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ROLE RELATIONSHIP IN VETERINARIAN-CLIENT-PATIENT COMMUNICATION DURING HISTORY-TAKING STAGE

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ABSTRACT

This article identified the type of relationship between veterinarians and pet owners and their social roles during the history-taking stage of the clinical consultations. Veterinarian-client-patient consultations were audio recorded from a public veterinary hospital in Malaysia. Discourse analysis approach was used to analyse the data following Goffman's (1974, 1981) notion of the participation framework and the framework proposed by Shanan (2011) to identify the social roles of the participants during the interaction. The findings in this study revealed that veterinarians and their clients oriented themselves to certain frames in the form of tasks and roles to achieve the medical goals during the medical consultation. The results are hoped to inform veterinary communication training for more effective veterinarian-client communication.

Keywords: discourse analysis, veterinarian-client-patient communication, history-taking stage,
frames, footings

INTRODUCTION

The amount and type of information provided by patients and clients during the history taking interactions has a great effect on diagnosing the patient's

illness in an accurate way. History taking stage (hereafter, HTS) 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 veterinary interaction (Everitt, Pilnick, Waring & Cobb, 2013)

Schiavo (2013, p. 114) noted that a partnership in health communication is achieved when "all partners are equally committed to pursuing a common cause and are aware of their role". The researcher added that doctor-patient relationship is shaped around a common cause which is the patient's health. By increasing the awareness of the partners in the talk regarding their roles and duties, better health outcomes can be achieved. In human and veterinary medical consultations, effective communication has been associated with many positive effects such as, accurate collected data, patients/ clients' adherence to treatment recommendations, and higher level of satisfaction. Poor communication, on the other hand, is the main reason for patients/ clients' complaints and dissatisfaction, less favorable biomedical and psychosocial outcomes, and medical malpractice (Silverman, Kurtz, & Draper, 2005; Adams & Frankel, 2007).

Apart from clinicians' well-grounded command of medical knowledge, the success of human and veterinary medicine practices also very much dependent on doctors/ veterinarians' abilities to manage human communication and the interactive speech events that occur in their professional settings (Schloman 2004; Shaw et al., 2010). Increasing the level of awareness of the communicative partners needs training which improves the communication skills, which include (a) displaying empathy with the client by considering his / 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) asking about the main reason of looking care (Gray & Moffett, 2013; Cornell & Kopcha, 2007) , (c) the use of small talk (Hudak & Maynard, 2011) , (d) using simple and colloquial language, frequent

explanation and repetition (Valero-Garces, 2002), (e) asking different types of questions (Heritage & Robinson, 2006), and (f) summarizing the collected information (Gray & Moffett, 2013; Hackett & Mazzaferro, 2012) among others. The overall purposes in employing these communicative skills is to maintain good relationship with the clients/patients and to successfully achieve their various communicational goals, which are in turn reflected on the animal/ patient recovery and the satisfaction of the clients (Dysart et al., 2011). Lack of health professionals' skills and knowledge can negatively affect patients' understanding of information and recommendations provided by their doctors (Rubinelli, Schulz, and Nakamoto 2009).

Goffman (1981) founded the notion of participation framework, which refers to the different ways in which the participants are able to position themselves within the perceptual range of an utterance as either addressed, not addressed, ratified or not ratified participants. Wine (2008, p. 1) defined 'frames' as the "mental structures that shape the way we see the world, the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions". Marks (2012) added that people usually bring certain frames and background knowledge and competence when engaging in communication which mark the perceptual success for that communication. To give an example, in veterinarian-client communication, the vet has the medical knowledge and past experiences regarding the medical case in hand. The client, at the same time, has the medical history and observation about the same medical case. The client also has the desire that his or her animal patient will recover. In this scenario, the client expects that the vet will ask a series of questions to collect information about the animal. The vet, on the other hand, expects the client to provide enough, straight forward answers to these questions. Such framework is conveyed and exchanged through the speaker-hearer interpersonal relationship. Such relationships determine the actions as well as the alignments adopted by the interactants in certain contexts. Since each party knows about the expectations of the other, the two participation

frameworks can help construct and maintain smooth and effective relationships. However, there are times a clash of interests and expectation might occur which might impact mutual understanding and other decisions taken during the consultation. This requires the two parties to use their communicative competence to accommodate to different personal, institutional, or sociocultural circumstances and avoid miscommunication. These actions and alignments were referred to by Goffman (1981; 1974) as 'footings'. Footing refers to the speakers' shift in style or change of roles depending on the context of speaking or communication (Kiesling & Schilling-Estes, 1998). For example, in the medical communication, the doctor or the vet can use his/her medical competence to change from the role of an expert and source of knowledge to an advisor who cares much for the patient or client or the clients sometimes ask questions while the vets answer them.

