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Managing Medical Education in Doctor-Patient Communication Using Polite Indonesian Vocative Kin Terms

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ABSTRACT

In doctor-patient communication, Indonesian medical students use vocative kin terms (addressing patients as in the familial address system) at all stages of history taking for patients. Previous research in Java described the use of polite Indonesian vocative kin terms in an institutional setting in Bali and Lombok. The present study addresses the following research questions: 1) At what ages do medical students agree with the use of polite vocative Indonesian kin terms to strengthen the bonds between them and their patients? 2) Do the ethnic backgrounds of the students' parents influence the use of polite vocative kin terms? This research used a qualitative descriptive approach. The results shows that the medical students agree that such usage deepens the bonds at the heart of doctor-patient communication. In addition, the ethnic background of the medical students' parents had no influence on whether polite vocative Indonesian kin terms were used.

Keywords: Doctor-patient communication, polite Indonesian, vocative kin terms

INTRODUCTION

The Indonesian government regulates national and private medical schools, thereby standardizing medical education throughout Indonesia. Medical education is managed from the very start, as evidenced by the management of entry test results and TOEFL score rankings. This management is carried out by the national official entry test for all faculties of Indonesian universities. Newly accepted medical school students all across Indonesia undergo the same education; for example, all students attend the same number of semesters before undertaking their internship program (usually six semesters). Students in their seventh and eighth semesters follow the Speaking Skills program at the Skills laboratory (also known as Lab Skill). Here, they are taught to speak politely to all patients regardless

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of the patients' background. Politeness is to be extended to patients from all Indonesia, regardless of their ethnicity, race, religion, gender or social status. Students must follow strict rules on how to address patients using polite vocative kin terms, following those used in the family system. Medical students enter their internship programs at the end of the eighth semester as they move from one specialist program to another. It takes approximately two years to finish this program and pass the tests of each specialist program. At the end of the students' medical education, they have to sit for the National Medical Test and for the National Speaking Test, a test that focuses on doctor-patient communication.

The entrance fee is different for every faculty. Medical schools have the highest entrance fees, reaching up to thousands of US dollars. Certainly, such fees are that only the upper classes in Indonesia can afford, yet not all medical students are from the upper-class society, so it is common practice for a medical student's relatives to pay for this expensive education. Alternatively, some students receive scholarships to pursue this type of education. As medical education is always changing and updating with respect to the latest development in medicine, it seems destined to remain expensive.

Students enter medical school at approximately 17-18 years of age. They come from various ethnic backgrounds and social strata. Age plays an important role in determining whether a doctor deems it appropriate to use the voiced kinship system with his or her patients. It is predicted that the older a student, the wiser he or she becomes and thus the more accepting he or she becomes towards the need for politeness with patients regardless of the patients' social strata. Indeed, the politeness system embedded within the Javanese language suggests that patients are entitled to the same courtesy within doctor-patient education (Kartomihardjo, 1979).

With wide ethnic variation and with each group using Bahasa Indonesia as its primary means of communication, what is the actual condition of medical education in Indonesia when all future medical doctors (Indonesians or foreign medical students alike) must pass the National Test for Communication Skills? For students entering medical education, using Bahasa Indonesia is the rule, and slogans championing politeness to patients abound (Iragiliati, 2008, 2012, 2015).

Conflicts related to language and power genres among the Indonesian people (Fairclough & Fairclough, 2012) have worsened, though they have not been felt in the medical schools. Indeed, medical education Indonesia has proceeded smoothly since the Dutch period, regardless of what was happening in the larger community. This research endeavors to discover the steps taken by medical faculties, the medical council and the Indonesian government to stabilize a possibly volatile situation. To that end, Indonesian medical education has followed the SEGUE framework, which stands for a) Set the stage; b) Elicit information; c) Give information; d) Understand the patient perspective; and e) End the interview (Papageorgiou,

2016). This framework was created by an American scientist to address the need for a more humane approach to practice (Mishler, 1984). Subsequently, the SEGUE framework was adopted and adapted to the Indonesian context through the inclusion of Indonesian cultural and politeness factors (Iragiliati, 2015; Wonodirekso, 2009) and a focus on the family-doctor system as practiced in teaching hospitals in Indonesia.

