# Culturally Specific Patterns to Close a Medical Consultation in Jordan: A Conversation Analysis Case Study

Rula A. Abu-Elrob

Department of Modern Languages and Linguistics, University of Huddersfield

HD1 3DH, Queensgate, Huddersfield, United Kingdom

E-mail: Rula_n1981@yahoo.com

**Abstract**

Closing is the last phase in a consultation in which participants will understand that the visit is almost done and some topic might be shifted to be discussed in the future visits. This phase is divided into two parts: preparing for closing, and the closing of the consultation which is the concern of the present paper. This article is a part of a large study examining the overall structure of doctor- patient interaction in a Jordanian university hospital. The present article focuses on the analysis of naturally occurring data by using conversation analysis (hereafter CA) framework. A deep analysis is performed to identify the patterns that construct the ending of the consultations. The findings reveal similarities in obvious features, such as 'goodbye' and 'thanking words', and cultural specific features to the medical consultations in a Jordanian university hospital, such as the use of religious greeting,'inʃa Allah' and 'well wishes'.

**Keywords:** Medical consultations, Closing phase, Conversation analysis

## 1. Introduction and Literature Review

This article is concerned with the analysis of the closing sequence of the closing phase to explore the elements that construct it in Arabic consultations and to mark the culturally specific elements that distinguish the Jordanian medical consultations from others. To the researcher's best knowledge, no studies have been conducted in Jordan which encouraged me to apply the present study on native speakers of Arabic in an Arabic country to examine the closing sequence of the medical talk, but why the closing stage in particular?

Closing is the last phase in a consultation in which participants will understand that the visit is almost done and some topic might be shifted to be discussed in the future visits. In the closing phase, participants can initiate and prepare for the end of the conversation. In everyday interaction, the closing phase is divided into two main parts: pre-closing; (e.g okay/ okay) and closing; (e.g goodbye/ goodbye) (Schegloff and Sacks, 1973). In medical consultations, both doctors and patients followed Schegloff and Sacks' division into the 'building blocks' which are as follows: topic closure, pre-closing; okay and closing; goodbye, and the end of the conversation (West, 2006). The use of the token 'okay' was noticed to be used by doctors to show the willingness to end the current topic (Newman, Button and Cairns, 2010) which goes with what Schegloff and Sacks called 'topic shaded', that refers to the technique of closing a topic. Providing patients with a summary is another technique that aims to persuade patients from continuing on topic (Newman et al, 2010).

Divergent forms of preparing for closing are noticed in different cultures (Abu-Elrob, 2019). Providing a patient with prescription information shows the willingness of the doctor to close the consultation (Abu-Elrob, 2019 and Huang, 2012). Summarizing what was discussed in the consultation is another way to prepare for ending. In addition to Newman et al (2010), this technique occurred in different cultures as in Jordan (see Abu-Elrob, 2019) and Taiwan (see Huang, 2012). Moreover, arranging for future is another style of preparing for closing because doctors shift from discussing the current topic to one in the future (Button, 1987). This technique helps to shift thinking of something in the future, such as the next visit (Huang, 2012).

In the case of closing the consultation, the use of the token 'okay' and 'goodbye' are the popular forms of closing. Despite the finding of Schegloff and Sacks that 'thank you' cannot be marked as absolute parts of the terminal exchanges, it was found that 'thank you' can be a part of a terminal exchange (Huang, 2012). In the present article, thanking words are also occurred in the closing stage as a way to close a topic or the visit. The data of Huang's (2012) study collected in the department of family medicine at a medical teaching hospital in the south of Taiwan whereas Schegloff and Sacks' study analyzed telephone conversations. Despite the different forms of data, Schegloff and Sacks, and Huang find that the closing section included a pre-closing and closing part only. The present article focuses on the closing parts and the different forms to present the closing. It is proposed that the closing sequence included a goodbye phrase and thanking then the end of the conversation (Huang, 2012). The use of the terminal exchange 'bye-bye' is also used in Korean medical visits to close the conversation (Park, 2013). Furthermore, thanking words and the terminal exchange 'good bye' are used in seven Southern California practices (Robinson, 2001).

