

# THE GENERIC STRUCTURE POTENTIAL (GSP) OF STI DOCTOR-PATIENT INTERACTIONS IN SOUTHWEST NIGERIA

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**Abstract:** This study describes the generic structure potential (GSP) of sexually transmitted infection (STI) consultations in Nigeria. It is a further effort from previous studies not only in its consideration of the phase structure of consultations in a specific medical context, but also in its exploration of both the broad and narrow generic structure potential of the consultations. Fifty audio recordings of mixed-visit doctor-patient interactions in hospitals in three states in southwest Nigeria constitute the data. The data were analysed using Halliday and Hasan's (1985) Generic Structure Potential theory (GSP). The analysis revealed four broad stages in the structural organisation of STI medical interactions, namely Opening (O), Diagnostic Interactions (DI), Treatment Recommendations (TR), and Closing (C). The obligatory elements in the broad catalogue are the diagnostic interactions and treatment recommendations, while the narrow GSP of the phases revealed the doctor's problem elicitation as the obligatory element in the opening phase, the patient's problem presentation activity was solely obligatory in DI, and the doctor's treatment procedure, the only mandatory activity of the TP phase. The study concludes that the diagnostic interaction and treatment recommendation phases define medical consultations in STI (and HIV) encounters in Nigeria.

**Keywords:** STI doctor-patient interactions in Nigeria. Generic Structure Potential (GSP). Medical consultation. The organisational structure of medical consultation.

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## *LA ESTRUCTURA GENÉRICA POTENCIAL (GSP) DE LAS INTERACCIONES MÉDICO-PACIENTE EN EL CONTEXTO DE LAS INFECCIONES DE TRANSMISIÓN SEXUAL (ITS) EN EL SUROESTE DE NIGERIA*

**Resumen:** Este estudio describe la estructura genérica potencial (GSP) de las consultas médicas relacionadas con las infecciones de transmisión sexual (ITS) en Nigeria. Se trata de un esfuerzo adicional en comparación con estudios anteriores, no sólo por su consideración de la estructura de fases de las consultas en un contexto médico específico, sino que también por su exploración de la estructura genérica potencial amplia y estrecha de las consultas. Los datos consisten en cincuenta grabaciones de audio de interacciones médico-paciente en hospitales de tres estados del suroeste de Nigeria. Los datos se analizaron utilizando la teoría de la estructura genérica potencial (GSP) de Halliday y Hasan (1985). El análisis reveló cuatro etapas amplias en la organización estructural de las interacciones médicas en ITS, a saber, Apertura (A), Interacciones de Diagnóstico (ID), Recomendaciones de Tratamiento (RT) y Cierre (C). Los elementos obligatorios en el catálogo amplio son las interacciones de diagnóstico y las recomendaciones de tratamiento. Mientras que la GSP estrecha de las fases reveló que la obtención del problema por parte del médico es el elemento obligatorio en la fase de apertura, la presentación del problema por parte del paciente era el único elemento obligatorio en ID, y el procedimiento de tratamiento del médico, la única actividad obligatoria de la fase de RT. El estudio concluye que las fases de interacción de diagnóstico y recomendación de tratamiento definen las consultas médicas en el contexto de ITS (y VIH) en Nigeria.

**Palabras clave:** Interacciones médico-paciente en ITS en Nigeria. Estructura genérica potencial (GSP). Consulta médica. Estructura organizativa de la consulta médica.

### **Introduction**

There have been notable studies on the description of the organisational structure of medical consultation in primary care visits. These studies establish the 'phase structure' of medical visits starting with the opening, through problem presentation, history taking, examination, diagnosis, and treatment to closing (Byrne; Long 1976; Robinson 1998; Robinson 2003; Robinson; Heritage 2005; Heritage; Maynard, 2006). Further investigation of consultations in other specialised medical contexts such as in chronic cases may reveal slight variations in the phase structure, depending on whether the patient is a first visit patient, routine visit patient or a returning patient, even though some phases overlap across all the types of hospital visits (Amusa, 2022).