Politeness in Doctor-Patient Communication in the Western World

In a previous study, Mishler (1984) discussed how, with respect to treatment or medication, it was time to consider the patient's voice as part of the "Voice of the World" rather than considering only the opinion of medical doctors or the "Voice of Medicine". Medical doctors do not emphasize the use of familial address terms when talking to patients. The shift towards a more humane approach was palpable. More historical accounts (i.e., Makoul et. al., 2016) note that effective doctor-patient communication should entail a more humane and critical approach. Papageorgiou (2016) stipulated that there were several types or models of process history taking in doctor-patient consultation and that the medical doctor was responsible for choosing the model most suitable for the treatment. In contradistinction to Mishler (1984), Silverman (2016) focused on the importance of information sharing and shared decision making. We can conclude that since 1984, there has been a sea of change in the process of doctor-patient communication. We have shifted from a very rigid "Voice of Medicine" to a more flexible "Voice of the World", referring to patients' view of the medications they are to consider taking. Doctor-patient communication should take place in an institutional setting or workplace (Drew & Herritage, 1995; Heritage & Clayman, 2010), and interactions in those settings should occur at teaching hospitals. Politeness in the West focuses on the "Voice of the World" and follows one of the models proposed by Papageorgiou and the shared information described by Silverman.

Politeness in Doctor-Patient Communication in the Indonesian Context: Java, Bali, and Lombok

Dutch was the medium of instruction in Doktor Djawa training. Hospitals were built in the 1900s, and medical schools such as STOVIA were opened in Indonesia (Hal Sekolah Dokter Djawa, 1901) and in Java: Batavia and Soerabaya. Some Indonesians were trained to be paramedical cadres, or Doktor Djawa (Hal Dokter Djawa, 1900; Hull & Iskandar, 1996). However, after The Proclamation, Indonesian was used and embraced by everyone. Linguistic politeness has taken into account the Indonesian diglossic (or multiglossic) situation as well as similar linguistic resources since the Dutch colonial era.

In modern Indonesia, Indonesian is the official language of doctor-patient communication within institutional settings. When examining formal settings in East Java, Iragiliati (2008) described utterance patterns associated with politeness strategies

in Indonesian medical discourse tied to doctor-patient interactions. Iragiliati (2008) showed how vocative terms of address based on the Indonesian family kinship system appeared across the stages of the SEGUE checklist. The following vocative kin terms were used by medical doctors and by medical students to patients: Father/Bapak, Elder Brother/Mas, Younger Brother/Dik, Mother/Ibu, Older Sister/Mbak, and Younger Sister/Adek. These terms functioned as polite openings in Indonesian doctor-patient communication (Iragiliati, 2008).

It can be concluded that politeness has played an important role in doctor-patient communication. This conclusion supports Brown and Levinson's (1987) work on positive politeness strategy in-group markers. Continuing research on politeness strategies related to doctor-patient communication in Indonesia was carried out in 2012 (Iragiliati, 2012). This research, conducted in East Java, focused on patients' preferences for vocative kin terms used by medical students. Married female patients preferred to be addressed as Mother/Ibu rather than as Older Sister/Mbak, while married male patients preferred to be addressed as Father/Bapak rather than as Older Brother/Mas. Thus, patients' preferences regarding kin terms were based not only on age but also on marital status. Indonesian patients preferred a politeness strategy in their doctor-patient communication. This finding also suggests a significant influence of Javanese philosophy, in which one is expected to present a polite attitude towards elders (Kartomihardjo, 1979). Sometimes, "elder" refers to a patient who is older than the medical student, although "older" often referred to marital status.

More generally, doctors in Southeast Asia often use a paternalistic communication style during consultations, regardless of their patients' educational background. Claramita, Nugraheni, Van Dalen, and Van der Fleuten (2013) suggested that the establishment of partnership-style doctor-patient communication is a cultural and clinical concern in Southeast Asian countries. Furthermore, Claramita stipulated that this communicative ideal conflicts sharply with existing patriarchal systems in Southeast Asian societies and with the superior status of doctors relative to their patients.

All the studies outlined above were conducted in a Javanese context. However, another research stream has emerged from research in Bali and Lombok. Bali was chosen because although it reflects a patriarchal system similar to that in Java, it is also associated with a social structure based on Hinduism. Thus, Bali represents a slightly different case. Lombok was chosen because the local language of Sasak is distinct from either Balinese or Javanese and is spoken mostly by Moslems. As the setting was a teaching hospital/institutional setting, the research showed that the voiced kin terms used were Indonesian. In light of these different cultural settings, we expect interesting patterns of politeness in doctor-patient interactions. However, in reality, conflicts related to caste, religion or ethnic background were not seen in this context.