It has been realized that the closing sequences are culturally different (Abu-Elrob, 2019). In certain cultures, the terminal exchange 'good bye' is the form of conversation closing (see Schegloff and Sacks, 1973). In other cultures, thanking words occur alone or along with 'good bye' to close a consultation (see Huang, 2012). This indicates that there might be other forms of closing that would be culturally specific to the Jordanian hospital from which the data of the present study was collected. Because of the lack of studies on Arabic data and no study analyzed the Jordanian medical consultations; this article contributes to knowledge of

conversation analysis that thanking words and the terminal exchange 'good bye' are not the only forms that can be used to end a consultation. Divergent forms of closing can be used that would be understood by participants as ways of closing. The present article aims to analyze the medical consultations to look how they are constructed and what are the elements that identify the closing stage. Also, the analysis will show the culturally specific elements and similarities in the way of closing a consultation.

## 2. Methods and Methodology

The present study uses CA framework to examine how participants understand and respond to each other when it is their turn at talk, and how to generate sequences of actions (Clayman and Gill; 2011). Greatbatch, Heath, Campion and Luff (1995) state that the main purpose of CA is to describe the procedures and the rules that participants used to generate their own behavior and to relate them to the behavior of others. A CA approach investigates the speakers' actions at a specific point of interaction through analyzing what they say and the format of their utterances including the use of specific word choices, a word order and sounds. So, the principles of CA are four folds:

1. There is an order at all points of interaction: the talk in interaction is systematically organized, deeply ordered, and methodic.

2. Contributions to interaction are context shaped and context renewing. Contributions are context shaped in that they cannot be adequately understood except by reference to the sequential environment in which they occur and in which participants design them to occur. Contributions are context renewing in that they inevitably form part of the sequential environment in which a next contribution will occur.

3. No order of detail can be dismissed a priori as disorderly, accidental, or irrelevant. This principle can be seen to underlie the development of the highly detailed CA transcription system, its minute analysis of the detail of naturally occurring data, and its highly empirical orientation.

4. The analysis is bottom up and data driven; we should not approach the data with any prior theoretical assumption or assume that any background or contextual detail is relevant unless there is evidence in the details of the interaction that the participants themselves are orienting to them (Seedhouse, 2013, p. 94-95)

Analytic attention is given to basic features of interaction including turn-taking, repair, agreements and disagreements, opening and closing, complaints and others which relate to both ordinary and institutional talk. It holds that 'contributions to interaction are contextually oriented' (Heritage, 1984, p. 241) and they are essential for the intersubjectivity of understanding. In CA, analysts trace how participant analyze and interpret each other and how they share the understanding of the interaction process (Seedhouse, 2013). The design of each utterance is influenced by preceding ones; therefore, when a next action is produced, this makes the understanding publicly available because it presents what sense has been made of the prior action. If a third subsequent turn is produced, understanding can be confirmed or can be an object of repair to be developed into mutual understanding. In the present study, the

closing part in doctor-patient interaction was analyzed by using a CA framework. Because CA approach uncovers the underlying system of interaction, attention is given to the turns and sequences to analyze and discover the patterns that identified the closing part in a particular Jordanian hospital.

Following Sacks' insistence on using recorded data, the present study is based on recorded interactions taken from a Jordanian hospital. The data was collected in June, July and August of 2015 from the internal medicine clinic. A total of 20 consultations were analyzed. After obtaining the ethical consent from the hospital, audio recording was conducted in the doctors' consultation room where the tape recorder was put on the desk of the doctor. The researcher was 'a non-participant distant observe' (Shanmuganathan, 2005). The researcher would not attend their clinic visit, so, the health problems would not be attributable to participants. The clinics of the participating doctors began from eight to 12; other clinics began from 12 to three or from eight to three. The duration of consultations varied between 6: 24 to 40.07 minutes.

In CA, transcription is essential to present the details that help in the analysis procedure. Transcription also provides an accurate representation for the readers of the transcribed and analyzed data to check and examine by themselves. In CA, Jefferson's transcription system (2004) is most commonly used to help analyzing the data (Have, 1999). Have (1999) stated that transcription is used to discover certain characteristics in the original interactions. It is suggested by Have that original transcription and a line-by-line translation should be made if the language is not English. Jenks (2011) clarifies that three- line translations can be used: the original language is in the first line, word by word translation is in the second line and the functional translation is in the third one. Details, such as pauses and hesitation are kept in their position in the translated lines which supports Aronsson and Cederborg (1997, p. 85) who stated that:

The number of overlaps, pauses, hesitation, hedges, self-editings, and so forth are kept constant, as is their location in relation to turn junctures.