In veterinarian-client-patient communication, history taking stage has a unique communicative context and a challenging communication situation that requires the veterinarian to obtain information from a conversational partner about the third party (the animal patient), that is present within the participation structure of the discourse but is not a speaker (Adam & Frankel, 2007). Thus, veterinarians need to utilize effective communication and discourse skills that enable them to elicit detailed and complete information from clients, who are not experiencing the illness themselves but rely on their daily observations to answer questions directed by their veterinarians about their pets' health problem (Shaw, 2004).

Several modern studies have considered doctor-patient relationship as a complex phenomenon and characterized by certain factors such as doctor-patients' style of communication, the amount of participants' contribution into the communication, and patient's satisfaction (Mohiuddin, 2019; Turabian, 2018; 2019, Beck et al, 2002; Joshi, 2017; Garg et al, 2016). These studies have identified three types of doctor-patient and veterinarian-client relationship *paternalism* (doctor/ veterinarian-centered); *consumerism*

(patient/ client-centered); and *maturity* (relationship-centered) according to the control implemented by the doctor/ veterinarian and the patient/ client (Turabian, 2019; Cornell & Kopcha, 2007).

The intent of this study, however, is to comprehensively explore the role of the linguistics aspects of the communication (such as the communicative acts, types and functions of questions, communicational features of talk) as employed by Malaysian veterinarians and their clients in framing the types of relationship during VCP communication. The study also aims to identify the social roles of veterinarian and their clients that emerged from the communication. This exploration would provide in-depth insight of how veterinarians and their clients reflect their social background to position themselves vis-a-vis one another during their communication and what types of relationship emerge throughout their communication.

MATERIALS AND METHOD

Twenty veterinarian-client consultations were audio-recorded. A total of ten veterinarians working as full-time practitioners in the clinic were recruited for the study. Twenty clients were recruited through convenience sampling as the clients came with their pets for their clinical appointments. The clients were approached while waiting for their turn and were informed about the research. Those who gave their consent to participate in the research had their consultations recorded. Ethical approval for the research was obtained from University Putra Malaysia's ethics review committee. Most of the participants (veterinarians and clients) spoke English as a second language. The animal-patients brought to the clinic were small pet animals like cats, dogs, and hedge hocks. Every veterinarian was recorded for two consultations, bringing the total number of consultations recorded to 20. The duration of 16 consultations was shorter than 30 minutes, and four lasted more than 30 minutes. The recordings were transcribed verbatim in ordinary written text for ease of

reading. As this study focused on the history taking stage of the consultation, the sections of the transcription of this stage was marked off for analysis.

RESULTS AND DISCUSSION

Veterinarians' roles during the history taking stage

The findings in this study revealed that the veterinarians adopted number of roles to achieve a successful medical consultation and to arrive at a better HTS. These roles included medical experts, information seekers, sources of power and authority, educators, active listeners, coordinators, cooperative participants, and session initiators and terminators. Some light will be shed on these roles in the following sub-sections.

MEDICAL EXPERTS OR GATEKEEPERS

One of the major medical roles of the veterinarian is to be a medical expert or 'gatekeeper' as is called by Kornell and Kapcha (2007). Adopting the role of medical expert or gatekeeper entitles the veterinarian to be responsible for taking the history information that are necessary to make a better diagnosis and make proper decisions regarding the animal's health problems. During this process, the veterinarian might practice his/her power and authority and uses his experience to ask questions to either elicit history taking information or confirm present information in the patient's medical record or they might adopt one of the interview techniques that reduces the client's participation during the communication (Shanan , 2011). The findings in the present study revealed that the veterinarians practice the role of medical experts mainly by the use of close - ended questions. The use of this act was important to elicit the required information about the patient's history as in excerpt 1.