Within educational or government hospital settings, only Bahasa Indonesia and its associated vocative terms are used. The medical care provided does not depend on the ethnic background or religious beliefs of doctors or of patients. All patients are treated politely, while medical treatments and doctor-patient communication procedures are standardized across Indonesia. Thus, with respect to vocative kin terms and politeness in the Indonesian context, doctor-patient communication should entail shared knowledge of treatment between the doctor and patient. The researchers above supported research on the use of polite kinds of voiced kin terms, patient preferences for their use, and their applications outside of Java and with religions other than Islam.

Research carried out by the Indonesian Board of Health (Indonesian Ministry of Health, 2013) stated that because of the increase in medical faculties in Indonesia, the number of medical school graduates has increased sharply since 2013. In 2015, the number of medical school graduates totaled approximately 50,795, representing an increase of approximately 5,000 per year.

On the basis of the background elaborated above, we sought answers to the following research questions: 1) At what ages do medical students use polite vocative Indonesian kin terms to strengthen the bonds between them and their patients? 2) Does the ethnic background of students' parents influence their use of polite vocative kin terms?

METHOD

This research employs a qualitative descriptive approach to data collection (Johnson & Christensen, 2012). Data were obtained from a questionnaire (Cohen, Manion, & Morrison, 2007) on medical student preferences related to the use of voiced kin terms to minimize the potential for shaming or disrespecting patients. In addition, the questionnaire examined how the use of voiced kin terms can strengthen the bonds in a doctor-patient relationship. Questions were also designed based on Iragiliati's (2015) research on the kinds of vocative kin terms found in doctor-patient medical discourse and the voiced kin terms preferred by patients (Iragiliati, 2012). The questionnaire inquired as to the students' gender, the ethnicity of their parents, their age, whether they agreed or disagreed with the use of terms of address, and whether they agreed or disagreed that such usage strengthens the bond between medical students and patients. The data were analyzed using Cohen et al.'s (2007) interactive model. On May 5, 2015, the questionnaire was distributed to 80 students, and thirty-seven (37) completed the questionnaires. It was very difficult to carry out research in medical faculties, as they are, by convention, closed to outsiders. The data collected from the questionnaires were then coded (Cohen et al., 2007). Data on medical student gender were coded as follows: 1) M = male medical students and 2) F = female medical students. Data on medical student ethnicity were coded as follows: 1) E1 = students' ethnicity from the

father's side and 2) E2 = students' ethnicity from the mother's side. Finally, data on the age of medical students were coded as follows: 1) A1 = age of students >22 years old, 2) A2 = age of students between 20 and 22 years old, and A3 = age of students <20 years old.

RESULTS AND DISCUSSION

The findings from this research reveal variation in the ethnic backgrounds of male and female medical students' parents. Twenty-four (24) students reported that they had parents of different ethnic backgrounds, while the rest (13 students) reported having parents with similar ethnic backgrounds. Parents' ethnic backgrounds ranged across nearly all the islands of Indonesia. Indeed, this sample could be interpreted as being representative of the nation's ethnic-cultural backgrounds. In addition, the variation in ethnic backgrounds speaks to the power and politics of using polite Indonesian in interactions (Arka, 2013; Fairclough & Fairclough, 2012).

The variety of ethnicities and locations associated with the different medical schools indicate the need for standardized medical education across all of Indonesia. Under the aegis of the Board of Medical Sciences, all medical faculties' curricula are formatted the same. Indeed, the final test for medical doctors is The National Test, which is administered nationwide by the Medical Board. Thus, graduates from faculties in Papua, Jakarta or Malang must undergo the same process to acquire their medical doctor degree.

Ten (10) male medical students agreed that the use of vocative kin terms in doctor-patient communications would strengthen the bond between them and would be a tool for promoting unity. However, three (3) male medical students did not agree with this premise. The ethnicity background of the medical students' parents was distributed as follows: a) one (1) was of Batakn-Batak descent; b) seven (7) were of Javanese-Javanese descent; and c) two (2) were of nonlocal ethnic Chinese-Chinese descent. The ages of the male medical students were between 18 and 24 years. This variation in ethnic background attests to the importance of using vocative kin terms to strengthen the bonds between doctors and patients. Students of Batak-Batak descent could be regarded as representative of the local Sumatran people, the Javanese-Javanese descendants represented Java, and students of Chinese-Chinese descent represented a nonlocal ethnic group that has been in Indonesia for generations. However, there were three male medical students who did not agree with the use of vocative kin terms to address patients. These three were of Javanese-Javanese descent: one student was under 22 years old, and b) two students were between 22 and 24 years old. This view of doctor-patient communication was described as following a patriarchal pattern (Claramita et al., 2013).