This study describes the generic structure potential of medical consultations in the specialised context of Sexually Transmitted Infections (including HIV) in Nigeria. It is a further effort from previous studies, not only in its consideration of the phase structure of consultation in a specific specialised context, but also in its exploration of both the broad and narrow generic structure potential of the consultations. This is particularly significant in that the effort reveals the elements of the organisational structure of medical consultations that are optional, and the obligatory ones that define the specific medical context.

### Theoretical insights

The generic structure potential (GSP) is an approach to genre analysis in which each genre of discourse is described as having a generalised structural formula that reflects specific structural patterns (Hasan, 1978, p. 229; 1984). As such, the structure of discourse in different genres can be predicted while also producing a better understanding of the genres.

Halliday and Hasan (1989) explain that the GSP of a text reveals all the elements that can possibly feature in such a text, both the optional and obligatory elements in their order of occurrence. This is called the contextual configuration of such a text. Contextual configuration refers to the set of values that specify the structural and contextual details of a text. They can reveal the structural elements of a text that are considered optional and those that are obligatory, their ordering, and the rate of their occurrence. As rightly expressed in Olagunju (2019, p. 2), obligatory and optional elements and their ordering are important in a GSP. Obligatory elements are significant to a text because they define the genre and determine if a text is complete or incomplete (Olagunju, 2019). In her application of GSP to the nursery tale, Hasan (1996) exemplifies how a GSP analysis will typically produce the following linguistic outcomes:

1. Linguistic statements about the elements of text structure 2. Linguistic statements of the crucial semantic features of the elements of a text; and 3. Linguistic statements of the lexico-grammatical patterns that realise those semantic features (cited in Olagunju, 2019, p. 2).

Some symbols with which the GSP analysis of text can be written were presented in Hasan (1985). Some of these symbols of generic structure potential, as applied in this study, are presented below. In order to better reflect the peculiarities in the data, a few additions have also been made.

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( ): Brackets indicate optionality. Whenever an element is enclosed within plain brackets,

it means the element may or may not occur.

[ ]: Square brackets show the restriction of elements. This indicates the stability of

occurrence. It means that elements enclosed within the square brackets can only occur in a specific position.

{ }: Braces indicate recursiveness as a whole or as a set; this implies that the set always

occurs together in all instances.

^: A caret shows sequence. That is, how elements are arranged in their sequential order <>: Angle brackets reflect the recursiveness of the element they specify.

<><sup>x</sup>: Angle brackets with a superscript refer to location restriction in relation to a similar

superscript

(.): A dot indicates more than one option in sequence.

(://): A semicolon and double dashes show optionality in the occurrence of the elements in the parenthesis; this implies that they are mutually exclusive.

## Methodology

Audio-taped recordings of fifty naturally occurring conversations between doctors and patients in selected hospitals in three states (Ondo, Ekiti, and Lagos) of Southwest Nigeria constitute the data for analysis in this study. The interactions covered consultations on sexually transmitted infections (STI) gathered mainly in the STI clinics, HIV clinics, and the General Outpatient clinics where some cases of STI were also raised. Thus, the data reflect at least two visit types, first visits and routine visits. Ethical approval was granted by the ethics committee or chief medical director in the selected hospitals, while informed consent was got from both doctors and patients who participated in the data collection. The data were transcribed using the Conversation Analytical Jefferson Transcription System (see the list in the appendix). The transcribed interactions were then analysed with Halliday and Hasan's (1985) Generic Structure Potential theory.

## Analysis

The broad generic structure potential of STIs and HIV interactions in this study reveals four broad structural phases: the opening, diagnostic interactions, treatment recommendations and the closing. Out of the four broad phases, only the diagnostic interaction and treatment recommendation phases are obligatory. The broad GSP catalogue is presented below and the GSP of each phase shall be described in subsequent sections - (Opening)<sup>^</sup>[Diagnostic interactions]<sup>^</sup>[Treatment Recommendations]<sup>^</sup>(Closing). Each of the phases is discussed below.

