doctor-Patient Interaction: A Case Study of *Boston Med*

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Politeness is essential in establishing good interpersonal relationships and maintaining social harmony. By adopting the Face Theory proposed by Brown and Levinson (1987), this study aims to analyze doctors' politeness strategies in doctor-patient interactions with the documentary *Boston Med* as an example. Results show that doctors tend to employ four positive politeness strategies and two negative politeness strategies, with the latter being preferable.

Keywords: politeness strategies, doctor-patient interaction, *Boston Med*

Introduction

Politeness is one of the constraints on human interaction, the purpose of which is to consider others' feelings, establish levels of mutual comfort, and promote rapport (Hill et al., 1986). Language is not only a meaningful way to express politeness, but also the most effective instrument in doctor-patient interactions. In recent years, there has appeared to be tension in doctor-patient relationships in hospitals. Medical practice has proved that many doctor-patient conflicts are caused by different attributions of the same problem caused by the different role consciousness of doctors and patients in medical behavior. Till now, few scholars have studied the politeness strategies employed by doctors in doctor-patient conversations from the perspective of the Face Theory. Therefore, the present study takes the documentary *Boston Med* as an example to analyze how doctors employ politeness strategies from the perspective of the Face Theory and summarize the features of linguistic expressions frequently used by doctors in the conversations between doctors and patients.

Literature Review

Empirical research regarding the performance of doctor-patient interaction is often associated with the investigation of turn-taking, topic control, and conflicts. Four aspects of outpatient interaction in the United States are explored by conversation analysis: turn-taking, question and answer in doctor-patient interaction, misunderstanding, and laughter (West, 1984). It is the doctor who is subject to guide and control the topic (Ainsworth-Vaughn, 1998). While there are different voices, it is more common for patients to introduce a new topic (Campion & Langdon, 2004). Doctors grant patients' deontic rights to pursue their preferred course of action independently, while patients view doctors' epistemic and deontic rights as a means of avoiding commitment to their recommendations. These opposing attitudes towards epistemic and deontic authority undermine the concept of shared decision-making (Landmark, Gulbrandsen, & Svennevig, 2015).

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The study of doctor-patient interaction in China has been conducted mainly from linguistic and medical perspectives. Gu (1997) presented a detailed analysis of five transactions about handling a bedpan at a hospital nursing station in Beijing. Wang (2002) suggested that there exist unbalanced power relations between doctor and patient and that questions in doctor-patient talk are related to face and politeness strategy. The politeness of clinical interaction revealed that doctors use a direct politeness strategy, whereas patients never do so (Hu, 2016). The patients demonstrate their resistance in two ways: questioning clinicians' decisions and proposing an alternative plan (Zhao & Ma, 2020). Both Chinese and Western researchers have contributed to the study of doctor-patient interaction, whereas little attention has been paid to the politeness strategies in doctor-patient interaction.

Theoretical Framework

Brown and Levinson (1987) proposed that face is what is emotionally invested, and that can be lost, maintained, or enhanced, and must be constantly attended to in interaction. They further distinguished two kinds of face: "Negative face: the want of every 'competent adult member' that his actions be unimpeded by others. Positive face: the want of every member that his wants be desirable to at least some others" (Brown & Levinson, 1987, p. 62). They also noted that face-threatening acts (FTAs) are activities that naturally run contrary to the face wants of the addressee and/or the speaker. The degree of threat posed by an FTA, according to them, is calculated by members of a culture as the additive weighting (W) of three independent variables: (D) is the value that measures the social distance between speaker and hearer, their relative power (P), and the absolute ranking (R) of impositions in the particular culture.

To satisfy face as a basic human want, Brown and Levinson (1987) proposed five politeness strategies. To be specific, S (speaker) and H (hearer): (a) act baldly, without redressive actions: It means doing an act in the most direct, clear, unambiguous way possible; (b) positive politeness: It is oriented toward the positive face of the H, the positive self-image that he claims for himself. Positive politeness is approach-based; it "anoints" the face of the addressee by indicating that in some respects, S wants H's wants; (c) negative politeness: It is oriented towards partially redressing H's negative face, his basic want to maintain the claims of territory and self-determination; (d) off record: It is a strategy with a relatively higher degree of redress; and (e) do not do the FTA: It means not doing any fixed FA, avoiding possible offense against H.

As for positive politeness strategies, there are three kinds: (a) claim common ground; (b) convey that S and H are cooperators; and (c) fulfill H's want for some X. And five negative politeness strategies are: (a) be direct; (b) do not presume/assume; (c) do not coerce H; (d) communicate S's want to not intrude on H; and (e) redress other wants of H's.

Data Collection

The present research is grounded on the data obtained from the documentary *Boston Med*, downloaded from Bilibili, a video website in China. This is an eight-episode documentary series chronicling the life and drama of staff, nurses, patients, and their families at three major hospitals: Massachusetts General Hospital, Brigham and Women's Hospital, and Children's Hospital Boston. We select and transcribe 79 dialogues between doctors, nurses, patients, and their relatives in this documentary to form a corpus. Each dialogue lasts approximately 1-3 minutes inside and outside the ward. In each of the excerpts presented below, D stands for doctor, P for patient, and R for relative.