In the present study, the researcher wrote the consultations in their original language (Arabic). She then transcribed them to English by using the phonemes of Spoken Jordanian Arabic that were cited in Al-Harahsheh article (2015). After that, the third line was created to provide word by word translation for each Arabic word to English. Finally, a fourth line was needed for functional translation to provide grammatical and semantic details. All the names that were mentioned in the consultations were omitted for anonymity. Each consultation had the following heading (Abu El-Rob: JMT: C#:2015). 'Abu El-rob' is the surname of the researcher, J refers to Jordanian, MT refers to medical talk, C refers to consultation, (#) refers to the number of the consultation, and 2015 refers to the year of recording the data.

## 3. Findings and Discussion

In the present data, the following forms of closing have been noticed:

*3.1 Thanking Words*

In Extract 1, the patient shifts towards ending the consultation by thanking the doctor in line132:

**Extract 1- [Abu El-Rob: JMT: C 17:2015]**

130.Pat.:‏أعملهم و أرد أرجع عليك؟‏

?aʕmalhom        wa       ?aroD    ?ardʒaʕ

I shall to do them    and    again    come back

ʕaliyk?

to you?

Shall I do them and to come back again to you?

131.Dr.1:‏آه آه‏

?aah         ?aah

Yes         yes

Yes, yes

**132.→Pat.:  يسلمو دكتور**

**Yislamow        DocTwor**

**Thanks        doctor**

**Thanks doctor**

133.Dr.1: هلا

Halaa

Any time

Any time

134.Pat.:‏أشكرك‏

?aʃkorak

Thanks

Thanks

135. ((The patient leaves the room))

In line 131, the doctor answers the patient's question. Thanking the doctor for his answer also occurs as a way to close the consultation. The doctor, in his turn, accepts the closing and replies with 'any time' and then the patient thanks him again and leaves the room. The

occurrence of thanking word supports Huang (2012) who noticed its occurrence in the Taiwanese medical consultations. Also, thanking exchanges occur in Extract 2 below where the patient thanks the doctor in line 81.

### Extract 2- [Abu El-Rob: JMT: C 20:2015]

80.Res.: ممكن الدهنيات. بس آه حاول ازا بنزل الوزن تعمل رياضه الأمور بتصير أحسن

| Momkin | ?ilDohniyaaT | Bas | ?aah | ħaawil | ?izaa |
|---|---|---|---|---|---|
| May be | the fats | but | yes | try | if |

| Binzil | ?ilwazin | Tiʕmil | riyaaDah |
|---|---|---|---|
| Comes down | the weight | to do | sport |

| ?il?omwor | BiTsʔyr | ?aħsaan |
|---|---|---|
| the matters | becomes | better |

May be the fats. But, yes, try if your weight becomes

down , do sport, the matters becomes better.

**81.→Pat.:طيب شكرا شكرا[الك غل]بناك**

| **tʔayiB** | **ʃokran** | **ʃokran [ʔilik ɣal]aBnaaky** |
|---|---|---|
| **okay** | **thank** | **thank   [ you sorry for bother]ing you** |

**Okay. Thank, thank you. Sorry for bothering you.**

82.Res.: [سلمات]  أهلا و سهلا

| [salammaT] | ?ahlaan | wa | sahlaan |
|---|---|---|---|
| [take care] | you are welcome |  |  |

Take care. You are welcome

It is also clear that the patient initiates the thanking words in this example. After providing the patient with a summary, he thanks the resident to close the consultation. The resident, in her turn, accepts the closing.

In these two examples, patients initiate the closing with thanking words. In an example of a Taiwanese consultation analyzed by Huang (2012), the pattern is different.

C: ok ok, thanks

P: Thanks

D: No problem (P. 58)

The difference in this example is that both patient and companion participate in closing the consultation. The companion initiates the token 'okay' as a closing and then the patient thanks the doctor to close the consultation.

*3.2 Thanking Words and 'Goodbye'*

Thanking words and 'goodbye' function here as terminal exchanges. For example, in Extract 3 below, the husband initiates the closing twice in lines 306 and 309.

