



# Conversation Analysis to Improve Oncology Nursing Communication

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# Conversation Analysis

- ▶ Conversation analysis deals with talk-in-interaction; that is, naturally occurring data.
  - Study of mundane social action.
  - Study of the most routine, everyday, naturally occurring activities in their concrete details.
  - The analysis of small sequences of talk often recorded in the most mundane settings of everyday life.
- ▶ Ethnomethodological interaction analysis
  - It is the study on talk-in-interaction that is the broader and more inclusive characterization of the phenomena of study than conversation.



# Conversation Analysis

- ▶ Purpose of conversation analysis
  - To get a clear picture of in-situ organization by identifying detailed and patterned organization of interactions.
  - To discover and describe the produced orderliness in talk-in-interaction.



# Conversation Analysis

- ▶ Basic assumptions
  - “Order is a produced orderliness.”
  - “Order is produced by the parties in situ; that is, it is situated and occasioned.”
  - “The parties orient to that order themselves; that is, this order is not an analyst’s conception, not the result of the use of some preformed or preformulated theoretical conceptions concerning what action should/must/ought to be, or based on generalizing or summarizing statements about what action generally/ frequently/often is.”



# Conversation Analysis

## ▶ Basic assumptions

- “Order is repeatable and recurrent.”
- “The discovery, description, and analysis of that produced orderliness in the task of the analyst.”
- “Issues of how frequently, how widely, or how often particular phenomena occur are to be set aside in the interest of discovering, describing, and analyzing the structure, the machinery, the organized practices, the formal procedure, the way in which order is produced.”
- “Structure of social action, once so discerned, can be described and analyzed in formal, that is, structural, organizational, logical, atopically contentless, consistent, and abstract, terms.”



# Discovering Sequences in Interaction

- Central feature of CA focuses on the turn-by-turn unfolding of talk-in-interaction.
  - Greeting-Return Greeting
    - A: Hi
    - B: Hi
  - Question-Answer
    - A: What are you doing?
    - B: Nothing
  - Invitation-Acceptance/Decline
    - A: Wanna go out tonight? A: Wanna go out tonight?
    - B: Sure B: Sorry, I'm busy.
  - Complaint-Apology/Justification
    - A: You're late for class. A: You're late for class.
    - B: Oh, sorry. B: The traffic held me up.



# Discovering Sequences in Interaction

- ▶ Major properties of the organization
  - They are two turns in length.
  - They have two parts.
  - The first pair part is produced by one speaker.
  - The second pair part is produced by another speaker.
  - The sequences are in immediate next turns.
  - The two parts are relatively ordered in that the first belongs to the class of first pair parts, and the second to the class of second pair parts.
  - The two are discriminatively related in that the pair type of which the first is a member is relevant to the selection among second pair parts.
  - The two parts are in a relation of conditional relevance such that the first sets up what may occur as a second, and the second depends on what has occurred as a first.





# Discovering Sequences in Interaction

- ▶ Order was seen to be a produced order, integral and internal to the local settings in which the interaction occurred.
- ▶ There is order to be found in the most mundane of interactions.
- ▶ Analyst can discover, describe, and analyze that orderliness by close examination of actual occurrences.
- ▶ It was produced in and through the actions of the parties.
- ▶ They were freely involved in that production and were themselves oriented to that production.



# Discovering Sequences in Interaction

- Ex) Telephone call in the Suicide Prevention Center by Harvey Sacks (Schegloff, 1992)
  - 1)
    - Answerer: Hello
    - Caller: Hello
  - 2)
    - Answerer: This is Mr. Smith may I help you
    - Caller: Yes, this is Mr. Brown
  - 3)
    - Answer: This is Mr. Smith may I help you
    - Caller: I can't hear you
    - Answerer: This is Mr. Smith
    - Caller: Smith



# Discovering Sequences in Interaction

- ▶ One important issue for the professional answering calls was to get caller's name.
- ▶ The second case would be the standard form of solving this issue without raising it explicitly.
  - By giving his own name, the call-talker made the caller's name – giving a 'natural' next action.
  - If a person uses "This is Mr. Smith. . .," they have a way of asking for the other's name – without, however, asking the question "What is your name?"
- ▶ In case 3, however, a caller seemed to use "I can't hear you" to avoid giving his name by filling the 'slot' designed by the call-taker for this purpose with a different object, on initiating what later would be called a repair sequence.
  - And, Sacks observed, for the rest of this conversation, the agent taking the call had great difficulty in getting the caller to give a name.