Doctors' Politeness Strategies

Results show that four positive politeness strategies and two negative politeness strategies are employed by doctors in doctor-patient conversations.

Positive Politeness Strategies

Claim common ground.

(1) Have a small talk with patients:

In Excerpt 1, the doctor enjoys chatting with the relatives about the weather. There is no doubt that such chats involving the patient's age, weather, or some other topics mentioned in their interaction that are relevant or irrelevant to diagnosis will be beneficial to create a friendly atmosphere. The doctor stresses common membership in a group with patients and relatives, which in turn will encourage successful interaction, diagnosis, and treatment. Through the chats, the doctor saves the patient's positive face.

Excerpt 1
D: Oh, wow.
R: He's a good healer.
D: Yeah, or—or he had a great surgeon who—
P: That—that—that's part of it, too.
D: How's the weather in the Midwest?
R: Oh, it was ugly. It was snowing yesterday. It was snowing.
D: No, please don't—I'm looking at a job in the Midwest. Ohio is great—

(2) Express sympathy and understanding:

In Excerpt 2, the doctor tells the patient's relatives about the therapeutic schedule and expresses his commiserations, maintaining the positive face of the patient, and conforms to the criterion of sympathy and the criterion of seeking common ground.

Excerpt 2
D: The way we'll do that is, we'll make a neck incision.
R: Yeah.
D: Down to the bone. And then put a reconstruction plate across it.
R: All right.
D: The incision does put the nerve. That gives lower branch movement at risk. Okay?
R: It's hard.
D: You okay? I know. It's hard. I know.

(3) Express concern:

In Excerpt 3, the doctor explains to the patient about the reason for being late. Then he asks the patient about his illness and gives feedback such as "okay", which shows respect for the patient's positive face. Brown and Levinson (1987) suggest that when someone tells a story, there has to be someone to take the respondent role with agreement after each sentence.

Excerpt 3
D: All right. Sorry, I'm—I was late today. I was in the O.R. with a couple of cases. How you doing?
P: Painful.
D: That's all painful? Okay. Yeah.

Convey that S and H are cooperators.

(4) Be optimistic:

In Excerpt 4, the doctor talks with the patient's family, reassuring them that the patient would improve over time. She tells them that the patient would be able to leave the hospital soon. Such "optimistic" expressions of FTAs are associated with the cooperative principle, which can boost the patient's confidence and morale.

Excerpt 4

D: The surgery went very well. His facial nerve should be intact.

R: Okay.

D: Inch by inch, life's a cinch.

R: Right.

D: Yard by yard, it's very hard. So this morning went great. This afternoon will go even better. And then hopefully—

R: And every day will be just that much better.

D: Yeah, and hopefully, you'll take him home by Monday or Tuesday.

R: Okay.

Negative Politeness Strategies

Communicate S's want to not intrude on H.

(1) Inform patients of risks:

In Excerpt 5, the doctor informs the patient of the surgical risks beforehand. The doctor admits that he has compelling reasons for doing the FTA, thereby implying that he would not dream of infringing the patient's negative face.

Excerpt 5

D: Hi. Nice to meet you.

P: Nice to meet you too.

D: It's not a straightforward aortic valve replacement. In our hands, we would quote you upfront, 1% to 2% risk of something bad happening, but we have a lot of experience here. As you know, Dr. Cohn certainly has been doing it for years, so he's the guy you want.

P: I have two kids so try to get me out alive if you can, if you can work on that.

D: We're going to work on that real, real hard.

P: All right, thanks.

Don't coerce H.

(2) Respect the patient's choice:

In Excerpt 6, the doctor initially suggests that the patient stay in the hospital until she gives birth. However, he also understands that it could be difficult for the mother and ultimately respect her decision. Even though the doctor possesses vast medical knowledge and interpersonal skills, he tends to take a non-compulsory approach when expressing his opinions, prioritizing the patient's right to choose.

Excerpt 6

D: We kind of consider it to be an unstable situation.

P: How long am I going to stay here, do you think in hospital?

D: Until you deliver.

P: What do you mean?

D: If you went into labor and tried… and your baby tried to deliver yourself at home. You could be bleed to death. So most women with placenta previa…

P: So what, am I going to stay in the hospital until I have baby?
D: Yes.
P: Are you serious?
D: Well, we wouldn't do anything against your will.

Conclusions

Results show that the positive politeness strategies employed by doctors include claiming common ground and conveying that S and H are cooperators, the purposes of which are to minimize the imposition of doctors' opinions on patients, respect patients' independent personal needs, and favor medical trouble relations harmoniously. The doctors adopt positive politeness strategies to protect patients' faces in order to ensure a smooth and harmonious communication.

For the negative politeness strategies, the doctors communicate S's want to not intrude on H and do not coerce H when talking with patients. The negative politeness strategies weaken the asymmetry of interpersonal relationships and power between doctors and patients. Our analysis shows that negative politeness strategies are more frequently used by doctors. As doctors perform physical examinations and provide treatment plans that inevitably threaten the patient's negative face, they tend to use negative politeness strategies to avoid imposing their own will on the patient, thus preserving the patient's negative face.

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