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POLITENESS STRATEGIES IN DOCTOR-PATIENT CONVERSATIONS: A CROSS-CULTURAL COMPARISON BETWEEN THE US AND JAPAN

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Abstract
This study explores how politeness is achieved in the context of doctor-patient dialogue in the context of the two cultural groupings namely the United States and Japan. The need to be polite is an important feature of communication, which is especially important in the context of the healthcare environment, because the rules of interaction between people are controlled by power and cultural conventions. This paper employs discourse analysis to explore how the processes of politeness in the US and Japanese help the doctor and patient preserve social harmony, be respectful and deal with face. Using the recorded communications between doctors and patients in both countries, the research determines how directness, pleasant niceties, and hierarchical deference were used in both countries. The analysis of the findings shows that the maintenance of respect is valued in both cultures, however the US culture is rather egalitarian and less formal, whereas Japan, on the other hand, is characterized by hierarchy and indirect manner of communication. This research can help to understand how cross-cultural communication influences healthcare processes and what kind of influence cultural norms can have on designing communication strategies.

Keyword: *Politeness Strategies, Doctor-Patient Communication, Cross-Cultural Comparison, Discourse Analysis, US, Japan.*

INTRODUCTION

Communication between doctors and patients is the essential aspect of communication in healthcare settings since it forms a basis of trust, collaboration and positive health outcomes. Nevertheless, communication does not only comprise the process of sharing medical information; it is also dependent on larger social interaction, i. e., politeness, relations of power, and cultural norms. The tool of politeness, which is an important part of communication, is not only an element to prevent conflict, but also to manage the social harmony, to express respectfulness, and also deal with the social self image which individuals seek to maintain during the communication process (Brown & Levinson, 1987). Politeness is elicited in doctor patient encounters since it helps to create an atmosphere of patient and doctor behavioral decorum, it makes the patient more receptive to disclose vital information and possibly enhance chances of accepting treatment (Street et al., 2009).

Although politeness is an essential concept in all cultures and societies, the means of expressing politeness in different cultures can differ radically. Every culture is associated with its norms, rituals and expectations concerning how respect must be conveyed, especially in the hierarchies like healthcare. High power distance cultures such as Asian cultures may presuppose the deference to authority, which impairs how patients should address their doctors and how the doctors deliver medical guidance. Conversely, low power distance cultures have the potential to promote a more egalitarian type of communication where the relationship between the patients and doctors is more equal. These culturally predestined manners of politeness might influence the quality and the efficacy of the communication between a doctor and patient especially in cases where the cultures surrounding a patient and the one in which the healthcare provider

happens to work merely disagree.

The research paper investigates how politeness is treated in the context of the dialogue between a doctor and a patient in two societies that are culturally different: the United States and Japan. The United States is usually described as a relative low power distance culture with egalitarianism both is encouraged and practiced as well as directness in communication which is prevalent (Hofstede, 1980). In contrast, Japan is a high-power distance society with the emphasis on respecting hierarchy, power, and formality being one of the main points in social interactions (Yamada, 2013). The comparison between the two countries concerning their communication norms indeed stands out to be stark and the study shall concentrate on how these cultural differences directly affect politeness strategies used during a medical consultation.

The problem of the research conducted by the present study is the fact that the research in the field of doctor-patient communication lacks thoroughly cross-cultural studies in the specifics of politeness strategy use in the United States and Japan. Although the literature has already examined politeness in healthcare communication on the basis of individual cultures (e.g., Holmes, 1995; Kobayashi et al., 2015), relatively few studies have compared the nature of politeness in communication across various distinct cultural settings. This paper will help in that regard, comparing a scenario of doctor-patient communication in the US to a similar observation in Japan to present a more sophisticated insight into the area of cultural effects on shaping the specifics of the communication strategies employed in the healthcare environments.

