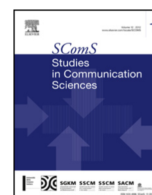
Studies in Communication Sciences 14 (2014) 68–77

Contents lists available at ScienceDirect

Studies in Communication Sciences

journal homepage: www.elsevier.com/locate/scoms



Assumptions embedded in *wh*-questions: An interactional approach to the analysis of goal setting

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ARTICLE INFO

Article history:
Received 12 October 2013
Received in revised form 19 February 2014
Accepted 7 March 2014

Keywords:
Health care
Conversation analysis
Question
Interaction
Goal setting
Physical therapy

ABSTRACT

Goal-setting is promoted in healthcare guidelines as a way to engage patients. However, not much is known about how this process is accomplished in practice. The objective was to identify how goal-setting is initiated in physiotherapy. The data comprise of 14 patient–therapist interactions in which physiotherapists inquire about goals using a *wh*-question (e.g. "*what do you expect from therapy?*"). Conversation analytic findings indicate that those questions embed assumptions a) that patients have a goal beforehand, and b) that they are able to articulate it. Patients' hesitant responses, however, show that those assumptions are not always mutually oriented to.

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1. Introduction

Goal setting theories were developed in industrial North America in the 1950s and 1960s. The World Health Organisation's (WHO, 2004) defines a goal as "a general or specific objective toward which to strive; an ultimate desired state toward which actions and resources are directed" (p. 27). When goal setting is described in the rehabilitation literature, it is referred to as a formal process where health professionals negotiate goals collaboratively with patients (Wade, 2009). It is suggested that setting a goal influences human behavior in a way such that it increases performance and motivation (Locke & Latham, 2002). This approach has now been adapted in contemporary rehabilitation practice (Scobbie, Wyke, & Dixon, 2009) and is promoted in professional standards of practice (Physioswiss, 2006). Most often, those guidelines propose an approach to define quantifiable goals, known as SMART, an acronym for Specific Measurable Achievable Realistic and Time sensitive goals (Bovend'Eerdt, Botell, & Wade, 2009). Yet, this process has shown to have some limitations (Rosewilliam, Roskell, & Pandyan, 2011), and barriers to goal setting have been identified (Schoeb & Burge, 2012).

Evidence about effectiveness of goal setting has shown to be moderate (Levack, Dean, Siegert, & McPherson, 2011). A gap seems to exist between participants' perception about and actual practice of goal setting (Sugavanam, Mead, Bulley, Donaghy, & van Wijck, 2013), but only a few studies have looked in detail at the goal setting process (Barnard, Cruice, & Playford, 2010; Parry, 2004). Those studies have argued that goal setting is not only about an exchange of information, but that there are social processes underlying this process. It is known from medical consultations that questions often convey additional dimensions, such as topical and action agenda, assumptions, information related to knowledge claims (epistemics) and preferences (Heritage, 2010). The aim of this study is to shed light onto how the goal setting process is initiated in practice in a German-speaking physical therapy outpatient setting. The focus will be specifically on the design of questions and on assumptions embedded in the goal inquiry, and concludes with some reasons why sometimes those discussions do not go so smoothly.

2. Methodology

Conversation analysis is an inductive, observational method that uses video- or audio-recordings as data. It is a rigorous approach in which the analysis tries to describe the orientations participants display themselves about an unfolding interaction (Clayman & Gill, 2004). Its strength is that conversation analysis focuses on sequences of communication rather than on individuals' talk and can therefore take into consideration the co-constructed aspect of communication (Barnes, 2005). Conversation analysis has become the preeminent means of analyzing medical communication (Heritage & Maynard, 2006), as well as to provide empirical

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http://dx.doi.org/10.1016/j.scoms.2014.03.003
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Table 1
Overview of cases ($N = 28$).

Explicit goal enquiry ($N = 15$)		Patient-initiated goals ($N = 5$)	No explicit goal enquiry ($N = 21$)
Wh-question	Yes-No-Interrogative		
B03	B17	B02	B01
B04		B12	B05
B06		G01	B13
B07			B14
B08			B15
B09			B17
B10			G03
B11			G04
B16			G07
B18			G08
B19			
B20			
G02			
G05			
14 cases	1 cases	3 cases	10 cases

evidence of interactions in other professions, such as pharmacy (Pilnick, 1998), physical therapy (Martin, 2004; Parry, 2009), genetic counseling (Pilnick, 2002), psychology (Antaki, 2008), and nursing (Jones, 2009). The detailed analysis of interactions can identify both patterns of behavior as well as communication strategies (Drew, Chatwin, & Collins, 2001).