Excerpt 1 *Dog -back pain*

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In this excerpt, the veterinarian as a medical expert and a source of knowledge asked a number of history taking questions in lines 76, 78, 80, 82, 84, 86, 88, and 91. These questions took a variety of linguistic forms, such as WH-information questions '*When she's walking, how is she walking?*', tag-questions '*The shoulder region is it?*', yes/no questions '*Does she bite you?*', etc. The purpose of these questions was to either elicit information or confirmation from the client as the source of information.

The main goal of HTS is to gather concise and detailed information regarding the patient's illness (Ruusuvuori, 2000; Adams & Frankel, 2007). During this stage of the medical consultations, the doctor/veterinarian is almost the one who seeks information through asking questions and the patient/client is supposed to provide such information through answering these questions (Sarangi, 2000; Valero-Garces, 2002). In the present study, this frame was applied by the veterinarian frequently through an information seeking process to achieve a successful diagnosis and treatment/medication. The role also introduced through adopting the veterinarian-centered approach that defines the veterinarian as the controller of the communicative floors and the client as having passive role. As can be seen in excerpt 2, the vet constructs questions in order to obtain information from the client and the client produces answers.

Excerpt 2 *Hedgehog - appetite problem*

56 V: → She didn't take any food?

- 57 C: Yeah
58 V: → Okay, but this week starting to eat lah?
59 C: Yeah.
60 V: Starting to eat. → Any deworming done before this, any umm, worm medication given?
61 C: Umm no.
62 V: Not done ah Okay. → Uh, but this week she is eating and doing well ah?
63 C: Yes
64 V: → Vitamins you have... You're giving vitamins at the moment, right?
65 C: Yes.
66 V: from the pet shop?
67 C: Uh,
68 V: → Are you giving, still giving it?
69 C: Uh, the colour... the colour of the... Is it mean. You mean...
70 V: → No, are you still giving it?
71 C: Ah yes.

As can be seen in the excerpt, the veterinarian shot the clients with a series of close ended questions. The veterinarian's turns from line 56 to line 70 are close questions. 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). The vet's power established itself by the use of controlled interview method via not giving the client little chance to express his expectations and concerns (Cornell & Kopcha, 2007).

Another way by which the vets practiced their power and authority over the clients is the use of directives as speech acts. As illustrated in excerpt 3, and after the confirmation question was asked by the veterinarian about the pet's name (*Amir?*) in line 1, the veterinarian directly asked the client to put the cat on the table to prepare it for the physical examination, 'put him on the table first' in line 3. This is a direct speech act as it was performed without any attenuation or hinting (Searle, 1975). The use of direct speech act by the vets may suggest their use of authority in communication with the clients.

Excerpt 3*Cat - chronic illness*

- 1 V :Amiri?
- 2 C :Amiri, yeah.
- 3 V :**Put him on the table first.**
- 4 C : Okay. You have the letter from the doctor, right?

The veterinarians were keen to keep the consultation under control in cases when they feel that clients provided irrelevant, inaccurate, or lengthy answers. In these cases the vets adopted the role of medical experts and often interrupted clients to keep the discourse fruitful and effective.

Excerpt 4*Cat - chronic illness*

Does
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used
to
pee
a lot
or
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this
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a lot
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pee
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a lot,
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In this excerpt, in line 71, the vet asked a close question to elicit a specific answer about the animal's urinary case. However, the client provided a lengthy answer in response (line 72). This behavior by the client led the vet to interrupt him after receiving the required information in the next turn (line 73). The interruption was used as a strategy to control the amount and type of information in the session which can help save the time and provide better diagnosis of the patient's case. The use of such linguistic devices as a source of interruption led to patients' unaddressed concerns, patient's dissatisfaction, and

the missing of important data and failing to achieve the necessary skills of patient-centered communication (Realini et al, 1995). This might have helped the vets to control the talk during the consultations. However, this behavior deprived the clients from the contribution to the communication in accordance with their agenda (Heath, 1981). Adams and Frankel (2007) agreed that there is a need for shifting the program from doctor-centered to patient-centered communications to avoid medication errors. In the current study, the vets were dominant in communications and the clients' talks and initiations were limited. According to Freed and Ehrlich (2010, p: 282), the participant's role and discursive practices in institutional encounters are determined by their "institutional identity and status". Hence, the initiation and termination of the medical session is the sole responsibility of the veterinarian. This is because the veterinarian is the one who seeks the information necessary for him/her to make the medical decision regarding the animal patient. The findings in this study revealed that, in most cases, the frame of initiating and terminating the HTS was the sole responsibility of the vets. The findings also showed that the majority of questions that were necessary to launch the session were asked by the vets and were close-ended in nature.