# Nurse–Patient Dialogue

- ▶ Ward–Rounding Conversation
  - Four functional phases
    - Introduction Phase
    - Assessment Phase
    - Intervention Phase
    - Closing Phase



# Analysis of conversation between elderly patients with dementia and nurses (analyzing 66 episodes)

Functional phase	Sequential pattern
Introduction phase	<ol style="list-style-type: none"> <li>1. Greeting-answer (verbal, nonverbal)</li> <li>2. Greeting-no answer</li> </ol>
Assessment phase	<ol style="list-style-type: none"> <li>1. Nurse-initiated dialogue               <ol style="list-style-type: none"> <li>1) Ask question-answer-confirm</li> <li>2) Ask question-ask back-ask question-answer-confirm</li> <li>3) Ask question-no answer-ask question-answer-confirm</li> </ol> </li> <li>2. Patient-initiated dialogue               <ol style="list-style-type: none"> <li>1) Raising problem-accept</li> <li>2) Raising problem-ask back</li> <li>3) Raising problem-refute</li> <li>4) Raising problem-escape</li> </ol> </li> </ol>
Intervention phase	<ol style="list-style-type: none"> <li>1. Nurse-initiated dialogue               <ol style="list-style-type: none"> <li>1) Advice/dictate-accept-confirm</li> <li>2) Accuse-excuse-explain-discard</li> <li>3) Advice/dictate-ask back-advice/dictate-accept-confirm</li> <li>4) Advice/dictate-refute-withdraw-accept-confirm</li> </ol> </li> <li>2. Patient-initiated dialogue               <ol style="list-style-type: none"> <li>1) Demand-ask back-argue/explain/ask again-accept</li> <li>2) Demand-false promise-mumble to oneself-reject</li> <li>3) Demand-refute-question/explain/insist/ask again-reject</li> </ol> </li> </ol>
Closing phase	Nonverbal behavior-nonverbal behavior



# Introduction Phase

간호사: 할머니 안녕하세요?

[인사]

할머니: 예.

[대답(언어적)]

간호사: 할아버지?

[인사]

할아버지: (이불을 목까지 걷어 내린다)

[대답(비언어적)]

간호사: 안녕하세요?

[인사]

할아버지: (침묵)

[비대답]



# Assessment Phase: Nurse-initiated dialogue

간호사: 소변은 잘 보시구요? [질문]

할머니: 네. 소변이 나와요 조금씩. 소변이 나와. 밤에 두 번  
보고.

[대답(설명적)]

간호사: 네 예예. [확인]

간호사: 다리 아프세요? [질문]

할머니: 예. [대답]



간호사: 소변은 잘 보시구요? [질문(폐쇄형)]

할머니: 네. 소변이 나와요 조금씩. 소변이 나와. 밤에 두 번 보고. [대답(불명확)]

간호사: 네 예예. [확인]

간호사: 시원하게 잘 보시구요? [질문(폐쇄형)]

할머니: 두 번 보는데~ 졸졸졸 나와. [대답(명확)]

간호사: 예. [확인]

간호사: 근데 보고 나서 아유, 조금 더 마렵다 이런 거는 없으세요? [질문(폐쇄형)]

할머니: 네. 보고 나서? [되묻기]

간호사: 아유 조금 더 마려. 누고 싶은데.

아유 조금 더 누고 싶다 이런 생각 없이 깨끗하게 났다 시원~하게 잘 누었다. [질문(폐쇄형)]

할머니: 네. [대답]



# 질문(폐쇄형)-부정대답-이의제기

간호사: 할머니도 속 괜찮으시죠?