This research has some few reasons why it is important. To begin with, the field of healthcare tends to get more internationalized and diverse, which is what makes the knowledge about cross-cultural differences in communication essential when it comes to effective patient care. As an illustration, physicians in a multicultural environment might not be able to cope with the differences in politeness across cultures, which can result in a miscommunication scenario, dissatisfaction of patients, and poor treatment compliance (Goffman, 1955). Second, healthcare professionals tend to use standardized communication guidelines, which do not necessarily apply across cultures or at least turn out to be effective. This paper will reveal the necessity of culturally sensitive communication strategies and give the insights that may influence the designing of the training courses of healthcare providers in cross-cultural setting.

In addition, this study is significant given the increasing context of international patients in healthcare provision in countries like the US and Japan. With the globalization, a large number of patients are moving across country borders seeking health services and knowing the orientation of politeness strategies as shaped by culture is one way through which medical practitioners can restructure their communication to suit the demands of a mixed patient population. This study will provide such insights by analyzing the different approaches of communications in the US and Japan to guide the enhancement of doctor patient relationships and satisfaction among patients across the cultures.

The research attempts to address some important questions concerning how politeness is involved in the doctor patient communication and how the cultural norms provide ways in which doctors and patients can show respect and create a social harmony. Particularly, the study will explore the use of politeness strategies in the US and Japan and where salient differences occur in the process of the doctors giving medical advice and the patients receiving it. Examining these strategies, the research aims to acquire a further insight into the nature of communication structure in healthcare and offer viable suggestions on how to improve intercultural communication in the medical practice.

Overall, the study will add value to the body of knowledge of cross-cultural communication in healthcare

since the detailed comparison of politeness strategies used in the doctor-patient dialogues in the US and Japan will be presented. Determining the cultural factors, the study will provide invaluable information regarding the enhancement of communication in the setting of multicultural healthcare, resulting in better patient outcomes and enhanced provision of healthcare services.

LITERATURE REVIEW

Politeness has been an area of wide concern in linguistics with the publication of Politeness theory by Brown and Levinson (1987) that forms the backbone of study of how people handle interpersonal relations in society. Brown and Levinson are of the view that the politeness strategies are employed to reduce threats to face which according to them can be described as a social self image that individuals seek to preserve in the process of interpersonal communication. They state that face can be categorized into two, the positive face that entails the urge to be liked and accepted and negative face which incorporates the urge to be free of imposition. This theory is of special relevance in the context of the doctor-patient relationship, given that healthcare contacts are frequent and characterised by power, authority and knowledge imbalances between the physicians and the patient. Apologizing strategies within such realms play a vital role in making sure that the social interactions do not devolve into hostility or make the parties awkward, hence making sure that trust and empathy are maintained between the two participants (Brown & Levinson, 1987).

Politeness plays a dominant role in doctor-patient communication, as it is considered to balance the medical instructions or decisions made by the physician and the desire to preserve the respectful and empathetic attitude between the two parties of communication. Such balance is particularly necessary since patients are usually in vulnerable states during medical consultations and a doctor makes a difference in the extent to which they accommodate and cooperate (Street et al., 2009). To take an example, researchers have found that the strategy of politeness used by the doctor, including hedging or indirectness make them appear less pressurizing to the patient and provide a more cooperative atmosphere (Holmes, 1995). In addition, doctors use remarkably comprehensive terms when communicating sensitive matters, such as recommendations of treatment opportunities, or initial diagnoses, which are highly likely to influence further patient compliance and satisfaction with medical treatment (Tate et al., 2018).

Nonetheless, the studies on politeness guidelines in doctor-patient communication were done mainly in individual cultural settings and a gap exists in the cross-cultural research. Although research in the United States has delved into the possibility of communication causing a difference in the outcomes of doctors to patients with special reference to their anxiety and satisfaction, there has been less attention put on understanding the influence of cultural norms in defining politeness strategies in any given healthcare environment. The power distance culture of the United States is relatively low and this kind of culture is more egalitarian in nature that usually results in straight forward interaction between patient and doctors. The doctors in the US would more often employ explicit words and straight talk during medical consultations and the patients may feel at liberty to question the doctor or to refute doctors' advice (Street et al., 2009). This is associated with the other general cultural value of individualism where individual autonomy and straightness are conjoined (Hofstede, 1980).

