# A Critical Discourse Analysis towards Utterances in Dentist-Patient Communication

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**Abstract**

The interaction between dentists and patients has been a common issue. Nevertheless, the study regarding the Critical Discourse Analysis on utterances used by dentists when taking care of patients remains unknown. This study aims to discover (1) the experience of fresh-graduate dentists in learning how to interact or communicate with patients in their undergraduate program (past experience) and (2) how they use utterances in taking care of patients (current experience). In achieving the goals of the study, researchers employed narrative inquiry as the design of this study and used open-ended questions as a means of collecting data. The collected data was then analyzed in regard to the Critical Discourse Analysis to find whether the utterances used in taking care of patients were relevant to the knowledge they obtained in the undergraduate program. The outcome of this study reveals that the experience regarding communication between dentists and patients, both in the undergraduate program and in current practice, are interconnected to each other.

## INTRODUCTION

There has been a lot of research in recent years in regard to dentists-patient interaction or communication. In today's healthcare, it becomes more crucial than ever to involve patients in treatment decisions. Regarding the healthcare realm, communication is

essential for building a functional relationship (Peabody, 1927). Patient satisfaction at higher levels, enhanced treatment adherence, improved symptom resolution, deeper comprehension of medical advice given, and improved clinical outcomes are just a few of the significance of effective communication that has been well documented in the literature (Alexander et al., 2006; Hojat et al., 2011; Kaplan et al., 1989; Kelley et al., 2014; Neeman et al., 2011; Ong et al., 1995; Rao et al., 2007; Stewart, 1995).

Building trust between a dentist and a patient plays a major role in successful therapy. To build this trust, before starting treatment, the dentist should inform his patient about the diagnosis and prognosis of the disease; upcoming tests; potential risks they carry, and the subsequent therapy; treatment options. The approach, for sure, must be strictly individual, to enable the patient to understand what is the forthcoming treatment and whether or how it will change the quality of his life. This kind of approach strengthens the relationship between doctor and patient and makes the patient trust the doctor and strictly follow the recommended treatment (Stacey et al., 2009).

Patient-centered communication is characterized by eliciting and respecting the patient's perspective, establishing a shared understanding of the problem and its treatment, aligning the goals of treatment with those of the patient, and engaging in shared decision-making (Epstein et al., 2005). Harter (2004) proposes the following stages for patients' engagement in the process of making decisions about future health care: 1) informing the patient about the importance of making a decision, 2) demonstrating equivalence in conversation, 3) informing the various options, 4) considering the patient's expectations and questions, understanding the problem, 5) defining the patient's expectations, 6) discussing the various options, 7) carrying out a decision, 8) defining ways to carry out the decision.

Specific skills and behaviors that make up patient-centered communication include verbal behaviors, such as using open-ended questions with sufficient time for the patient to consider and answer, avoidance of medical jargon and interrupting statements, making empathic statements, and establishing rapport. Non-verbal behaviors are also important, including open body language, positive affect, and attentiveness. Patient satisfaction was shown to be better among physicians who offered objective information to patients about their disease and treatment alternatives (Heisler et al., 2002). Furthermore, physicians or dentists who perform better on communication have higher work satisfaction, less stress and burnout, and fewer malpractice cases filed against them (Alexander et al., 2006; Entman et al., 1994; Levinson, 1997; Taragin et al., 1994).

In some cases, patients who have a better grasp of their medical situation are better able to control their ailment and adhere to treatment regimens (Heisler et al., 2002; Stiles et al., 1979). In addition, patients who perceive a more in-depth discussion of their illness and who get explanatory remarks regarding their situation from the clinician are more likely to report symptom relief (Stewart, 1995). In order to avoid the wrong diagnosis in carrying out a decision for a patient, a dentist must the use right utterances in communicating with his patient. These utterances can be analyzed by using Critical Discourse Analysis (CDA) to discover whether the utterances are relevant to the knowledge of dentist-patient communication or not.

The notion of Critical Discourse Analysis (CDA) is also important in understanding the discourse of dentist-patient interactions as an example of social practice. CDA, according to Fairclough (1999), is an interdisciplinary paradigm for examining discourse that views language to be a sort of social practice that focuses on how social and political

power are mirrored in text and speech. Classroom instruction, television news, family dinners, and medical consultations are examples of social practice (Fairclough, 1999). Critical social research employs social science resources to address pressing societal issues (Fairclough et al., 2004). CDA is a collection of ideas and methodologies for studying discourse and social life that have been employed in educational research.