EDUCATORS OR TEACHERS

Educating clients is accomplished through providing enough and accurate information and learning experience so that clients become knowledgeable about issues relevant to their animals' health problems (Abood, 2007). Educating clients in the present study was found achieved by the vets through

providing explanation of the medical case based on the vet's personal and medical knowledge as in Excerpt 5.

Excerpt5 *Dog – Ear hematoma*

Some of the dogs - Ahh, Okay there's a research ongoing ah, when you're having hematoma, you can do a few things. First is nothing, okay? Second thing is

that
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poke
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need
le to
drai
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but
chan
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very
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In this excerpt, in line 30, the vet adapted to the client's language ability and shared some of his medical knowledge that he obtained from previous research about 'hematoma' with his client. The vet explained to the client the best possible practices to deal with such an ear disease in a very simple and general language as a way of building rapport with clients and to reduce the client's anxiety and insecurity feeling. By explaining the three options '*doing nothing*', '*poking a needle to drain it out*', or '*do surgery*', the vet intended to help the client make his final decision based on hard medical evidences.

Additionally, the vets in this study framed the role of educators by adopting certain discourse strategies and communication features to connect with the client and to facilitate the process of the information gathering.

Excerpt 6 *Dog - ear lobe irritation*

5	V	:	→Yeah. Usually because of excessive scratching, so, then it accidentall
6			y burst the vein, bleeding the earlobe then it will have this. So, if you leave
7			it alone, in with about

		four to six front times, it will actually shrink but it's not nice. The ear won't. It'll be like a, like a cauliflower like that. It will shrink not nice anymore. Yes yesyes
8		
9		
10	C :	

In excerpt 6, after the vet summarized the information from the pet's medical report as a way to enter the business of the current consultation, she used her medical knowledge and experiences and in a very simple, direct, and understandable language, she provided the client with information regarding the causes of this disease and the possible consequences that will occur if the animal kept without cure (lines 5-9). The vet's aim was to facilitate the understanding of the client of his animal's problem and to build smooth relationship with the client. Educating the clients with medical facts, opinions, and options is one of the four core communication tasks essential to build effective relationships and achieves mutual understanding between the medical participants (Cornell and Kopcha, 2007).

ACTIVE SUPPORTERS AND COOPERATORS

Lagoni et al. (1994) maintained that clients or patients prefer that their emotions are acknowledged and their concerns are listened to by their doctors or veterinarians. This can be achieved by the veterinarians by being active

listeners and cooperators to facilitate the process of information seeking and providing (Shanan , 2011). Such listening and cooperation make the clients feel supported and leads them to reach their final satisfaction. The findings of this study showed that the veterinarians showed their supporting to their clients using different discourse strategies and communicational features and also they gave much time for their clients to talk and express their concerns regarding their animal problems.

Expert 7 *Cat - chronic illness*

5	C	:	He's been
4			such a nice
5			cat after
5			doing that
5			(nose
6			operation)
			he became
			so grumpy,
			so moody
			and then
			from then he
			doesn't eat,
			he doesn't
			drink. He
			doesn't like
			the feeling
			of the pain
			or whatever,
			so he
			became so
5			grumpy,
7			anyone
			touch him,
			he will just (
			hhhhhhha
			(expressing
			anger)
5			you know,
8			will get so
			angry
5	V		→Yes
9			
6			And doctor

0			Vijay and
6			doctor
1			Aishah know
			he is very
			nice cat, he
			doesn't bite,.
			he doesn't
			do anything
6	V	:	→ Aha
2			
6	C	:	So, when I
3			ask the
			doctors to
			put drink
			from him
			they say it's
			quite
			reluctant
			because it's
			going to suff
			er the cat but
			I find it's so
			dehydrated