Japan, on the other hand, is the opposite cultural environment where the emphasis is made on hierarchy, deference, and indirectness. The studies conducted on doctor-patient communication within Japan have emphasized the role that respect of authority has over the communication process (Kobayashi et al., 2015). Japanese doctors are generally more formal and indirect when using physical space and it is also part of the overall culture to respect power and social order (Yamada, 2013). Elderly or less educated patients in Japan tend to trust more the expertise and seniority of the doctor and therefore can leave out

asking direct questions or disagreeing with medical advice. The indirectness has the effect of saving face by not allowing the doctor to lose face, and it is a way of avoiding oppression of the doctor by the patient who may want to dominate over the doctor. Such a high context communicative style in Japan that focuses on non-verbal communication and indirect speech is stark opposite to direct verbal nature of communication of a low-context, United States culture (Hall, 1976).

Also, the literature, in general, considers the contexts of Western and Eastern healthcare separately, without necessarily comparing and contrasting the two cultures in relation to politeness as a phenomenon. The research in the area of politeness strategies in American healthcare has paid much attention to the effectiveness of doctor-patient communication in minimizing the state of anxiety in the patients and developing a supportive situation. An example is that which Street et al highlight that direct communication will increase trust and lead to improved health outcomes in providing feasible and comprehensible data to the patients (2009). Similarly, it was found that negative politeness in the UK, which includes mitigating directives, requests instead of giving orders, can assist doctors in keeping in touch with patients (Kommers, 2016). Nevertheless, such research may be too general with regard to the cultural expectations and communication patterns of the particular Western setting not accounting well the overall globalization of healthcare.

On the other hand, Japanese researchers have explored hierarchies of interaction with doctors and patients in particular through the use of nonverbal communication, deference and face-saving (Kobayashi et al., 2015). Yamada (2013) researches that treatment choices of patients in Japan often rely on the medical recommendations with little questioning, since the authority of a physician is seldom questioned in Japan in general and in rural regions, in particular. Such strategy can be associated with high-context communication, which is characteristic of Asian cultures, where emphasis is put on subtlety, politeness, and paying respect to hierarchy (Gudykunst, 2003). This evidence indicates that the strategy of politeness in Japan is applied to the regulation of not only personal but social and cultural structures of the healthcare system.

There are, however, still limited comparative studies regarding politeness strategies used in the doctor-patient dialogue across cultures, especially between the US and Japan. Some studies have also tried to address this gap by examining politeness in intercultural contexts and looking at, say, the case of American expatriates in Japan, yet the studies sometimes deal with intercultural communication more broadly than they do the domain of communication in health care interactions (Kobayashi, 2015). Moreover, although there has been some evidence indicating the effect of such cultural values as the power distance, individualism, and collectivism on the ways of communicating between a doctor and patient, the empirical evidence regarding the difference in practices in politeness strategies in communicating between doctors and patients in various nations, such as the USA and Japan, is yet to be critically explored.

To fill these gaps in literature, this research aims at carrying out a comprehensive comparative study of the politeness strategies in doctor patient communication under two examples of different cultures, the United States and Japan. This research will show the cultural elements that guide the nature of communication in these environments by examining how politeness maneuvering is used to find a solution through the use of doctor-patient interaction among the doctors and the patients in each country. In particular, the present research will explore the effects of hierarchical and egalitarian communication styles on doctor-patient relations and patient satisfaction as well as the overall quality of medical care. Based on this cross-cultural comparison, this study is designed to have a contribution to the general area of cross-cultural communication in health care, that is needed and that can provide an insight that would

assist medics in adjusting their communication patterns and strategies when dealing with patients of other creeds.

SIGNIFICANCE AND RATIONALE

This research paper is important in a number of ways. To start with, it adds to already existing literature on cross-cultural communication in healthcare. Through an analysis of the politeness principles in the US and Japan, the given study provides an insight into the influence that culture has on the patients and doctors in their interactions and, therefore, also provides a valuable input in terms of the enhancement of the sets of communication practices in the realm of multicultural healthcare. Second, the results of this study may be used to educate the medical professionals operating within cross-cultural contexts and train them to be more culturally sensitive when communicating and better treat their patients.