CDA employs a variety of methodologies in evaluating textual and language usage as social and cultural activities, each with its own theory, methodology, and research difficulties (Fairclough, 2013). CDA is a theoretical and methodological framework that focuses on how language and social structure interact (Chouliaraki & Fairclough, 2010; Fairclough, 1992a, 1992b). The focus of discourse moves from thinking about and creating the social world to thinking about and producing the social world (Rogers et al., 2005). CDA is an interdisciplinary approach to discourse analysis that emphasizes language as a social practice.

Hence, in order to explore whether the utterances used by dentists in communicating with patients are relevant to the knowledge of dentist-patient communication, critical discourse analysis is crucial to achieving the aim of this study. As a guideline, researchers constructed two problem statements.

1. How did the fresh-graduate dentists obtain and learn the knowledge regarding dentist-patient communication in the undergraduate program?
2. What are the utterances used by fresh-graduate dentists in taking care of patients? Are the utterances relevant to the obtained knowledge in the undergraduate program?

**METHOD**

This study is qualitative-designed research focusing on exploring the experience of fresh-graduate dentists in communicating with their patients. In the natural setting, qualitative researchers frequently gather data in the field, at the location where participants are confronted with the subject or problem under investigation (Creswell, 2014). Narrative inquiry is employed as the research design of this study. Clandinin & Connelly (2000) illuminate a narrative study as a way of comprehending and inquiring into an experience through collaboration between the researcher and participants, over time, in a place, and in social interaction with environments.

To achieve the purpose of this study successfully, the researchers provide open-ended reflective questions to gain the data from three fresh-graduate dentists who are recruited purposively. Ary et al., (2010) reveal that open-ended questions in interviews are beneficial to obtain more valid verbal data from the participants because their depictions of certain phenomena will sound more authentic and natural. The open-ended reflective questions are constructed in regard to the exploration of the experience of the fresh-graduate dentists. The experience includes the knowledge they obtained in the undergraduate program about how to communicate with patients (past experience) and how they implement that knowledge a in real dentistry context (current experience).

**FINDINGS & DISCUSSION**

Researchers interviewed three participants using open-ended questions to obtain information regarding communication between dentists and patients. From the interview that the researchers conducted with 3 participants on 2 separate occasions (2 participants on the first session, and 1 participant on the second session), the researchers found that

communication between patients and dentists is really crucial. From all of the participants, the researchers found that from the educational stage of the dentist that they had during college years communication is important. The participants had similar experiences regarding this matter. The participants practiced their communication skills with mock patients during their college years and all of the participants were monitored by people in charge.

The participants received feedback from their supervisor so that they can improve upon their communication skills and their approach to the patients. The difference is that the first two participants had their friends act as the patients based on the scenarios that have already been created beforehand. While the third participant had to find a patient by herself and she had to treat them well like giving them snacks and food before coming to the practice sessions.

It is understood from the 3 participants' explanations that it is important to know what the patients felt when they come to the dentist's office. Firstly, the dentist asks about the general information of the patients like the name, age, residency, and occupation. Name is important to be asked to serve the purpose to identify the patients. Age is important to precisely treat the patients based on the age group. Residency is important to be asked to know if it is possible for the patients to come back to the dentist's office when required further treatment needs to be done. Occupation is also important to be asked by the dentist to be able to understand their background and if the patients happen to have a background related to pharmacy, then this makes the job of the dentist much easier when giving any prescription because of the patients' awareness. One of the participants storied,

> The first thing that I ask to patients is their identities, "Good afternoon. I am doctor A. What is your name?; Where do you work?; Where do you live?; What is your marital status?"

General information can also be used as a way to relate to the patients if it happens that some of the patients' background is relatable to the dentist. This can create bonding between the patients and the dentist to make the process of gaining information regarding treatment to the patient easier and eliminate the patients' uneasiness from coming to the dentist's office which is well-known to burst an unsettling aura. Most of them are related to pain and blood caused by the treatment but mainly it is just untrue. We journaled,

> In finding out the patients' complaints, we use the stage of anamnesis. Anamnesis is used to explore the patients' complaints. A dentist must be able to determine the right dental care toward the patients' complaints.