**Extract 3- [Abu El-Rob: JMT: C 18:2015]**

305.Dr.: آه آخر الشهر هاظ عند دكتور ----. تمام؟ و أي اشي أنا حاضر موجود

| ?aah | ?aaXir | ?ilʃahar | Haðʔaa | ?inD |
| Yes | end | the month | this | with |

| DokTwor | (name) | Tamaam? | Wa | ?ay | ?iʃy | ?anaa |
| doctor | (name) | okay? | and | any | thing | I am |

ħaadʔir    mawʒwoD

Ready     there

Yes. At the end of this month with doctor(name), okay?

and I am ready for anything.

306. →Hus.: شكرا جزيلا بس بدي رقمك.

ʃokran    ʒazylan    Bas    BiDy    raqamak

Thanks    so much    just    need    your number

Thanks so much. I just need your business card

307. (0.1)

308. Dr.: هاي اتفضل

309. →Hus.: شكرا جزيلا

ʃokran    ʒaziylan

Thanks    so much

Thanks so much

310. →Dr.: بالسلامه هلا

Bilsalamih    hala

Goodbye    bye

Goodbye, bye

311. →Hus.: يعطيك العافيه دكتوره

Yaҫtiyk　　　　?ilҫaafyih　　DokTowr

Give you　　　　health　　　　Doctor

　May God give you health, Doctor

312. →Res.: هلا مع السلامه

Halaa　　　　　　maҫ　?ilsalaamih

Welcome　　　　　goodbye

You are welcome, goodbye

The first thanking word is to express gratitude for the entire consultation and the second one is because the doctor gives the husband his business card. In both cases, the husband is the one who initiates willingness to close and the doctor replies with 'goodbye'. Thanking and 'goodbye' occur as terminal exchanges in the closing part. This example resembles, to a certain extent, an example in Huang's study (2012) in which a combination of thanking and goodbye occur in a sample from the Taiwanese medical consultations:

D: So, that is it for today, ok?

P: /that is?????/,

D: =ah:.

P: Oh Ok,

D: Let's see how rehabilitation treatment is going,

D: if there is any problem:.

D: we will make a transaction for you.

N: = he is no. 12.

C: Ok,

D: Ok,

P: Ok,

D: =no problem=

P: Thanks

P: Good bye, =

D: = Good bye

P: Good bye (P. 59-60)

In this extract from Huang's study, the doctor tells the patient 'that is it for today. Ok?' to indicate willingness to close but the patient does not accept this and replies with 'that is?????' Therefore, the doctor summarizes what they will do for the patient. Huang explained that the patient expresses his gratitude by thanking and initiates the closing by saying 'goodbye'. Although 'thanks' and 'goodbye' occur in the closing part, as in Extract 11 above, the difference occurs in the ways in which these are used. In Extract 11, they were used as a terminal exchange, but in Huang's study they are both used by the patient for two different purposes and then the doctor replies with 'goodbye'.

*3.3 An Invocation*

In the extract below, the closing pair occurs in the form of an invocation.

### Extract 4- [Abu El-Rob: JMT: C 14:2015]

106. Dr.1:  الطابق الأول عند الدرج ابتطلع قبالك في ------- بتحكيله هيك هيك

| ?iltˤaaBig | ?il?awal | ʕinD | ?ilDaradʒ |
|---|---|---|---|
| The floor | the first | beside | the stair |
| ?iBTitˤlaʕ | ?igBaalak | fy | (name) BTiħkyloh |
| go up | in front of you | there | (name) Tell him |
| hiyk | hyik | | |
| this | this | | |

The first floor beside the stairs. Go upstairs. In

front of you, there is (name). Tell him this and

this

**107.→ Pat.:**  يعطيك العافيه

| yaʕtˤyk | ?ilʕafyih |
|---|---|
| give you | wellness |

**may God give you wellness**

108. ((They leave the room))

After directing the patient to the lab, the patient closes with an invocation to the doctor in line 107 but the doctor does not reply to the patient's closing. This may indicate that there is a culturally difference in communication and in the way of closing a consultation.

*3.4 Well Wishes, an Invocation and 'Goodbye'*

Invocations occur here for the purpose of closing but this time they occur along with 'goodbye' and wishes for a speedy recovery to function as a terminal exchange. In Extract 5 below, the doctor closes the encounter in line 201 by wishing the patient a speedy recovery.