As shown in the excerpt⁷, the client in line 54 was allowed by the veterinarian to speak about the nature of her cat before removing part of his nose and expressed her concern freely without any interruption. In lines 59 and 62, the vet used one of the communicational features which is backchannel markers (yes, aha) to show that she is attentively listening to the client and she understood the client. The use of back-channeling or supportive remarks by veterinarians encourages the clients to maintain the floor and continue talking to express his emotion regarding the animal and, at the same time, provide detailed history information about the animal's case (Cutrone, 2010).

Patients' satisfaction and their compliance with the medical treatment was found to have a positive relationship in human medical communication (Rees, 1993). This is mainly achieved through showing cooperation by the physician and his or her patient. Such cooperation would encourage patients to participate in their own health care, volunteer information, and consequently

elicit better information for the physician to make suitable medical decisions. Although previous studies have reported that the vets possessed their hidden medical agenda (e.g., Adams & Frankel, 2007), in this study, the vets often did not show superiority of information and knowledge and did not hide information. On the contrary, the vets in this study showed cooperation with their clients through varying their linguistic strategies to accommodate to the difference in knowledge between them and their clients. They also showed empathy, lowered their linguistic level, simplified and shortened their sentences, and repeated and paraphrased their questions. These strategies allowed the client to access the knowledge about the medical case in order to participate in the medical decision.

Excerpt 8 *Dog - skin problem*

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observe
these
little
cysts
that
double
up
in
size
within
a
few
months.
Uh-
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As shown in the excerpt 8, the vet and his client worked cooperatively to diagnose the animal's problem. While the vet encouraged the client to provide accurate information about the animal, the client cooperated with the vet towards the same objective. First, the vet showed her empathy with the animal case using the emphatic marker in line 37, reacted by repetition in line 51 and appreciated the client's effort in line 53. In fact, in this medical encounter, the vet and client together had specific and mutually understandable expectations of each other which were reflected in their selection of language and communication strategies (Freed & Ehlich, 2010; Sarangi, 2000; Valero-Garce, 2002). This is in agreement with Heritage (1997) who noted that the communicational participants in institutional encounters employ a number of

linguistic and discourse strategies relevant to the situation, which makes them exhibit practices specific to that situation.

The choice of lexical items represents participants' understanding and handling of situation in institutional contexts (Valero-Graces, 2002). The vets in this study attempt to use discourse strategies that facilitate the process of information gathering as shown in the following excerpt:

Excerpt 9 *Cat - skin problem*

I just noticed this? (pointing to the area around the cat's mouth)

→Ah you just noticed this how?

I just noticed all black all over here

How many cats do you have at home?

Eight

→Eight?

yea, in two different cages

This one, this one go out the house or not?

no

→No, never?

usually indoor, only indoor

→only indoor

attends to aaaaa

→attends to go out

Yes

→wants to escape from the house

yes, but she knows how to get back

In excerpt 9, the vet, in line 2, repeated the client's answer to facilitate the relationship and to solicit high-quality information from the client. Again and for the same purposes, the vet repeated the client's answer in lines 6, 10, and 12. In line 14, the vet used a new discourse strategy known as 're-completer'

(Adams and Frankel, 2007, p: 5) to help the client elaborate on the content and the emotional aspect of what she is saying. Then again the vet rephrased the client's answer in line 16. The use of these communicational and discourse features leads to establish more client relationship that resulted in improved veterinarian-client relationship (Adams & Frankel, 2007).

Clients' Roles during the History Taking Stage

Clients also adopted number of roles to assist with the medical consultation and help the veterinarians to arrive at a better HTS, and consequently contribute to the recovery of their animals. These roles included being information providers, information seekers, active participants, and session terminators. Some lights will be shed on these roles in the following sub-sections.

