

CHAPTER 3

METHODOLOGY

3.1 METHODS

3.1.1 DATA COLLECTION

The data collection has incorporated recording-data of medical interactions, using audio digital device surrounding 25 patients and 6 doctors and extensive participants' interviews, all of which took place in Shhyda Nada's medical center east Khartoum. The data is collected by the researcher and the Shhyda Nada medical center's staff. The doctors have been informed of purposes of the data collection. However, doctors have not been informed by the purpose of the study until they have finished with the recording of the interviews to make sure the doctors do not amend their communication. Every patient is informed of the purpose of this study and consent is taken from them by the medical center's general manager. The management of the medical center was informed and approval given, all staff was cooperative.

The audio-recorded method allowed me to repeat and listen carefully to the interviews, whereas some of the patients spoke very slowly due to their illness. In addition, repeated visits were made to the medical center to prepare gathering the data of this study. My relatives helped me create good rapport with the doctors and the other staff. This strong relationship provided a good background necessary to deal with patients during data collection.

The researcher informed every patient of the recording data, and the doctors were informed by the management as well. A high quality of MP3 device was prepared on the doctor's office to record the interviews. The device was left open during all the interviews and then was uploaded into the computer. The recording of the interviews was carried out on 15 days. The researcher listened to the interviews repeatedly and then the transcripts were analyzed according to The Jefferson Transcription System. Ages were taken from the patients via interviews and free conversations to be studied later in other research (see Table 3.1 and 3.2 below).

Alongside the recording of clinical interaction, I also conducted casual conversation interviews with patients and doctors to find out how long they deal with each other and to identify the nature of these relations. The conversational interviews were part of my ethnographic fieldwork accompanying the tape recordings. Other methods of ethnographic involvement were talking to the people in the hospital, communication with medical staff and free conversation with participants. The various methods of engagement allowed me to have a deeper sense of the participants' day-to-day experiences. Every form of address used by doctors and patients towards each other was noted and also both normal forms and occasional forms were mentioned. The study does not only concern address terms usage in isolation but also with what these choices convey about relationships and contextual consideration at discourse level. The data are organized according to the nature of the relationship between the doctors and the patients in the interaction. With the different interactional categories, we have tried to highlight the factors that make a doctor and patient into a power (unequal) or an intimacy (equal) relationship. Where the address terms' types play a big role in determine doctor patient relationship. For instance, the patient uses doctor name to show the intimacy between doctor and patient.

3.1.2 PARTICIPANTS

A total of 25 conversations between 6 doctors and 25 patients were audio recorded in this study. However, due to the patients' privacy, and the culture factors such as religion, the researcher was not able to video-tape these interviews. All doctors were male and specialists in their field, while patients were male and female. The patients' ages ranged between 30 to 55 years old (see Table 3.1 below). The duration of the interviews ranged from 10 minutes to 30 minutes. There are four sections in the medical center: (i) general doctors: who are not specialized in any medical field. New patients would meet them first before being transferred to the specialist (if needed). (ii) Pediatric: who see children whom come in with their parents. (iii) Gynecology: where, only women are allowed to see the doctors (if female doctors), however in the case of male patients' relatives can be allowed to be accompanied by them, and (iv) internist doctors, where, male and female patients are allowed to see internist doctors, who have many patients waiting outside the office. Most patients who want to see internist doctors are older people who have chronic diseases, such as diabetics and blood pressure (see Tables 3.1 and 3.2 below). Public doctors were very busy and fast in their interviews with patients, because they see many patients; hence it was very difficult to record their interviews. The management of the medical center advised the researcher to record in the internal medicine section, where it was suitable to meet both gender (male and female) patients. The researcher was not allowed to audio record from the Gynecology section where the interview was very private.

There were only four permanent internist doctors working in the medical center, so most of the patients knew them well. The patients queued up in front of the doctor's office waiting for their call to see doctor.

Tables 3.1 and 3.2 below discuss the problems faced by the patients according to gender, age and diagnosis.

Table 3.1 : Female Respondents According to Age and Diagnosis

Case N ^o	Age	Gender	Diagnosis
Case 1	51	Female	blood pressure
Case 4	41	Female	Sourness
Case 7	43	Female	Cholecystitis
Case 8	40	Female	blood pressure
Case 9	43	Female	Inflammation
Case 11	45	Female	Follow up (do more examinations)
Case 12	40	Female	Follow up (do more examinations)
Case 13	47	Female	Follow up (do more examinations)
Case 14	38	Female	Follow up (do more examinations)
Case 15	50	Female	Follow up (do ultra sound)
Case 18	30	Female	Stomach
Case 20	43	Female	Acute cough
Case 21	45	Female	High pressure and Fates
Case 22	63	Female	Inflammation and humidity
Case 24	44	Female	Follow up (do ultra sound)

The common disease among the women is blood pressure, but in most cases patients are requested by the doctor to do further examination. The women's ages range between 38 and 63.

Table 3.2 : Male Respondents According to Age and Diagnosis

Case N ^o	Age	Gender	Diagnosis
Case 2	55	Male	blood pressure
Case 3	45	Male	Diabetics
Case 5	52	Male	Diabetics
Case 6	40	Male	Follow up
Case 10	42	Male	Follow up (do x ray)
Case 16	38	Male	Follow up (ultra sound)
Case 17	47	Male	Diabetics
Case 19	40	Male	Inflammation in the kidney
Case 23	50	Male	Gout
Case 25	42	Male	Transferring to dermatologist

The common diseases among the male are diabetics and blood pressure, however, the majority of the patients were requested to do more examination. The male's ages range between 38 and 55.

In brief this chapter includes the methodology that the researcher follow to collect the data. There are (6) doctors and (25) patients who in this study. Doctors were all males, while the patients were both male and female. All the participants were very helpful. The transcript follows Jefferson's Transcription (2004) (See Appendix 2).