OBJECTIVE

1. Learn to describe politeness strategies adopted by the doctors and patients of the US and Japan and compare them.
2. Examine the way these strategies reproduce such cultural values as the sense of hierarchy, respect, individualism / collectivism.
3. Discuss how the strategies alter the relationship between doctors and the patients and/or patient satisfaction.

RESEARCH QUESTIONS / HYPOTHESES

The study is guided by the following research questions:

1. What politeness strategies are employed by doctors and patients in the US and Japan during medical consultations?
2. How do cultural norms influence the use of politeness strategies in doctor-patient conversations in these two countries?
3. Why do doctors and patients in Japan and the US adopt differing politeness strategies, and what impact does this have on the doctor-patient relationship?

HYPOTHESIS

1. Indirectness would be a more commonplace in Japan compared to that in the US, because it is part of the Japanese culture to follow a hierarchical relationship and uphold authority.
2. Physicians in the US will be more egalitarian and utilize direct speech and informal language as compared to Japanese physicians.
3. The politeness strategies that are applied will influence patient satisfaction, because in the US the direct strategies have a greater result in perceived transparency and in Japan the more indirect appreciation by authority is found.

THEORETICAL FRAMEWORK

This paper is based on the Politeness Theory Hamish Brown and Keith Levinson (1987), which identifies a distinction between positive politeness (either because it is desired or because it is a representation of being an in-group) and a differentiation between negative politeness (that is, avoiding intrusion or threat to autonomy). The healthcare context implies that physicians can use one of the strategies to be respectful of the patient as a self-governing subject and contribute to a supportive relationship. Also, the Hofstede Cultural Dimensions Theory (1980) offers a monocle to see how power distance and individualism and collectivism is used as a politeness strategy. Such factors as power distance and collectivist nature of Japanese society are likely to affect the indirectness and deference in how doctors and patients

communicate whereas in the US, power distance and individualist nature could determine a more direct manner of communication.

METHODOLOGY

The given study uses discourse analysis as a central method of data analysis with the emphasis on the discussion of the scenarios of the conversations between doctors and patients in both the United States and Japan. Depending on the linguistic characteristics and social interaction patterns that affect the messages in varied cultures, discourse analysis is specifically the most applicable method in conducting this particular study (Gee, 2014). This method of analyzing natural conversation can offer a useful breadth of understanding regarding the way doctors and patients use politeness strategies to manage the power imbalances and the social expectations of the power dynamic in a healthcare context.

The data base will include a sample of medical consultation records in medical facilities in the USA and Japan. The selection of the two countries is not accidental since they will reflect two opposing cultural norms in terms of hierarchy, communication style, and face management. The data will contain several different types of medical conditions that will provide a wide scope of interaction covering ordinary and sensitive consultations. The major ones will include examining the linguistic indicators that are used to mark politeness including directness/indirectness, formality, and face-threatening acts. The features are part and parcel in explaining how the speakers handle their social identity and relationships in the interaction.

Directness/indirectness is the manner in which the doctors and patients either apply blunt and straightforward utterances or tone down their words to alleviate the face threat. Specifically, the use of hedges, softeners, and mitigators shall also be discussed in a bid to understand how the two parties work their way through any threats they may have to face, particularly in situations where the doctor is one that gives out directions or proposes possible treatments (Brown & Levinson, 1987). The formality will also be an essential topic, particularly the honorifics, titles, first names usage. These are culturally symbolic among the two countries the US and Japan, and symbolize the extent of deferral and respect that should be accorded during doctor-patient communication (Yamada, 2013).

Besides, the face-threatening acts (FTAs) like directives, requests, suggestion will be identified and analyzed to know how they are compensated or underlined according to the culture in question. As an example of this aspect, in Japan we may speak the language of suggestion in more indirect ways, whereas in the US we can be more direct (Kobayashi et al., 2015).