## Opening

The opening refers to the sequences of interaction from the exchange of phatic communion to the embodying of readiness for and initiation of the medical business. This phase of the medical consultation differs from consultations in some developed countries. For instance, in some countries, the consultation style is such that a doctor walks into a room where the patient is and so the opening of such an encounter would differ from what happens in the United Kingdom and also in Nigeria, where patients who must have gone through some pre-consultation procedures (e.g. measuring of weight and the blood pressure values done by doctors) walk into rooms where the doctors are already seated (Sidnell and Stivers 2013; Smith and Johnson 2019). Thus, the generic structure potential of openings in the data used for this study is presented below:

$$[(G)] \wedge [(RG)] \wedge (PIs) \wedge (SPI) \wedge (SCC) \wedge (AST) \wedge (RPR) \wedge [PE]$$

Eight (8) elements - (Greetings (G), Response to Greetings (RG), Pleasantries (PIs), Securing of Patients' Identities (SPI), Selection of Communicative Code (SCC), Affinitive Small Talk (AST), Reviewing of Patients' Records (RPR), and Problem Elicitation (PE) have been observed in the catalogue of the opening sequence, among which 7 are optional and only 1 element (problem elicitation, PE) is obligatory. Greetings (G) e.g., *good morning, sir*, are culturally rooted practices in Nigerian society and are thus transported into every context of interpersonal involvements, including the medical context. It is an optional element in the opening catalogue in that the seriousness of the medical institution sometimes overshadows the cultural inclination to observe the ritual of greeting. Greetings take response to greeting (RG) e.g., *good morning, ma* as a second-pair part. In addition to greetings, pleasantries (PIs) e.g., "How are you today?, fine thank you" are also optionally exchanged in hospital settings. After greetings and pleasantries are designed, doctors may

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secure patients' identities (SPI) e.g., *you are so-and-so, <sup>2</sup>abi?. As a result of the multilingual linguistic situation in Nigeria, coupled with the wide social gap between most doctors and their patients, doctors sometimes allow or suggest the selection of a communication code (SCC), e.g., *'Oh, you can't understand Yoruba<sup>3</sup>'* to patients. SCC is also an optional element in the opening catalogue. There is a possibility of Affinitive Small Talk (AST) after the selection of the communication code. This is usually triggered by the mention of a name, tribal identity, or location that may be mutually shared by the doctor and patient. AST is an optional element in the opening sequence.*

The next optional element in the catalogue is the reviewing of patients' records (RPR). The last feature in the opening sequence is the problem elicitation (PE), e.g., *"so what's happening?"* or *"What's the problem?"*, which serves as the opening of the medical business. PE is the only obligatory element of the opening sequence, which is also sequentially restricted in its occurrence. The interaction below illustrates the opening sequences of STI and HIV interactions:

#### Example 1

##### Background

The interaction below occurred in an HIV clinic, between a male doctor and a female patient.

- |    |     |                    |
|----|-----|--------------------|
| 1. | Dr: | good morning, sir  |
| 2. | Pt: | good morning, ma   |
| 3. | Dr: | how are you today= |
| 4. | Pt: | =fine thank you    |
| 5. | Dr: | any complaint      |
| 6. | Pt: | no                 |

#### Example 2

##### Background

The interaction below occurred in the HIV clinic of a hospital in Nigeria, between a male doctor and a female patient. The patient, who is relatively new to the clinic, has come for a routine check.

- |    |     |  |
|----|-----|--|
| 1. | Dr: | <i>Ekaaro ma</i> / good morning                |
| 2. | Pt: | good morning, sir                              |
| 3. | Dr: | XY D abi?                                      |
| 4. | Pt: | XX   |
| 5. | Dr: | D XX, <i>Epele ma</i> /<br><b>well done ma</b> |
| 6. | Pt: | thank you, sir                                 |
| 7. | Dr: | <i>E se e se testi yin abi?</i> /              |

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2 *Abi* is a Yoruba particle to request confirmation. Its usage is like 'right?' in British English.