[질문]

할머니: 배가 좀 아파.

[부정 대답]

간호사: 약 드시는 데두요?

[이의 제기]

간호사: 오늘 좀 숨차시는 거 어떠세요?	<u>[질문(개방형)]</u>
할머니: 어떠냐고?	<u>[되묻기]</u>
간호사: 숨차시는 거. 숨 좀 덜 차세요 할머니?	<u>[질문(폐쇄형)]</u>
할머니: 예.	<u>[대답]</u>
움푹거리면 지금도 차.	[보충 설명]
간호사: 예.	<u>[확인]</u>
지금도 차세요?	[질문(폐쇄형)]
할머니: 응.	[대답]
그리고 가만있으면 좀 괜찮고.	[보충 설명]
간호사: 예.	[확인]



# Assessment Phase: Patient-initiated Dialogue

할머니: 아무아무 아무 것도 못 먹었어요, 못 먹어요 고만

[문제 제기]

간호사: 네 숟갈만 잡수셨다며?

[수용]

응 점심 네 숟갈만 잡수셨다며?

그때는 안 토하셨어요?

[질문]

할머니: 안 토했는데, 토하진 않았어.

[대답]



할머니: 근데 응 좀 이상한 게, 응 왜 전에는 그 잘 주시던 약을

약을 요새는 안 주더라. [문제 제기]

간호사: 무슨 약이요 할머니? [되묻기]

할머니: 옆구리가 아파. [문제 제기]

간호사: 할머니는 흉부외과 그때 갔잖아요. [반박]

특별한 게 없어요, 그러니까 그냥 드시고. [지시]



할머니: 으슬 으슬 춥고,

[문제 제기]

간호사: 할머니 연고(연고를 들어 보여준다)

[회피]

할머니: 응.

[대답]

간호사: 연고 필요하시면 말씀하세요, 연고 드릴게.

[약속]

할머니: 네.

[수용]



# Intervention Phase: Nurse-initiated dialogue

간호사: 밤에 주무시고 낮에는 저기 나가서

휴게실에 좀 앉아서 텔레비라도 보고 그러세요. [충고]

할아버지: 네. (고개를 끄덕인다) [수용]

간호사: 예. [확인]



# Intervention Phase: Nurse-initiated Dialogue

간호사: 밥 잠수시고 나서 요 약 잠수세요 할머니.	[지시]
어지럽지 않게.	[이유 설명]
할머니: 아유 언제 그때까지 있어.	[반박]
간호사: 지금 잠수실 거예요?	[철회]
할머니: 그럼.	[수용]
간호사: 응.	[확인]





# Intervention Phase: Patient-initiated Dialogue

할머니: (왼손에 억제대를 하고 있다) 이것 좀 풀어주소.

[요구]

간호사: 가만히 조금 있다가.

[거짓 약속]

할머니: (간호사를 보며 웅얼거린다)

[혼잣말]

간호사: (문 밖으로 걸어 나감)

[거절]



# Problems Identified in Dialogue

- ▶ Problems in Expression
  - Directive and authoritative expression
  - Emotional and competitive expression
  - Evasive or on-looker expression
- ▶ Problems in Content
  - Lack of psychosocial nursing communication
- ▶ Problems in Relationship
  - Nurse-dominated relationship



# Directive and Authoritative Expression

간호사: 안녕하세요, 할머니?  
<----인사 (도입단계)

할머니: (침묵)  
<----생략 (도입단계)

간호사: 잠만 주무시면 안 되지.  
<----비난 (중재단계)

할머니: 인자 이제 누웠어! 일 분도 안돼!  
<----변명 (중재단계)

((간호사가 할머니의 오른 손을 잡고 일으킨다. 할머니가 일어난다.))  
<----수용 (중재단계)

간호사: ((낮에 안 자야)) 밤에 잘 주무시지  
<----이유 설명(진단단계)



# Emotional and Competitive Expression

((할머니는 침대에 앉아 있고 간호사와 실갱이하는 중이다)).