The same information regarding treatment that is given to the patients is gathered from the 3 participants. It is inferred that any treatments that are given to the patients are mainly based on the agreement from the patients. The previous point is in line with Eipstein's statement that the patient's perspective is elicited and respected in the decision-making stage (Epstein et al., 2005). The dentist only gives recommendations from the patients' complaints and from the early check-up to make sure what really causes the patients' uncomfortableness. But there are also cases where patients automatically agree with what the dentist recommends and even seek it. If it happens that the patients think

that the treatment that the dentist offer is unsuitable for the patients' situation, mainly about the price and the quickness of the treatment, then the dentist will offer other solution to help the patients first. If a thorough examination or treatment is really needed to fully heal the patients, then the dentist will tell the patients first.

In diagnosing the symptoms that the patients suffer from, the dentist asks some questions that are related to it. For example, the patients' tooth brushing routine, medical record, marital status, and even dentist check-up record. Understanding the patients' tooth brushing routine is important for the dentist to help them point out that improper tooth brushing routine might be one of the causes of the patients' symptoms. Discovering the medical record of the patients is crucial to assist the dentist to comprehend that there might be some correlation between the disease(s) that the patients already have with the newly acquired dental symptoms. If the correlation is serious, the dentist might suggest thorough treatments to heal the patients.

Information about the patients' marital status is important for the dentist to acquire because some of the dental symptoms can be transmitted from the sexual activities of the patients in which some cases related to Sexually Transmitted Diseases (STD) like Human Immunodeficiency Virus (HIV) that can affect the dental area and transmitted to unsafe sexual activities. Lastly, the patients' dentist check-up record helps the dentist to figure out what type of treatments are already received by the patients so that the current dentist can decide whether the dentist wants to correct the wrong treatments given by the previous dentists or wants to continue the previous dentists' treatments. A participant narrated,

> Asking marital status is important because it relates to clinic oral medicine.
> For instance, HIV infections can lead to oral cavity disease such as cancer.
> This stage, asking about marital status, is somewhat difficult, however it is
> a must thing to do in order to obtain more information regarding the
> patients' complaints.

Handling different age group is also need to be considered by the dentist when it comes to communicating with the patients and bonding with them. From all of the participants, the researchers understood that patients from the early age group need some soft approach to be able to bond with them. This kind of approach assists the dentists to strengthen the relationship between dentists and patients; and makes the patient trust the dentist and strictly follow the recommended treatment (Stacey et al., 2009). Kids perhaps feel anxious or frightened when they do their first visit to the dentist's office. It is the dentist's job to make the atmosphere of the office as friendly as possible for the kids. Sometimes, the dentist lets the kids familiarize themselves with all the tools on the dental chair.

The older age group also needs extensive approaches to be able to communicate and bond with them properly. Maintaining communication is essential for building a functional relationship (Peabody, 1927). The older age group really prefers polite language and attitude when it comes to communication. Dentist also needs to pay attention to the medication or treatment that the dentist will give to older age group patients knowing that they might be not as healthy as their younger selves. Some older age group patients might have certain systemic diseases like diabetes that the dentist needs to pay attention to. Other than those two age groups, most of the patients are quite

cooperative with the dentist because they already know what the dentist does and what they really feel before deciding to come to seek help from the dentist.

**CONCLUSION**

The three fresh-graduate dentists had well-narrated experience in the communication between dentists and patients. Their experience in the undergraduate program and in current practice are interconnected to each other so that they can convey utterances commonly used in taking care of patients. The knowledge of dentist-patient communication obtained in the undergraduate program improves their communication skills, particularly information-giving behavior, in simulated patient encounters.

The communication skills are already in line with the eight procedures proposed by Harter (2004) which start with informing the patient about the importance of making a decision and end with defining ways to carry out the decision. In dentistry, the dentists should comprehend and use the art of communication in order to implement these steps successfully. Moreover, the utterances used by the fresh-graduate dentists are in line with what they had learned in the undergraduate program. This can be proof that the communication between dentists and patients is one of the social practices in Critical Discourse Analysis, especially regarding medical consultation (Fairclough, 1999).

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