3 Yoruba is the language spoken by the people from the Yoruba ethnic group in Southwest, Nigeria. The language also serves as a lingua franca in some parts of the country alongside English and the Nigerian Pidgin (also see Owolabi, 2006).

- you have just done your tests, abi?**
8. Pt: I can't understand Yoruba, sir
9. Dr: oh, you can't understand Yoruba=  
= I don't understand it
10. Pt: = I don't understand it
11. Dr: oh so you are from Zongo-katau
12. Pt: yes
13. Dr: Very good. Which side are you Ikulu or Katau
14. Pt: I am Katau=  
=You are Katau
15. Dr: ehnehn. that is Obaju
17. Pt: no. Obaju are different. Katau are different.  
((talking to another doctor))  
---- ((35 lines have been deleted))
18. Dr: @ so I am happy to see my people.
19. Pt: thank you, you are welcome↓
20. Dr: oh, so how now,
21. Pt: °I am fine°
22. Dr: so what's happening? What's the problem↓

## Diagnostic interactions (DI)

Diagnostic interactions constitute the sequences of talk that are channeled at retrieving information about patients' health concerns and going through other medical procedures such as physical examinations and tests which would assist the doctor in arriving at a diagnosis. The generic structure of diagnostic interactions is captured below -

$$[PP] \wedge :// (MR) \wedge \langle (Inc) \rangle^x \wedge \{PCR \wedge PC\} \wedge \{HE \wedge RHE\} \wedge \{PDI \wedge PI\} \wedge (PA) \wedge (PhE) \wedge :// (TA)^x \wedge (DIIns)$$

The catalogue of the basic diagnostic interaction reveals thirteen elements, namely Problem Presentation (PP), Minimal Response (MR), Increments (Inc), Problem Clarifying Request (PCR), Problem Clarification (RC), History Elicitation (HE), Response to History Elicitation (RHE), Perspective Display Invitation (PDI), Patient's Ideas (PI), Professional Advice (PA), Physical Examination (PhE), Test Announcement (TA), and Diagnostic Instructions (DIIns).

Only Problem presentation (PP), which is usually a response to doctors' problem elicitation (PE), is compulsory. The remaining twelve elements are optional.

The PP element is realised only in contexts where a patient has some health concerns. In other cases of routine visits to the hospital, especially in HIV routine visits, the possibility exists for an absence of a health concern. In such a situation, a minimal response (MR) such as "fine" is realised. This optionality is signaled in the catalogue with a semicolon and two slashes (://) to separate problem presentation from minimal response "[PP]  $\wedge$  ://(MR)".

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In cases where PP is realised, there could be an occurrence of increments (Inc), in which case a patient produces further talk past the possible completion of a turn construction unit "(TCU).

"Inc" (increments) is recursive in the catalogue, and it could occur anywhere in the catalogue, from after the problem presentation up to the test announcement (TA) stage (see Couper-Kuhlen, E., & Ono, 2007; Amusa 2022, 2023). The catalogue reflects these dynamics using a superscript above (Inc)<sup>x</sup> and (TA)<sup>x</sup>.

Problem clarifying request (PCR) refers to the tendency of the doctor to sometimes seek clarification on a particular problem or health concern, e.g., "So, that time when you urinate you see some blood there".

The next in the sequence is problem clarification (PC), which is the patient's response to PCR.

History-elicitation (HE) is a situation whereby the doctor asks about a patient's health history. Response to history elicitation (RHE) is given by the patient. Further, during the diagnosis of a health concern, the doctor may seek the patients' idea on the currently presented symptom by uttering a perspective display invitation (PDI) (Maynard, 1991). An example of a PDI in the data is 'So, what are your ideas about this condition'. The patient's ideas (PI) are supplied in response to the PDI, and next, in the sequence is the Professional Advice (PA).