Before 2009, most patterns of interaction in Indonesia reportedly followed the patriarchal system, not the partnership pattern. The former was common in Indonesia because doctors, given their

medical expertise, felt that they were of higher status than their patients. They preferred calling patients by their names instead of using vocative kin terms to start a conversation. It can be assumed that those three abovementioned medical students considered themselves superior to their patients, while the other male medical students chose to follow the partnership approach. Based on the history of ethnic backgrounds above, we expected that male medical students who did not want to address patients using polite voiced kin terms were of Chinese or European descent. However, the data indicate that medical students of a Javanese background were those who did not want to use these kin terms and did not consider them important, much less critical for strengthening the doctor-patient bond. These students could have been influenced by new radical movements such as those associated with attitudes towards people from outside their own set of beliefs. However, if this was indeed the case, the Board of Medical Association of Indonesia could take further actions to reduce this sentiment. We must remember that their motto is to politely serve the patients of Indonesia or be punished. Another possible reason is that those students have not yet been in the clinical rounds, where they will deal with real patients.

The following findings are related to female medical students' preferences for using voiced kin terms to begin conversations and to strengthen the doctor-patient bond: thirteen (13) female medical students agreed with this use of voiced kin terms. The ethnic backgrounds of their parents were the following: a) ten (10) were of Javanese-Javanese descent; b) one (1) was of Balinese-Balinese descent; one (1) was of Batak-Batak descent; and one (1) was of Betawi-Sumatera descent. This group ages ranged in age from 20 22 years.

The variation in parents' ethnic background can be seen as representative of Indonesia's large islands and of the other peoples who have been in Indonesia for generations (e.g., Arabic, Chinese, European). The results show that using vocative kin terms to demonstrate strong interpersonal bonds appeals both to descendants of the islands and to nonlocal ethnic groups. Parents' ethnic backgrounds were represented in the following islands: Balinese-Balinese (Bali), Batak-Batak (North Sumatera), Javanese-Javanese (Java), Javanese-Arabic (Java-Arab), Madurese-Sundanese (Madura & West Java), Minangkabau-Minangkabau (West Sumatera), and Sundanese-Sundanese (West Java).

This research supports Brown and Levinson's (1987) findings related to positive politeness strategy in-group markers and their capacity to minimize threats to patients' honor or self-esteem and to strengthen the bonds between doctors and patients. This is illustrated by the use of global politeness and additional local familial address terms to function as an in-group marker. This study also supports Iragiliati's (2005) research on utterance patterns and politeness strategy in Indonesian medical discourse; Iragiliati's (2012) research that focused on

doctor-patient communication, preferred terms of address, and the relationships between respect and kinship systems; and Iragiliati's (2015) later research that focused on linguistic politeness in doctor-patient interaction in East Java, Bali and Lombok.

CONCLUSION AND RECOMMENDATIONS

The dramatically increasing number of medical doctors (approximately 5 thousand per year), along with the use of Bahasa Indonesia as a means of communication in all state hospitals and educational hospitals in Indonesia, is solid evidence that the active use of Bahasa Indonesia is a tool for unity. A kinship-based politeness system that uses appropriate vocative kin terms supports the spread of polite language and appropriate Bahasa Indonesia usage. The gender, age, and ethnic backgrounds of medical students do not limit their use of Bahasa Indonesia as a tool for strengthening the bonds of interpersonal relationships.

This research highlights the possibility and sociolinguistic features of using vocative kin terms as a tool for strengthening the bonds between doctors and patients when they are communicating with one another. This tool provides a linguistic means for doctors to navigate through different degrees of politeness (depending on the approach chosen and the patient's sociolinguistic background)—from a face-saving strategy to a tool for unity.

The findings of this research have practical implications. Feedback from medical students suggests that they are aware of the importance of politeness to their education in the multilingual Indonesian context. With respect to several scenarios, students have also shown support for the importance (in a multicultural society) of choosing a polite approach in addressing patients and have seen it as central to both socio-cultural and medical (content-related) curricula (Iragiliati, 2015). The shift in the use of vocative kin terms within complex sociolinguistic situations also reveals a space for understanding patient views on health and illness and the dynamics between medical and local values. If stronger speaking skills are taught as a bond-strengthening tool, particularly skills related to using voiced kin terms for approaching patients as family members, we expect that doctors, regardless of heritage, will approach their work with greater confidence. This in turn facilitates patient recovery and reflects their cultural values in a nonpatriarchal system.

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