간호사 ((이미 무슨 말을 하고 있는데 들리지 않음)) 할머니  
한테 머라 그러는 것도 아니고

할머니: (왼팔을 들어 손짓하며) 간호사님하고 나하고 말했으  
면 고마 이제 지가 . .

간호사: 아니, 할 수도 있지 될 그래요 할머니(.) 신경 쓰지  
마세요

서로 그렇게 싸우실려면 다 나가세요! 할머니.

할머니: ((흥분하셨는지 말을 더듬음)) 말, 말, 말. 말만하면

간호사: 그만, 그만, 그만(.). 그만하세요 할머니

할머니: 글썸 말만하면 티 나신다고

간호사: 그만하시라고요 할머니님도(.) ((한숨)) 에휴(.) 응? 그만  
좀 하세요!

((간호사는 뒷짐 지고 슬리퍼 끌며 나감))



# Evasive and On-looking Expression

간호사: ((주머니에서 무언가를 빼었다가 다시 집어넣는다).)

할머니3: ((목 둘레를 매만지면서 이야기한다.)) 여기가 으슬  
으슬 추워

간호사: ((고개를 끄덕인다.)) 아이구 ((침대 위에 종이조각을  
주워서 휴지통에 버린다.)) 대.) 약은 들어갈 건 가니  
깨.) ((고개를 끄덕이다가 말꼬리를 흐리고 돌아선  
다.))

할머니3: 으슬으슬 추워

간호사: ((할머니 2에게 다가간다.))



# Patient-initiated Dialogue

할머니: 선생님! 식당 아줌마보고 나 국 맵지 않은 거 좀 주  
라 그래.

간호사: 예? (.3) 아 (.2)

할머니: 나, 국만 안 매우면 밥 먹어

간호사: 아 국이 매워서 못 드셨어요?

할머니: 나 매워서 점심밖에 못 먹었어.

간호사: 알았어요

할머니: 아이고 아프다 (.2).



**Table 1.** Overview of non-verbal communication categories  
(N=66)

Non-verbal categories	Number of episodes in which non-verbal behaviors is shown
	n (%)
Affirmative head nodding	44 (67)
Illustrative gestures	30 (45)
Patient-directed eye gaze	62 (94)
Smiling and/or laughing	21 (32)
Forward leaning	44 (67)
Affective touch	39 (59)
Instrumental touch	18 (27)