Physical examination (PhE) is sometimes done by doctors during a consultation e.g. 'So, we would examine you now'. It must be noted that in many cases, PhE alternates with test announcement (TA). The doctor sometimes makes a test announcement (TA) prior to the treatment recommendation.

Last in the sequence are diagnostic instructions (DIns). Diagnostic instructions (DIns) refer to the talk sequence in which the doctor gives out instructions to the patient on a particular diagnostic activity. Three groups of elements reveal recursiveness. They are: {PCR<sup>^</sup>PC} (problem clarifying request and problem clarification, {HE<sup>^</sup>RHE} (History elicitation and Response to History elicitation, and {PDI<sup>^</sup>PI} (Perspective Display Invitation and Patient's ideas). The implication for these three sets of elements is that each pair always has an equal number of occurrences, since they occur in adjacency pairs.

## **Treatment recommendation (TR)**

The treatment recommendation sequences reflect all interactions that are channeled towards the doctor's decision or joint decision of both doctor and patient on the therapy

plan for patients' health concerns. The catalogue is represented below as (PA) ^ [TP] ^ (PrsCR) ^ (RPrsCR) ^ (HE).

Prescription announcement (PA) is an optional element in the catalogue. It is usually uttered by the doctor e.g., *'Yeah, so we'll just give you, let me just give you antibiotics.'* Treatment procedure (TP) is a description of the treatment plan that has been recommended by the doctor e.g., *'you will use them equally, you'll press them. hun?<sup>4</sup>'*. TP is the only mandatory element of this catalogue.

A prescription clarifying request (PrCR) is made by the patient to ensure the clarity of the prescription. Response to PrsCR is an optional element. History elicitation (HE) may occur as the last sequence of the treatment recommendation phase e.g., *'How old are you, sir?'*

## Closing

Closing suggests the end of the consultation. The generic structure of closing is presented below:

(FTR) ^ (FI) ^ (DR)

All the elements in the closing sequence are optional. Further Treatment Recommendations (FTR), e.g., *'stop the Septrin for the meantime'*, are common. Next in the sequence is Follow-up Instructions (FI) e.g., *'so let's see you in one week. so that we'll see how this thing is going'*. The last element in the sequence is Departure Remarks (DR). An example of DR is *"all right take care"; "bye"*. This stage in the consultation is very optional. In fact, in many consultations, the interactions terminate on treatment recommendations or test announcements. In the next section, the generic structure potential of an HIV interaction is presented.

## Illustration of the generic structure of an HIV interaction

The structure of the interaction is presented below:

[(Opening) ^ [Diagnostic interactions] ^ [(Treatment Recommendations)] ^ [(Closing)]

Background

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<sup>4</sup> *hun* is a Yoruba particle which could mean different things depending on the intonation with which it is uttered. In the interaction above, 'hun' is uttered with a rising tone, thereby reflecting a request for agreement. In this context, its usage is similar to the British English, 'Okay' when uttered with a rising tone.

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The interaction occurred in an HIV routine clinic. The patient who is an elderly man has come for the routine check and for the treatment of a current health concern. Below, the interaction is presented, and next, the discussion of its overall generic structure is done:

### Example 3

This interaction occurred between a male doctor and a male patient in an HIV clinic in Nigeria. The patient has attended the clinic for the periodic HIV routine check and to present some current symptoms.