INFORMATION SEEKERS

Initiating questions by the patient is unusual in medical communication (Adams & Frankel 2007). Heritage (1997) noted that any alterations in the participants' role may impact the interactants' participation, deviating the communication order and the type of contribution. The findings in this study revealed that there were cases during the HTS in which the frames are altered and new footings are adopted. The clients employed both types of yes/no and WH-questions to ask questions from their veterinarians. The use of close-ended questions was to sought information about the animal during HTS. While the use of the yes/no questions was to elicit specific information, the WH-question was to obtain detailed information about the animal's case. By directing questions to their veterinarians, clients tend to express their concerns regarding their animals' health care. As is shown in Excerpt 10, the client assumes the role of information seeker and the veterinarian adopts the role of respondent during HTS.

Excerpt 10 *Cat - skin problem*

28	C	:	→Is that because of food or something else?
29	V	:	No, this one because of aaaah yea has (<i>unclear</i>)
30	C	:	→I mean what is the cause of this?
31	V	:	Injury, fighting with other cats or code scratch or
32	C	:	I see

In this excerpt, the client asked direct close-ended question in line 28 and open-ended question in line 30. The purpose of these questions was to express the concern about the change in color around the cat's mouth. The client used the phrase '*I mean*' to indicate that she is rephrasing her previous question for the purpose of clarification (Fraser, 1998). First, the veterinarian's answer was not clear in line 29, and then the client changed the form of her question into a WH-question which received a satisfactory answer from the veterinarian in line 31.

The findings in this study also revealed that shifting the participation frame can also indicate a change in the veterinary-client relationship. As it is illustrated in excerpt 11, the communication is client initiated and demonstrates that the vets are not always the initiators and information seekers (Adams & Frankel, 2007; Humphreys, 2002). This may imply that the

vets have more intention to allow client-centered communication whereby the client can also assume the role of information seeker, which can positively affect HTS, diagnosis, and consequently client's satisfaction.

Excerpt 11 *Dog - skin problem*

→what is the cause of the black pigment in his color?
Because of chronic scratching then the skin will change color due to chronic conditions that means consistent scratching or rubbing isn't it?
Yeah. That's the thing

In excerpt 11, after the veterinarian informed the client that the dog has a chronic problem because of the black layer that covers the surface of the skin. The client's direct question in line 12 reflects her misunderstanding of the vet's previous utterance. Her question receives a clear explanation from the vet about the reason of the black layer on the dog's skin in lines 13-14. The veterinarian confirms the client's understanding by using the tag question 'isn't it' and the client replies positively. The vet's answer seems to be satisfactory to the client which is reflected in the client's utterance '*That's the thing*' in line 15. By handing the control to the client, the veterinarian may support the client-entered communication during history taking activity.

The findings also showed that the client's questions were not limited to short yes/no questions that elicit specific information or elicit confirmation, but they asked WH-questions which required vets to provide detailed and understandable answers. The main purpose of altering the types of questions was attempts by the clients to understand the problem and become aware of their animals' illness.

Excerpt 12 *Four cats - eye problem*

9	C	→How do we know that the cat have lost their vision?
9	V	ammmm usually simple thing the owners can do at home ok is the you can use
9	V	likema streamer or something they can play around if they actually stage the
9		streamer and chase after it, you know they can actually see, that's a simple way

In this excerpt, the client initiated a direct WH-question in line 94 to obtain more information about her cat's eye problem. The veterinarian provided a detailed and lengthy answer in order for the client to understand the animal's health status (Adegbite&Odebunmi, 2006).

DOMINATORS OF INFORMATION PROVIDERS

While the vets dominated information seeking through asking questions, the findings in this study revealed that the clients dominated information providing through the use of answers. Such dominance reflected the passive role of clients as information provider (Shaw et al., 2006). As explained earlier, the history-takingstage consists of a series of questions and answers. While vets' responsibility is to pose the questions, the client's role is to provide answers. These answers play a major role in the HTS as they form the source of information necessary for the diagnosis of the medical case (Shaw et al., 2006). Based on the accuracy and the amount of the information provided by the clients, the vets will be better able to reach at an accurate diagnosis (Ten Have, 1989).

The findings in this study showed that the clients provided medical history of the animal in the form of short answers based on their daily observations and living with the animals (Blackwell, 2001) as illustrated in Excerpt 13.

Excerpt 13 *Hedgehog - appetite problem*

V:
Whe
re
was
it
from
?
Fro
m
the
mout
h or
from
the...
C:
from
the
botto
m.
V:
Oka
y, I
won
der.
Anot
her
end,
okay
?
C:
Yea
h!
V:
Soo,
but
now
no
more
lah?