**Extract 5-[Abu El-Rob: JMT: C 7:2015]**

199. Dr.: ‏الف سلامه عليه انشاءالله. اموره كويسه ماشاءالله عليه  ولا لا؟‏

Wilaa la? ?       ?alf          salami ʕaliih

Or    no?    thousands    wishing to get well soon                        ?inʃa
Allah.   ?omworoh        ?kwaysih

Willing God.      matters his   good

maʃaa?Allah ʕaliyh

as God wills

Or no?   Wish him to get well soon God willing. His

matters are good as God wills

200. Fath.: ‏الله يسلمك‏

Allah          yisallmak

Allah        protect you

May Allah protect you

**201.→**  **Dr.:**  ‏سلامته انشاءالله سلامته‏

**SalaamToh                    ?inʃa    Allah**

**Wish you a speedy recovery   willing God**

**salaamToh**

**Get well soon**

**Wish you a speedy recovery, God willing. Get well soon**

**202.      →Fath.:** ‏الله يعطيك العافيه‏

**Allah        yaʕt?iyk          ?ilʕaafyih**

**God         give you        good health**

**May God give you good health**

**203.→  Dr.:** ‏مع السلامه‏

**Maʕ ? salaamih**

**Good bye**

**Good bye**

In line 199, the doctor provides the patient and his father with a summary, which forms the pre-closing pair along with the father's reply in line 200. Then, the doctor initiates the closing

pair by wishing the patient a speedy recovery. The father accepts the closing and replies with an invocation and then the doctor replies with 'goodbye'. In this example, the terminal exchange occurs through three steps: wishing the patient a speedy recovery, an invocation and 'goodbye'. In the next extract, the pair of invocation and 'goodbye' occurs in addition to thanking words as in the following:

**Extract 6- [Abu El-Rob: JMT: C 9:2015]**

201.Son: دكتور؟ متى تقريبا بطلعن

| MaTaa | TaqrieBan | Bitˀlaʕin | DokTwor? |
|---|---|---|---|
| When | nearly | available | doctor? |

When do they be nearly available, doctor?

202.Dr.: هني بطلعن بكره بكونن جاهزات بس انا عيادتي الثلاثاء الجاي. بدك توخد موعد

| Hinie | Bitˀlaʕin | Bokrah | Bas | ?anaa |
|---|---|---|---|---|
| They | will be available | tomorrow | but | I |

| ʕiyaaDTie | ?ilθolaaθaa? | ?ilʒay. | BiDak |
|---|---|---|---|
| clinic my | Thursday | next. | You will need |

| ToXiD | mawʕiD |
|---|---|
| to book | an appointment. |

They will be available tomorrow but my clinic will be

Next Thursday. You will need to book an appointment.

203.Son: آه الثلاثا

| ?aah | ?ilθolaaθaa? |
|---|---|
| Oh | Thursday |

Oh Thursday

204.Dr.:system لازم تدفع توخد موعد آه عشان فتح ال

| Laazim | TiDfaʕ | TwoXiD | mawʕiD | ?ah |
|---|---|---|---|---|
| have | You pay | make | an appointment | yes |

| ʕaʃaan faiTħ | ?il | system |
|---|---|---|
| to open | the | system |

You have to pay to make an appointment, yes, to open

The system

205. →Son: امهم. بإذن الله. الله يعطيك العافيه

    Imhm.   Bi?iðin   Allah.   Allah     yaɕtʾiyk

    Imhm.   willing   God    God    gives you

     alɕaafyih.

     good health.

    Imhm. God willing. God gives you good health.

206. →Dr.: اتوكلي على الله. ولا يهمك. هلا مع السلامه

     ?iTwakaliy ɕalaa Allah       wa     laa     yihimik.

    Entrusting your soul to Allah.    And   not    worry.

     Halaa    maɕ  ?ilsalaamih

     Okay     Goodbye

    Entrusting your soul to Allah. And do not worry. Okay,

    Goodbye

207. →Pat.: شكرا الك.

    ʃokran     ?ilak

    Thanks    for you

    Thanks

In this extract the son initiates the closing part with an invocation for the doctor. The doctor accepts by saying 'goodbye', after telling the son to trust in God and then the patient thanks the doctor in her turn and they both leave. So, 'goodbye' and thanking words occur in the terminal position in this example.