1. Dr: Good morning, sir=
2. Pt: = good morning
3. Dr: you are welcome, sir
4. Pt: thank you
5. (. )
6. Dr: S:::::o what can I do for you today, sir↓
7. Pt: hmmn mcheww hhhh, I have this pain in my body and  
((searching for words))
8. (.)
9. Dr: itching=
10. Pt: =itching
11. Dr: let me see.
12. (( patient opens back for doctor))
13. Dr: WO::W
14. Dr: how long has this itching started?=  
=hm::mn let's sa::y, it's up to:: °a week now°=
15. Pt: = A WEEK↓.
16. Dr: (.)
17. let me see your tummy
18. ((physical examination)) (0.5)
19. Dr: one week↓
20. Pt: hun↓
21. hhm the other time I came her::e,
22. I explained to the doctor,
23. whenever I urinate,I will be feeling some pains,
24. then emm, there will be s,after I
25. urinate, I will see some blood,
26. then I when I took some ehnnnn ((BitchamAmpiclox))
27. it stopped. but now, whenever I urinate, I feel some pains.
28. No blood, but I feel some pains.
29. After urinating, I feel some pains.
30. Dr: so that time when you urinate
31. you see some blood there=
32. Pt: = ehnn >IT HAS STOPPED< when I took the Ampiclox ...
33. but lately, if I urinate, I will be feeling some °pains°
34. (0.6) ((doctor writes))
35. Dr: you came was in February abi
36. At that time you came, was it in February?
37. Pt: ehnn is it March
38. Dr: March
39. Pt: \*Marsh,
- 40.

41. March  
 42. Dr: March  
 43. Pt: \*Marsh,(March)  
 44. April, April  
 45. Dr: And you did your CD4 count. Last. when↓?  
 46. PT: hunnn I did it somewhere January  
 47. and when we got there, they said the machine.  
 48. The machine was faulty, so since then we have no::t  
 49. (0.5)  
 50. Dr: Your body is not hot=  
 51. Pt: =no no,  
 52. Pt: *It \*scratches*, (it itches) then after this,  
 53. after urinating, °pains°. That's all  
 54. (--)  
 55. Dr: what other drugs are you using?  
 56. Pt: Since I started↑ MMM multi. Multivit, [ferrous],  
 57. Dr: [hm.hm]  
 58. Pt: Bco::l, ferrous, beco::l mctheww,  
 59. the other one is small like this, folic, I  
 60. think folic capsule. Bco, Folic, Ferrous, Multivit°  
 61. (--)  
 62. Dr: WHAT MAKES THIS ITCHING, WHAT MAKES IT WORSE.=  
 63. PT: =the itching?  
 64. Dr: ehn what makes it worse.  
 65. PT: hunnn just. like I said it, I was scratching it .  
 66. it came all over this place, b:ut. >it's gone<.  
 67. I used ehn (( ))  
 68. (--)((doctor writes on case note for some time))  
 69. Dr: what we are you going to do sir,  
 70. I am going to give you and write about two creams for you  
 71. Pt: ok=  
 72. Dr: you will use them equally. you'll press them. hun?  
 73. Pt: =Ok  
 74. °Do I mix them?°  
 75. Dr: mix them together,  
 76. and begin to apply it all around the body  
 77. Pat: ok  
 78. Dr: then with some ehmm TABLETS↑and some drugs you will use  
 79. PT: ok. OK  
 80. Dr: then you will do your urine test. Urine.  
 81. always do your Urine test and then,  
 82. I will see you in one week with the result,  
 83. when the result are ready you will bring them  
 84. Pt: ok  
 85. Dr: alright  
 86. ((doctor yawns loudly))  
 87. (--)  
 88. Dr: how old are you, sir?  
 89. PT: 56  
 90. (--)  
 91. ((doctor writes prescriptions for a while))

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92. Dr: so, these are the tests, you will do=  
 93. Pt: =ok  
 94. Dr: these ones are in our other lab=  
 95. Pt: =ok  
 96. Dr: then these are your drugs  
 97. Pt: ok  
 98. Dr: so, let's see you in one week.  
 99. so that we'll see how this thing is going=  
 100. pt: = ok  
 101. (o.3)  
 102. Dr: And stop the Septrin for the meantime=  
 103. Pt: =ok.  
 ((Doctor on phone))

The opening sequence occurs between lines 1-6 with the usual phatic communion in most Nigerian hospitals, realised as greetings in lines 1-2, and the exchange of pleasantries, in lines 3-4. Next, the doctor designs the problem elicitation (PE), which is the only obligatory element in the opening sequence, in line 6, '*So, what can I do for you today sir?*'. The patient interprets this inquiry correctly because of the participants' shared knowledge of the institutional context and the asymmetrical power relation between the doctor as expert and caregiver and he as the care receiver. This marks the end of the opening sequence.