C:
Ha,
no
more
lah.
V:
Oka
y,
how
long
was
it?
C:
Uh,
about
t...T
his
size.
V:
Oka
y.
Oka
y, it
was
mois
t and
glist
enin
g,
was
it?
C:
Yes.
V:
And
then
you
went
to
any
priva
te
vet
or
not?
C:

Uh,
nooo
.
V:
Oka
y,
you
gave
vita
mins
lah?
C:
Yes.
V:
Oka
y.

In expert 13, the client informed the vet that he has noticed something like a rope coming out from the animal patient. As is shown in the excerpt, the client used the speech act of answers to respond to the vet's questions. It can be easily noticed that the client's answers were very short ranging from mono-syllabic words (lines 25-31-35) to two or three-syllable words (lines 23-27-29-33) without further elaboration and as required by the vet's yes/no questions.

COOPERATIVE PARTICIPANTS

Cooperation was not limited to the veterinarians as explained earlier. The analysis showed that clients also displayed cooperation with the vets. In fact, such cooperation reflected their eagerness to obtain sufficient and effective diagnosis and treatment of their animals from their vets (Heritage & Robinson, 2006). Their cooperation was achieved through giving more information than required, asking for information and confirmation, initiating new topics, requiring medical and non-medical knowledge about the medical case, repeating answers to confirm the medical symptoms and illness, and providing frequent explanation, among others .

Excerpt 14 *Cat - chronic illness*

The
lim
p
nod
es
are
not
ver
y
enla
rge
d,
so
he's
bee
n on
diff
eren
t
anti
biot
ic
sinc
e
Jun
e?
I
don
't
kno
w
wha
t
anti
biot
ics
doct
ors
kee
p...
kee
p on
tryi
ng
unti

I
re
ce
ntly
they
try
wha
teve
r
you
kno
w
for
the
anti
biot
ics
wha
t is
goo
d
and
wha
t is
not
goo
d
then
we
fou
nd
out
we
are
feed
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the
wro
ng
one.

In this excerpt, the vet asked a question about the type of antibiotic that the animal usually takes. In response, the client in line 53 provides a lengthy answer and explanation that reflects his cooperation with the vet to arrive at a better solution to the animal's health problem. This answer also reflected his

concern and anger about the wrong medication prescribed for the animal by previous vets. This explanation by the client reflected the client's desire of obtaining the best treatment for his animal patients.

CONCLUSION

Generally, performing communication skills by the vets and clients, although was necessary to carry meanings and functions, was asymmetrical. While the clients were the only source of history information regarding the animal illness, the veterinarian controlled the amount and type of gathered information through dominating the questions. However, the content and length of the sentences were different. While the veterinarian provided the medical knowledge in the form of lengthy statements, the client provided medical history of the animal in the form of short answers.

On the other hand, clients' turns were almost in a form of responses and feedback to vets' questions about the animals' illness. Initiating the majority of questions in all stages of HTS by vets and the majority of answers by the clients reflected an imbalance in the centeredness of relationship between the vets and clients. Asking almost all the questions by the veterinarian threatened the concept of client-centered communication and put it at an embryonic stage. Although the vets used questions to gather as much as information from clients about their animal's illness, dominating the questions by the vets maintained asymmetrical relationship which left clients at a passive role.

Characteristic features of talk employed when either party during the communication display lack of the knowledge of how to act out the role assigned to him/her, lack the expected way of interacting, possession of a faulty knowledge of the communicative language, or needs went beyond the strictly medical topic. In these cases, parties adapt their roles through performing certain institutional routines, such as introducing a new or non-

related topic; avoid answering specific questions, guiding the answer towards the attainment of the patient/client goal. In the present study, it was found that vets employed a number of linguistic strategies overcome the communicative breach by accommodating their language to that of the client.

The findings of the study contribute to a better understanding of veterinarian-client communication and the roles of the communicational participants during the history taking stage. Communication training for new veterinarians can incorporate awareness of their social roles and their effects on establishing effective relationships, successful health interventions and a total adherence to the medical recommendations.

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