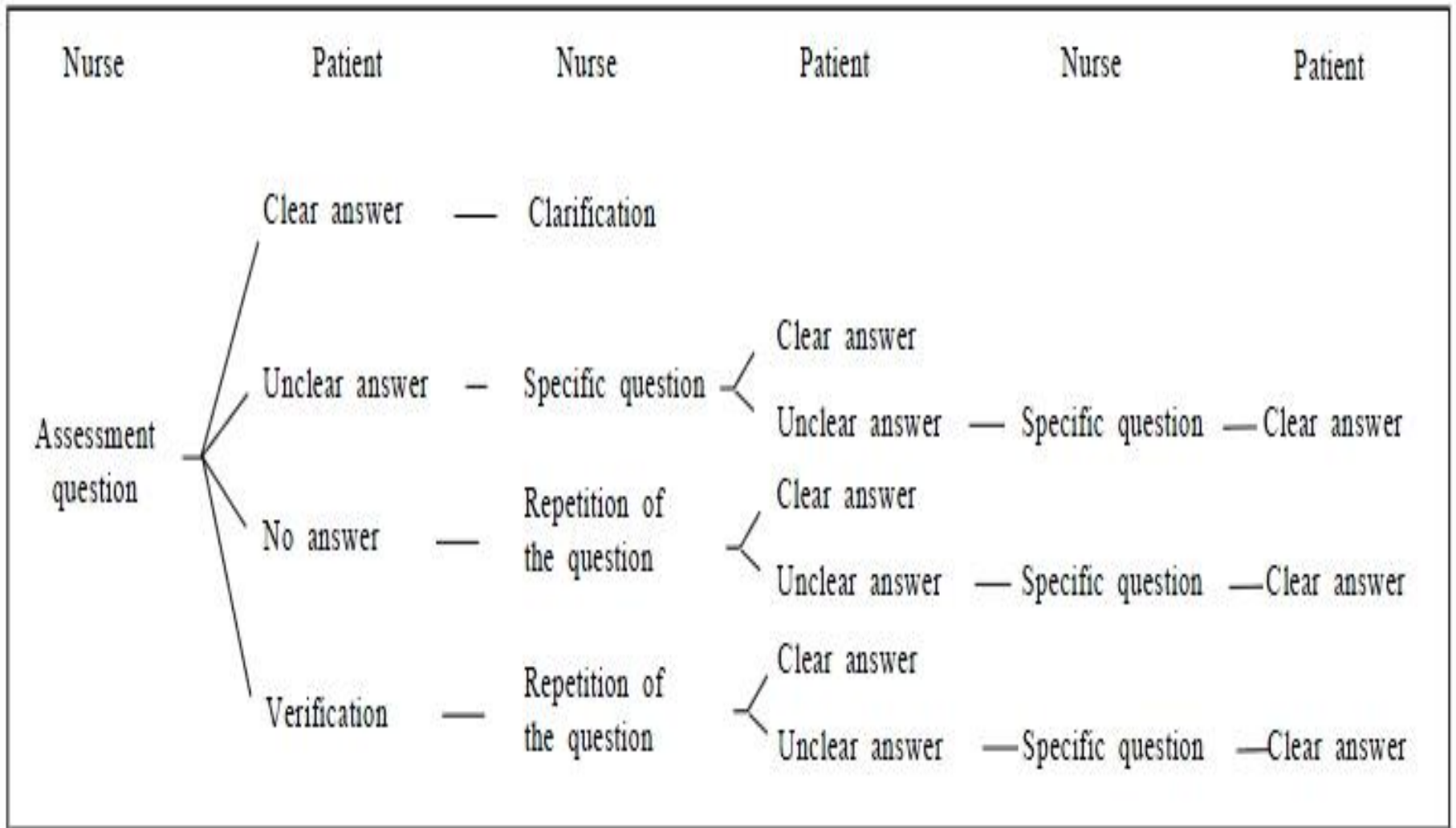
**Table 2.** Non-verbal communication based on expressive style (N=66)

Non-verbal categories	Effective communication (empathic or supportive expressions) (n=55)	Ineffective communication (authoritative, competitive, or dodging expressions) (n=11)
	n (%)	n (%)
Affirmative head nodding	38 (69.1)	5 (45.5)
Illustrative gestures	28 (50.9)	1 (9.1)
Patient-directed eye gaze	54 (98.2)	8 (72.7)
Smiling and/or laughing	21 (38.2)	0 (0)
Forward leaning	42 (76.4)	1 (9.1)
Affective touch	37 (67.3)	3 (27.3)
Instrumental touch	15 (27.3)	2 (18.2)