2.1. Sampling, data collection and data analysis

Ten physical therapists and 28 patients with musculoskeletal problems (e.g. low back pain, knee problems) referred to an outpatient department of a hospital or a private practice – all in German-speaking Switzerland – participated in the study. A theoretical sampling procedure was used as this is more appropriate for qualitative studies than a probability sampling method (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998). The conversation analytic approach used for this study assumes that every case is "worthy of an intense and detailed examination" (ten Have, 1999; p. 51). For each patient, the first three consultations were video-taped. Therapists were fitted with a wireless microphone to enjoy freedom of movement without compromising the quality of the sound. For the purpose of this paper, only the 14 cases were included in which physical therapists inquire explicitly about goals using a *wh*-question (see Table 1). Ethics committee approval was granted by the local commission and, consistent with the Declaration of Helsinki (WMA, 2008), all participants signed an informed consent form.

A detailed systematic analysis of each video-recorded consultation was performed using the methods of conversation analysis (Heritage, 2005; ten Have, 1999). The focus was on aspects of turn-design (how turns are organized and structured; e.g. the wording and intonation of questions and responses), sequence organization (e.g. how goal setting activity starts, continues and closes down), on vocabulary chosen (e.g. discourse particles, response tokens) and whether asymmetries were observable (Heritage, 2004, 2005). Sequences related to goal setting were selected, viewed and transcribed using Jefferson's (2004) transcription conventions (see Appendix 1).

The presentation of the findings includes simplified transcripts of the actual spoken interaction. For the purpose of this article and in accordance with CA conventions, data is represented with transcripts using a three line translation (Nikander, 2008): the first line is transcribed in spoken Swiss German, the second an exact translation of those words in English and the third line in an idiomatic representation of English (Jenks, 2011). When translation for a word was difficult (e.g. modal particles), the second line includes the indication "MOD" or "PRT" while the third line keeps the original word in italics. The use of PRT in the second line is in line with examples from other German studies (Golato & Fagyal, 2008). Footnotes provide an approximate translation into English.

3. Findings

A physical therapist, like any other health professional, requires information in order to understand the patient's problem and to be able to propose a treatment addressing that problem. The focus is on how physical therapists inquire about goals and how patients respond to those questions. Extracts will initially be presented on consultations that are interactionally 'smooth' to illustrate how participants maintain two assumptions underlying the goal inquiry question: a) that patients have a goal and b) that patients are able to articulate it. An interaction is considered 'smooth' when participants treat each other's talk as unproblematic. Features of trouble in interaction are for example: delayed onset of responses (Goodwin & Heritage, 1990), prolonged silences (Peräkylä et al., 2007), the use of hesitation markers (Schegloff, 2007), or laughter (Hakaana, 2002).

3.1. Question format

Wh-questions are questions using words such as 'what', 'why', 'when', who', 'where' and 'how' (Stivers, 2010). Schegloff argues that questions should be understood as a "category of action" emphasizing a shift from "linguistic questions" to "interactional ones" (Schegloff, 1984, p. 34). One of the few existing studies in German on *wh*-questions categorized questions (interrogatives) into three actions:

1) doing information-seeking only;
2) ambiguity of doing information seeking while doing another activity such as challenging, inviting or requesting;
3) doing challenging only (Egbert & Vöge, 2008, p. 18).

In our data, *wh*-questions are used most commonly by physical therapists to elicit goals from patients (doing information-seeking). In 11/15 cases, physical therapists use a question of the type "*And what is your goal?*" (B08 PTd Rx2_9.56[1]). Less commonly (3/15), they pose an abbreviated version of a similar question, e.g. "*And your goal now or your expectation for physical therapy?*" (B20 PTc Rx1_23.39). In one instance a Yes/No format was used: "*Do you have a certain goal in mind?*" (B17 PTb Rx1_34.40). Table 2 provides an overview of the question types of all cases.

The three question formats show common features across the examples:

- Physical therapists ask the question about **one** goal, not several goals
- Physical therapists inquire explicitly about the patient's goal (your goal), sometimes with an emphasis on "*your*" or in some examples by naming the person, for example "Your goal? (.) Mr. X" (B09 PTe Rx1_20.06)
- Different lexical terms are used in these questions, such as "goals", "expectations" and "achievement", sometimes used in combination or as clarification when the first question was not answered

[1] **B08:** Code Patient – **PTd:** Code Physical therapist – **Rx1:** first treatment session – 9.**56:** point of time in consultation.

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