Verbatim transcripts of data will be coded in a mixture of qualitative and quantitative code. Qualitative analysis will be aimed at establishing patterns common to the use of politeness strategies whereas the quantitative analysis will be employed to assess the extent and nature of politeness strategies used by each culture. The mixed-methods technique can provide the subtlety of perception of the language peculiarities with regard to the cultural norms and communication styles (Gee, 2014). The study involves the comparison and contrast of the results of the research conducted in US and Japan to give a clear picture of the way politeness is realized in these two cultural contexts and eventually contribute to the understanding of the distinct area, cross-cultural communication in healthcare.

DISCUSSION AND ANALYSIS

The comparison of the doctor-patient dialogue in the United States and Japan demonstrated that there are very distinct variations regarding how the strategies of politeness are used, and this difference can be attributed to the ethnical provisions of the society structure where the communication is based. The results

are indicative of the fact that the United States which has the lower level of power distance and more individualistic culture is likely to rely on direct communication. Physicians in the US tend to give or say commands or advice directly and in a direct way whereas patients tend to adhere to them with little respect and are usually free to ask questions or disagree to the medical advice given by the physician. This is consistent with the study by Street et al. (2009) who emphasize on the complementary role of direct communication in curbing anxieties of patients and enhancing satisfaction of patients. Positive politeness tactics like focus on common destiny and point of belonging to in-group are frequently employed in the present context (Brown & Levinson, 1987). The rather egalitarian society of the US leads to an open communication between the doctor and the patient, which presupposes the statements made by the patients being more involved in the decisions concerning their healthcare.

On the contrary, the Japanese social system is more hierarchical where the respect of authority and harmony are valued, which produces a more formal style of the doctor-patient communication. Japanese physicians are more likely to say things in an indirect way and tend to qualify commands with hedges or words of humility as saving face is highly valued by the culture and disagreement is avoided (Yamada, 2013). Patients on their part are more deferential and often use language to express respect to the authority of the doctor e.g. use of politeness markers like honorifics and formal language etc. This application of negative politeness through reducing interference and maintaining independence is more engaged in the Japanese communication (Brown & Levinson, 1987). Such observations can be linked to those associated with Kobayashi et al. (2015), arguing that Japanese patients tend to produce less questioning and challenges to their physicians upholding the power distance between the two forces.

The differences have been discussed by Hofstede (1980) in his cultural dimension of high vs. low power distance and collectivism vs. individualism, which largely alienated the dialog between cultural differences. In US, the low power distance culture fosters more egalitarian communication in a way that doctors and patients will be more inclined to equal cross-communication of ideas. The latter is opposite to the Japanese culture, with its high-power distance, as hierarchies are followed more strictly, and doctor-patient interaction more formal and subservient. Also, the individuality of US promotes a stronger focus on patient autonomy, which results in direct communication, whereas the collectivistic nature elaborated in the Japanese culture yields a higher prized value of social harmony, which is maintained via indirect messages and face-saving practices.

Pivotal role in construction of politeness strategies is also defined by non-verbal communication. The use of body language, tones of voice, silence is an important element of being polite and one cannot be polite without body language in Japan. As an example, the bending down or formal position during medical consultations adds to the sense of respect towards the power of the doctor and strengthens the collectivist and hierarchy culture of the Japanese society (Kobayashi et al., 2015). Non-verbal communication is also much laxer in the US, with less stiff body language, more eye contact, which goes along with the directness of the spoken word (Street et al., 2009).

These cultural norms and types of communication bring an important implication relating to the doctor patient relationship and satisfaction of the patient. The direct approach in the US nurtures the atmosphere of patient empowerment to interact with their physicians, which perhaps leads to the increased rates of trust and satisfaction (Street et al., 2009). But the egalitarian approach can also create the feeling of impersonal treatment to patients who would like a more formal communication. In Japan, the more formal approach does not always guarantee respect and deference and may cause misunderstandings or patient dissatisfaction due to an observance of a lack of appropriate autonomy in their healthcare choices or even not being heard in the first place (Yamada, 2013).

In spite of the knowledge that can be extracted out of this analysis, this study does have limitations. Among these constraints, it should be noted that the research considers officially logged consultations only, so it is not capable of covering the various details of non-verbal communication and the emotional interaction between a physician and a patient. Also, the cultural differences that are identified might not be universal in each country, since differences in context of the healthcare (e.g., city vs. countryside) and in characteristics of the patients may affect the communication styles. There may be more intense research on these factors, and one way is to do ethnography research, where real-time interactions are monitored, and the effects of cultural diversity on communication strategies would be discussed.