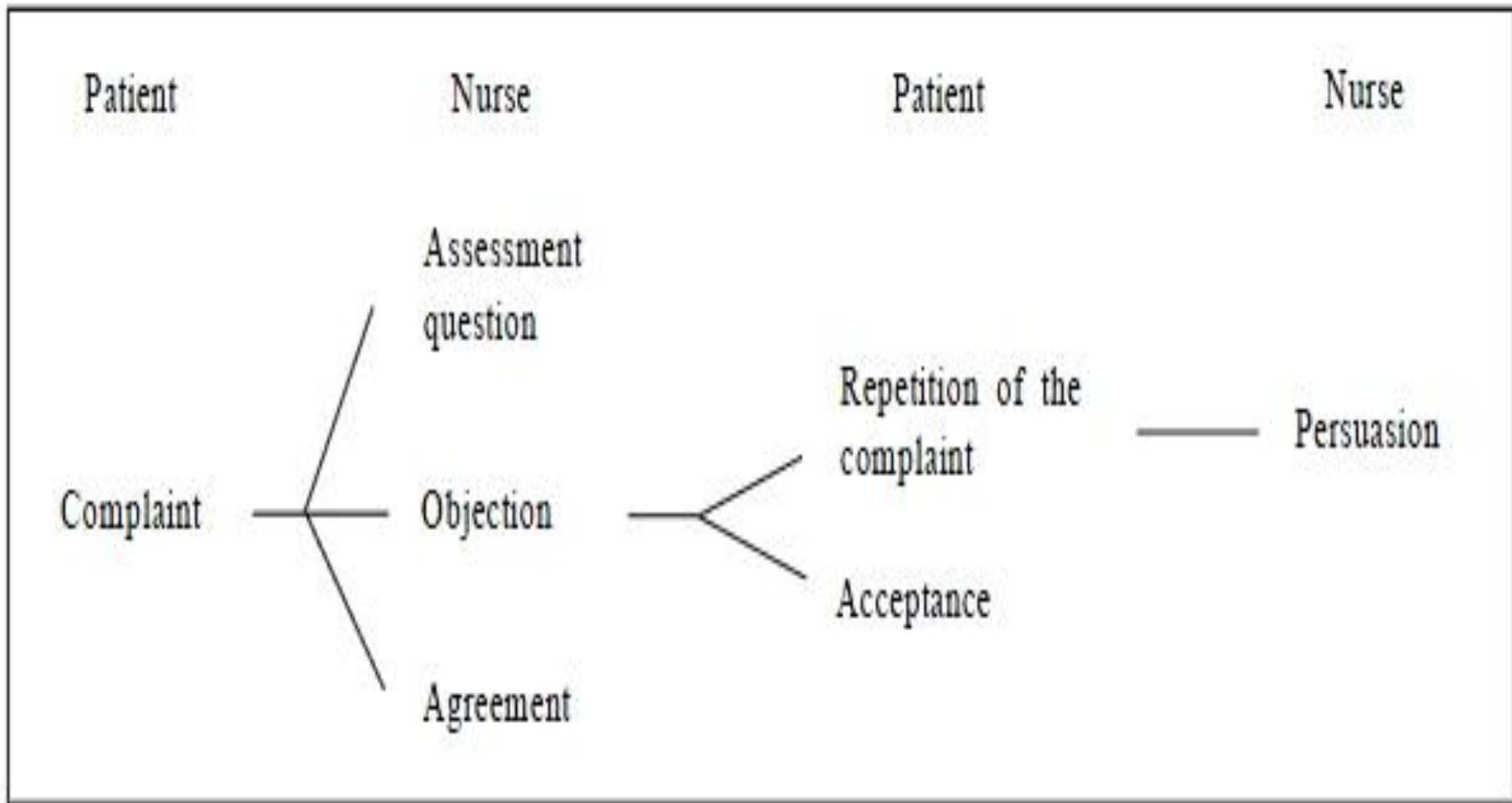




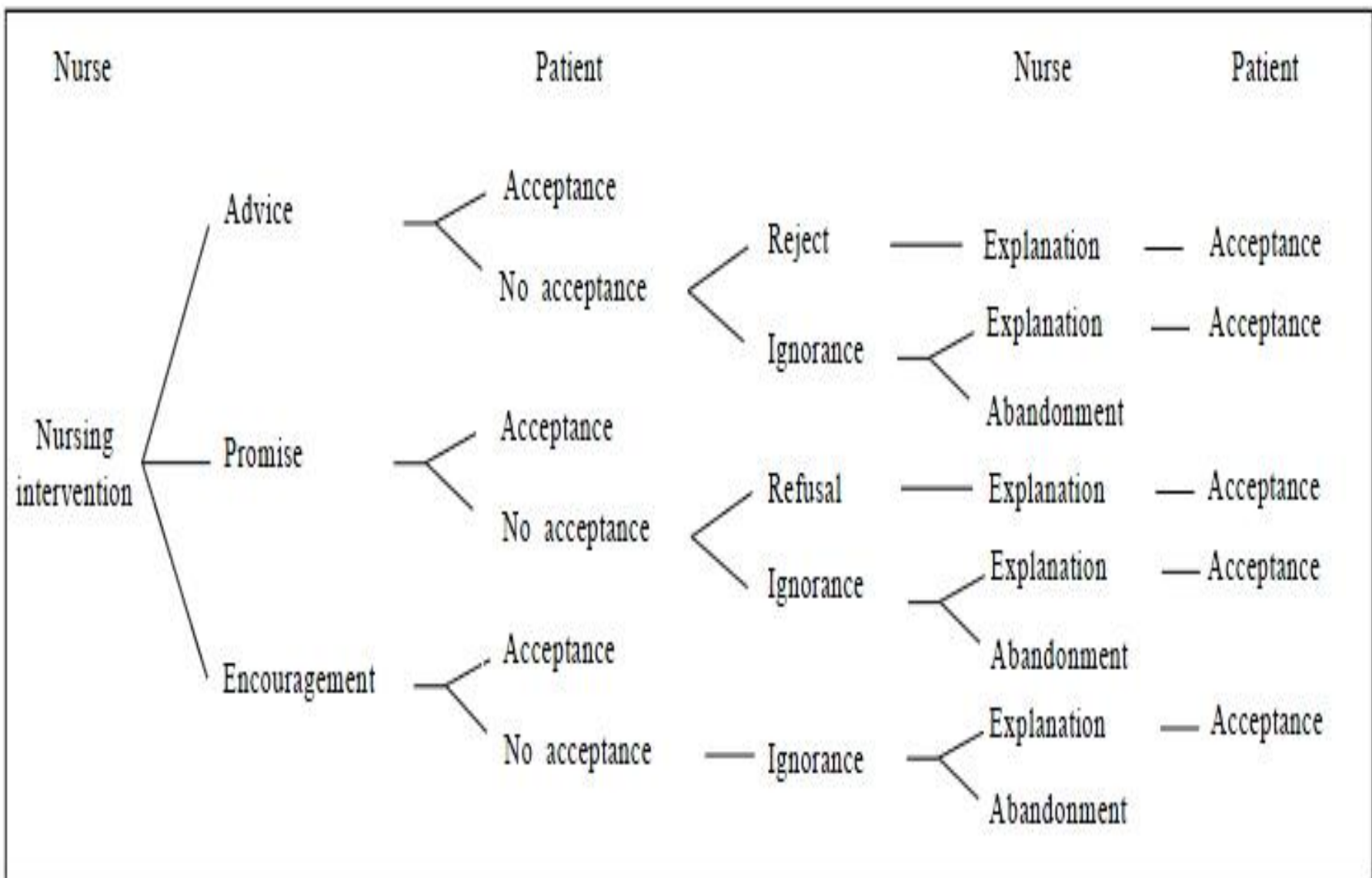
# Analysis of Conversation Between Cancer Patients with Discomfort and Nurses



<Figure 1> Sequential pattern of 'assessment question-answer'



<Figure 2> Sequential pattern of 'complaint-response'



<Figure 3> Sequential pattern of 'nursing intervention-acceptance'



# Assessment Phase: Nurse-initiated Dialogue

## ◆ Assessment question-Answer-Confirmation

간호사 : 진통제 맞고는 괜찮으셨어요? (사정질문)

환자 : <<빠르게>진통제 맞고> 수면제 맞고 잤었어요 자  
고 보니까 아침에 일어나니까 깨운하더라구요!  
(명확한 대답)

간호사 : 깨운하셨어요?((웃음)) (의사확인)



# Assessment Phase: Patient-initiated Dialogue

## ◆ Complaint – Agreement

환 자 : 어깨쪽지도 또 그렇게 아프더라고요 (불편감 호소)

간호사 : 수치가: 2400으로 많이 오르셨어요:: <<빠르게>

수치 오를 때 되면> 막 근육통 생기고 하잖아요?