*3.5 'inʃa Allah'*

There is an occurrence of the use of 'inʃaAllah' as a closing of the consultation as in the next example:

**Extract 7- [Abu El-Rob: JMT: C 10:2015]**

86. Dr.1: اتفقنا-----

    ?iTafagnaa     (name)?

    Okay        (name)?

    Okay      (name)?

87. →Pat.: انشاءالله

?inʃa           Allah

willing           God

God willing

88. ((leaving the room))

In this extract, the patient's use of 'inʃa Allah' occurs as an acceptance of what the doctor discusses and as an acceptance of the closing that the doctor initiates in line 86 when he uses the token 'okay' in a question form.

*3.6 'Okay'*

Only in Extract 8- [Abu El-Rob: JMT: C 4:2015], does the token 'okay' occur as a way to close the consultation, as in the following:

93.Dr.1: [ فحوصات] وتعمل علي بتمر العيد [بعد ]

     [BaʕiD]    ?ilʕieD    BiTmor      ʕlay      wa    ?iBiTiʕmmal

     [After]     AlEid      she stops by      me     and    do

     [foħwosˀaaT]

     [tests]

     After Al Eid, she stops by me and does tests

94.Pat.: اصوم مخليني مش اهلي انا [دكتور]

     [DoTtwor]    ?anaa       ?ahlie      miʃ    ?imXalienie

     [Doctor]    I am      my family    not    allow me to

     ?asˀwom

     fast.

     Doctor! My family does not allow me to fast.

95.Dr.1: ايش؟

     ?ieʃ?

     What?

     What?

96.Pat.: [عني↓] خصب بفطروني يعني

   Yaʕniy      Bifatˀrwonie          ɣasˀiB    [ʕanie↓]

   I mean     they break my fast    force    [me↓]

         I mean they force me↓ to break my fast

97.Dr.1:   اذا ما اتحملتي بتفطري. خلص انا بقلك صومي. اذا ما لتحملتي بتفطري . [اذا اذا اذا]

?ðaa   ?ðaa   ?ðaa   maa   ?iTħamalTiy   ?iBiTiftʼriy.

If   if   if   not   bear you   break your fast.

Xalasʔ ?anaa Bagollik   sʼowmiy.   ?ðaa   ma ?iTħamalTiy

Okay   I   tell you   to fast.   If   not bear you

?iBiTiftʼriy

break it

If if if you could not bear, break your fast. Okay, I

tell you to fast. If you could not bear, break it

98.Pat.:   اذا حسيت بدو [خه]

?ðaa   ħasiyT   Bi   Dow[Xah]

If   I felt   of   dizzin[ess]

If I felt of dizziness

99. Dr.1:   [آه] بتفطري

[?ah]   ?iBiTiftʼriy

[Yes]   Break it

Yes. Break it

100. →Pat.:   **ماشي**

Maaʃiy

Okay

Okay

101. ((The patient and her husband are leaving))

The token 'okay' occurs as a terminal pair of acceptance to what the doctor tells her about fasting. In this pre-closing part, the patient opens an additional topic in line 94 about her family who do not let her fast during Ramadan; therefore she asks the doctor whether she can fast or not. After discussing the topic with the doctor, she closes the pre-closing part with 'okay' then leaves the room. Although the token 'okay' functions as a terminal pair in the pre-closing part, it can also be considered as a part of the closing of the entire consultation because the patient is leaving without adding anything else.

*3.7 Well Wishes and the Religious Greeting 'Peace Upon You'*

In Extract 9 below, the doctor initiates the closing by wishing her a speedy recovery, as in the following:

**Extract 9- [Abu El-Rob: JMT: C 16:2015]**

124.    Fath.:    شكرا دكتور [نعم ]انشاءالله على راسي.    [naʕam] ?inʃa

Allah    ʕalaa    raasiy.    ʃokran

[yes]    willing    God    on    my head    thanks

DokTowr

Doctor

Yes, God willing. I agree thanks, Doctor.

