

Recognising Patients' Perspective on Health Behaviour Problems Through Laughter: Implications for Patient-Centered Care Practice in Behaviour Change Consultations in General Practice

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Abstract : Central to patient-centered care is the idea of treating a patient as a person and understanding their perspectives regarding their health conditions and care preferences. Surprisingly, little is known about how GPs can understand their patients' perspectives. This paper addresses the challenge of understanding patient perspectives in behavior change consultations by adopting Conversation Analysis (CA), which is an empirical research approach that allows both researchers and the audience to examine patients' perspectives as displayed in GP-patient interaction. To understand people's perspectives, CA researchers do not rely on what they say but instead on how they demonstrate their endogenous orientations to social norms when they interact with each other. Underlying CA is the notion that social interaction is orderly by all means. (It is important to note that social orders should not be treated as exogenous sets of rules that predetermine human behaviors. Rather social orders are constructed and oriented by social members through their interactional practices. Also, note that these interactional practices are the resources shared by all social members). As CA offers tools to uncover the orderliness of interactional practices, it not only allows us to understand the perspective of a particular patient in a particular medical encounter but, more importantly, enables us to recognise the shared interactional practice for signifying a particular perspective. Drawing on the 10 video-recorded consultations on behavior change in primary care, we have discovered the orderliness of patient laughter when reporting health behaviors, which signifies their orientation to the problematic nature of the reported behaviors. Among 24 cases where patients reported their health behaviors, we found 19 cases in which they laughed while speaking. In the five cases where patients did not laugh, we found that they explicitly framed their behavior as unproblematic. This finding echoes the CA body research on laughter, which suggests that laughter produced by first speakers (as opposed to laughing in response to what has been said earlier) normally indicates some sort of problems oriented to the self (e.g. self-tease, self-depreciation, etc.). This finding points to the significance of understanding when and why patients laugh; such understanding would assist GPs to recognise whether patients treat their behavior as problematic or not, thereby producing responses sensitive to patient perspectives.

Keywords : patient centered care, laughter, conversation analysis, primary care, behaviour change consultations

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