그래서: 아프셨나봐요 (동의)



# Intervention Phase: Nurse-initiated Dialogue

## ◆ Advice – Acceptance

간호사 : 약물치료 시작하면 물을 좀 수시로 드세요. 전해

질이 좀 빠져나갈 수도 있거든요?

그거는 포카리스웨트 TV에 나오는 거 있죠. 그

런 것도 수시로 드시구요. (조언)

환 자 : 으응 (수용)



# Intervention Phase: Patient-initiated Dialogue

## ◆ Advice – Refutation – Explanation – Acceptance

간호사 : 항암제 효과 때문에 땀이 날 수 있으니깐 일단  
참으셔야 해요. (조언)

환자 : 하루에 한 번씩 계속 땀이 나는걸. (반박)

간호사 : 으음. 항암제 지금 들어가는 것 중에 한 가지가  
있어요, 한가지가↗ 유난히 우리 땀샘이라고 하  
죠. 땀샘 같은 걸 좀 많이 넓혀서 땀이 좀 많이  
나게 하기도 해요. 그게. 그러니깐 그 약 들어가  
는 동안에만 조금 참으셔야 해요. (설명)

환자 : 응. (수용)





# Intervention Phase: Patient-initiated Dialogue

## ◆ Promise – Rejection – Explanation – Acceptance

간호사 : [그럼 아침에] 아침에 저희가 방사선과에 한 번

확인해 볼게요. (약속)

환 자 : 저번에는 그냥 했잖아. 방사선 치료 (거절)

간호사 : 아니 외래 다닐 때는 그렇게 했거든요? (설명)

환 자 : 예. 외래하고 입원하고 틀리네. (수용)



# Conclusion

- ▶ Valuable insights can be generated when actual dilemmas of communication are examined closely.
- ▶ Detailed and thick descriptions of interaction can lead to the identification of “best and worst” practices for talking about the circumstances of dementia or cancer.
- ▶ Describing and explaining communication practices in real time is fundamental to interventions.



# Conclusion

- ▶ The results would promote refined resources for training, including the development of skills among nurses and patients.
- ▶ The gap between what people say about communication and how they actually engage in such activities when communicating with others can become a unified focus of investigation.



# Suggestions

- ▶ What interactions would oncology nurses be interested in recording, transcribing, and analyzing?
- ▶ What possibilities exist for improving care?
- ▶ How might educational programs and interventions be grounded in findings about the organization of ordinary communication encounters?



# References

- ▶ Have, P. T. (1999). *Doing conversation analysis: A practical guide*. Thousand Oaks, CA: Sage Publications.
- ▶ Hutchby, I., & Wooffitt, R. (1998). *Conversation analysis*. Malden, MA: Blackwell Publishers Inc.
- ▶ Lee, H. J. (2007). A conversational analysis about patient's discomfort between a patient with cancer and a nurse. *Journal of Korean Academy of Nursing*, 37, 145–155.
- ▶ Psathas, G. (1995). *Conversation analysis: The study of talk-in-interaction*. Thousand Oaks, CA: Sage Publications.
- ▶ Yi, M. (2007). Conversation analysis for improving nursing communication. *Journal of Korean Academy of Nursing*, 37, 772–780.
- ▶ Yi, M. (2009). Analysis of conversation between elderly patients with dementia and nurses: Focusing on structure and sequential patterns. *Journal of Korean Academy of Nursing*, 39, 166–176.
- ▶ Yi, M. (2009). Non-verbal communication between patients with dementia and their nurses in an elderly care institution. *Korean Journal of Adult Nursing*, 21, 105–116.
- ▶ Yi, M., & Yih, B. S. (2006). A conversation analysis of communication between patients with dementia and their professional nurses. *Journal of Korean Academy of Nursing*, 36, 1253–1264.



**Thank You for Your  
Attention!**