125.    →Dr.1:    **هلا. سلامتها**

Halaa    salaamiThaa

Welcome    wish her to get well soon

You are welcome. Wish her to get well soon

126.    Fath.: الله يخليك

Allah    yiXaliyk

God    protect you

May God protect you

127. →Dr.1: **سلامتك يا بنت**

salaamTik    yaa BinT

wish you to get well soon    girl

Wish you to get well soon, Girl

128. Fath.: يالا السلام عليكم

Yallaa    ?isalaam    ʕalaykom

Okay    peace    upon you

Okay, peace upon you

129. Dr.1:أهلين

?ahliyn

Welcome

Welcome

The doctor wishes the patient a speedy recovery in line 125 and her father replies with an invocation. No response occurs from the girl to the doctor's wish in line 127. Instead, the father closes with 'okay' and the religious greeting 'Peace upon you' in line 128, which gives the same meaning as the terminal exchange 'good bye' to close this consultation and the doctor ends with 'welcome' before the father and the patient leave (Schegloff and Sacks, 1973). However, in Extract 10 below, the case is a little different because the doctor responds to the patient's religious greeting that appears in line 210 with wishing the patient a speedy recovery, as in the following:

**Extract 10-[Abu El-Rob: JMT: C 6:2015]**

210.   Pat.:   يلا السلام عليكم

        Yalaa     ?ilsalaamo       çalaykom

        Okay      Peace          upon you

        Okay.   Peace upon you

211. →Dr.:   **الف سلامه عليك. سلامتك انشاءالله**

    ?alf          salamih çaliyk.     SalamTak

    Thousands    getting well soon.   Wish to get well soon

     ?in∫a    Allah

     willing God

    Get well soon a thousand times. Wish you a speedy

      Recovery, God willing.

It is obvious that the patient is the one who begins with the religious greeting and the response to this kind of closing occurs in the form of wishing the patient a speedy recovery as in line 211. Although this form of well -wishing is different from (have a good day),The occurrence of well-wishing in the present data contrasts with Huang (2012) who states that there is no well -wishing in the closing stage of medical consultations as well as in everyday interaction.

*3.8 A Combination of Well Wishes, an Invocation, Thanking Words and Goodbye*

In extract 11 below, the closing part begins from line 143 when the doctor wishes the patient a speedy recovery. Then a series of terminal exchanges occur.

**Extract 11-[Abu El-Rob: JMT: C 5:2015]**

143.→ Dr.:   **الف سلامه عليك انشاءالله**

    ?alf          salamih    ʕaliyk           ?in∫a    Allah

    Thousands   health    for you           willing God

Get well soon a thousand times, God willing

144. ((The doctor is giving the patient the prescription))

145. Pat.:       الله   [يسلمك]

Allah       [yisalmak]

God         [Protect you]

May God protect you

146. Dr.:       [ويعطيك]الصحه والعافيه انشاءالله =

[Wa       yaʕtˤʔiyk] ?ilsiħħah     wa      ?ilʕaafyih

[And       give you]   the health    and    good health

?inʃa    Allah=

Willing God=

May God give you the good health=

147. Pat.: =يسلمو اديك

=Yislamwo        ?iDiyk

=Thanks          hands your

=Thank you

148. Dr.:   كل عام وانت بخير

Kol      ʕaam      wa      ?inTa       ?iBXiyr

Every    year      and     you          good

May every year to be good for you / Ramadan Kareem

149. Pat.: [   حياك الله   كل عام وانت بالف خير

Kol      ʕaam      wa    ?inTa  bi?alf      Xiyr

Every     year     and    you    in thousands of good

[ħayaak          Allah]

[ Bless you      God]

May every year to be so good for you. God bless you.

150. Dr.:              [ هلا هلا ]

[Hala                    hala]

[Thank you          thank you]

Thank you, thank you.

151. Pat.:  شكرا الله يعطيك العافيه

∫okran　　Allah　　yaʕtˤʼiyk　　ʔilʕaafyih

Thank you　　God　　gives you　　the good health

Thank you. May God give you good health.

152. Dr.:  مع السلامه

Maʕ ʔilsalaamih

Good bye

Good bye

In line 143, the doctor demonstrates an acceptance of the close implicative turn and replies with, 'Get well soon a thousand times, inʃa Allah' and then gives the prescription to the patient. The latter replies with an invocation 'May God protect you', and the doctor overlaps another invocation 'May God give you good health'. Thanking the doctor in line 147 can be considered as also close implicative. The doctor moves on to well-wishing in line 148 and the patient replies with the same well-wishing in line 149 in combination with an invocation 'God bless you'. Finally, this reciprocal closing is finished with a thanking word from the doctor which the patient responds to with another thanking word, leaving after the doctor says 'goodbye'. All these forms of closing occur as a terminal exchange in one closing pair.