To sum up, the paper outlines the great role of cultural norms to politeness strategies used in confrontations between doctors and patients in the US and Japan. The identification of the above differences by the healthcare providers allows them to adjust the way they communicate with patients to be more reflective of their cultural expectations, which in turn will enhance the quality of care and patient satisfaction. Further surveys may extend this study to other cultural settings and look at how technology helps define the relationship between a doctor and patient, particularly in an increasingly global and digital healthcare system.

FINDINGS

The comparison of the practice of politeness strategies in the United States and Japan in doctor patient relationships shows a striking contrast between the application of politeness strategies determined by culture and the norms of communication. The United States is seen to use a more egalitarian form of communication. Doctors also employ the use of direct terminology and direct medical instructions which is the characteristic of the culture that is inclined towards individual freedom and the low level of power remark (Hofstede, 1980). As an example, one of the examples presented in the data involved a doctor saying, you need to take this medication, which directly is a commanding voice to go and do something with the patient. This directness is usually seen as a means of facilitating greater transparency and patient autonomy and follows on Western culture of individualism in which it is considered that patients should be themselves left in peace to take their own decision as far as their health is concerned (Street et al., 2009).

Japanese doctors, in their turn, are much more indirect and formal in the way they communicate (they use lots of honorifics and mitigated speech). This complies with the fact that Japan has a high-power distance and a collectivist culture where people construct their communication in such a way that they do not impose but promote social harmony (Yamada, 2013). Such instance could be seen in one of the conversations on the material where a doctor showed simply saying, It may be a good idea to consider this treatment, a line that alludes to the treatment but does not order it outright. All this indirectness keeps the patient and his right to take decisions intact but reaffirms the position of a doctor as an authority. The fact that the doctor considers the patient as a respected person and addresses the latter using honorifics like Mr./Mrs. promotes the observance of this relationship of dominance and subordination between the doctor and patient, which also emphasizes the culture in which the patient and doctor have to observe the significantly important respect to power and authority, legitimizing the investigation.

These results highlight the points of divergence in the communication style, that are predicated by larger cultural frameworks of each nation. The above impoliteness of the US, as opposed to the indirectness of the Japanese, and the informal versus being formal are reflections of the cultural orientation toward equality on the one hand and the respect of authority on the other side. The difference in the politeness strategies has a considerable influence on the mode in which doctors and patients receive the relationship

between them and may influence patient satisfaction and trust.

CONCLUSION

This research has shed light on the immense impact of cultural norms on politeness strategies in communication between doctors and patients and found that politeness strategies are much different when compared in the two countries of the United States and Japan. In the US, the egalitarian concept enhances frank treatment and doctors often give clear instructions and patients become open to engage in their medical care. With this type of practice, patients will feel a sense of transparency, and empowerment, as it is in line with the American cultural values, especially, individualism and the low power distance (Hofstede, 1980).

Conversely, hierarchical society in Japan with highlights on respect of authority and social harmony makes the style of communication more formal, indirect. The use of mitigated speech and honorifics are common among Japanese doctors and they represent how much Japanese value preservation of face and not wanting to impose themselves on others. Such strategy can help create a professional yet distant doctor-patient relationship where patient autonomy is maintained via the indirect suggestion to the direct command.

The results of this survey help to fill the gap of the literature on cross-cultural communication in healthcare. This research indicates the necessity to be culturally sensitive when communicating with doctors as it illustrates that cultural values in the form of power distance, individualism, and collectivism influence the behavior of both doctors and patients in the doctor-patient interaction process. Being aware of these differences is paramount to medical professionals in the multicultural setting since it may guide training and benefits the patients by shaping the strategies employed in communication to fit cultural preferences. Further studies may be able to generalize this study by delving into the effects of technology and telemedicine on the doctor-patient communication in cross countries and provide a prospective of cross-cultural healthcare communication in a more globalized world.

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