*3.9 Asking the Patient to Wait in the Waiting Room*

After Doctor 1 re-opens the previously discussed topic, in line 179 in Extract 12 below, he requests that the patient wait in the waiting room.

**Extract 12-[Abu El-Rob: JMT: C 15:2015]**

176.　　(0.10)

177.　　Dr.1:  طيب اتفضلي ستي لجوا عبين ما يجيبولنا ال هاي

tˤʼayiB　　ʔiTfadˤʼaliy　　siTy　　laʒowaa　　ʔaByn

Okay　　please　　Madam　　go inside　　until

maa　　yiʒyBwolnaa　　ʔil haay

they　　bring us　　the

Okay madam. Please go inside until they bring us the

178.　　Dr.2:  بغرفة الاستراحه هون

BiɣorfiT　　ʔiʔisTiraaħah　　hwon

In room　　waiting　　here

In the waiting room, here

179. ←Dr.1: **كمان نكتبلك بدنا و نوخدها عشان تيجي بس هلا بالغرفه. هون اتفضلي الجهتين. على نوخد لازم لأنه**
**عشان فطريات دوا احتياط**

Li?anoh laazim nowXiD ʕalaa ?ilʒihatiyn

Because it is a must to take from the both sides

?iTfadˀaliy hown Bilɣorfih hala Bas Tiyʒiy

please go here in the room now just comes

ʕaʃaan noXiDhaa wa BiDnaa nokToBlik

to take it and we need write for you

kamaan ?iħTiyaatˀ Dawaa fitˀriyaaT

also just in case a medicine fungies

ʕaʃaan

to

because we have to take from both sides. Please go

here to the room. Once the nurse comes we will take

it and we will also write for you a medicine for

fungus

180. **ثاني اشي يكونش ما نتأكد الله. سبحان أخدت بس سنين هديك قعدت هيك زي مريضه في لأنه انشوف**

?inʃowf li?anoh fiy mariydˀah zay hiyk gaʕDaT

To see because there a patient like this stayed

?isniyn Bas ?aXDaT soBħaan Allah

Years when she took Glory be to Allah

niT?akaD maa yikowniʃ ?iʃiy θaaniy

let's check not to be Thing else

To see because there was a patient like this and stayed

years when she took Glory be to Allah. Let's check not

to be anything else.

181. ((The patient is going to the another room))

182. ((The doctor is talking with other 2 patients for (6.16) minutes))

The patient does not reply to what the doctor says in lines 179 and 180. She leaves the room without a clear closing of the consultation. In this example, the doctor's request to wait in the waiting room might be a way of closing, but there is no terminal exchange of this closing from the patient.

## 4. Conclusion

Schegloff and Sacks (1973) noticed the occurrence of the terminal exchange 'goodbye' in the closing of an ordinary conversation. Park (2013) and West (2006) noticed the occurrence of a closing sequence in medical consultations. Moreover, Huang (2012) noticed that thanking words are part of the closing in Taiwanese medical encounters. In the present study, closing the consultation occurred in different forms, such as thanking, well wishing, invocations and the terminal exchange 'goodbye' together with the religious greeting 'peace upon you'. Also in a few consultations, a combination of more than two strategies occurred in one consultation, such as well-wishing, invocations and thanking words. Moreover, there was an occurrence of the token 'okay' to close in one consultation. Also, the expression 'inʃa Allah' was used as the final expression for the consultation. Finally, asking the patient to wait in the waiting room occurred in one consultation as a way of closing.

This study contributes in assessing the various closing strategies that participants use to close a consultation. The CA approach helps the hospital in improving the performance of the doctors if necessary through presenting a detailed analysis of turns and sequences. Also, the recurrent use of certain patterns provides the hospital with information on the style of doctors in communicating with patients. Therefore, this could contribute to the design of workshop aimed at developing doctors' communication skills with patients that would be reflected on patients' satisfaction and on the outcome of the health care.

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