The next phase, the diagnostic interactions (DI) is reflected in lines 7-67. The patient designs his problem presentation (PP) between lines 7-10. A physical examination is requested between lines 11-12. A sequence containing a problem clarifying request (PCR) is designed by the doctor in line 14 and the response is given by the patient in line 15. Another physical examination is demanded by the doctor, between lines 18-19. Next in the sequence is a recurring problem clarifying request (PCR) and its second pair part response, problem clarification (PC) (lines 20-21). This triggers some patient self-selected incremental turns between lines 22-30 (see Amusa, 2023), as the patient supplies information on a prior visit to the hospital and emphasises his current health concerns.

Next is a recurring PCR; PC sequence between lines 31-34, where the doctor seeks clarification on the patient's current symptom, to which he got the expected second pair part. Again, the patient self-selects to design an incremental turn in line 34: '*but lately, if I urinate, I will be feeling some pains*'. Following the incremental turn is a sequence of History Elicitation (HE) and its adjacency pair, Response to History Elicitation (RHE), in lines 36-48. This triggers yet another sequence of PCR, in line 50, '*Your body is not hot*', and PC response in line 46: '*no no*'. Another patient-designed increment follows in lines 52-53 (Amusa, 2023) to clarify the most pressing symptoms.

Next in the sequence, the doctor designs a History Elicitation (HE) in relation to previous and current drugs that are taken by the patient (lines 55-60). Thereafter the doctor self-selects to initiate a PDS opinion query in line 62: *“What makes this itching, what makes it worse”*. A repair of the PDS is other initiated by the patient in line 63, while the repair is executed in line 64 through a repetition of the initial turn. The patient designs the response to the PDS query in lines 65-67. Next in the sequence, the treatment procedure is presented by the doctor between lines 69 -79 with intermittent acknowledgment tokens provided by the patient. Due to the need for routine checks by the HIV condition, the doctor gives further follow-up test instructions on a urine test between lines 80-81. There is a brief return to history-taking in line 88, where the doctor requests the age of the patient. This momentary history-taking, especially in the sequence just before the test announcement is very common in many Nigerian hospitals, as doctors utilise it for a quick recovery of needed information necessary for filling a test requisition form for patients.

The next sequence reveals the test announcement (line 92) and the presentation of drugs to the patients (96). This leads to the closing sequences where the doctor gives follow-up instructions and further treatment recommendations in lines 98-103.

## Findings and Conclusion

The analysis revealed four broad stages in the structural organisation of STI (including HIV) medical interactions, namely Opening (O), Diagnostic Interactions (DI), Treatment Recommendations (TR) and Closing (C). The obligatory elements in the broad catalogue are the Diagnostic Interactions and Treatment Recommendations. The opening stage has eight (8) possible micro phases, namely - Greetings (G), Response to Greetings (RG), Pleasantries (PIs), Securing of Patients’ Identities (SPI), Selection of Communicative Code (SCC), Affinitive Small Talk (AST), Reviewing of Patients’ Records (RPR), and Problem Presentation (PP), among which seven (7) are optional and only one, the problem elicitation (PE), is obligatory.

In the Diagnostic Interaction phase, thirteen (13) micro phases were identified, namely Problem Presentation (PP), Minimal Response (MR), Increments (Inc), Problem Clarification Request (PCR), Problem Clarification (RC), History Elicitation (HE), Response to History Elicitation (RHE), Perspective Display Invitation (PDI), Patients’ Ideas (PI), Professional Advice (PA), Physical Examination (PhE), Test Announcement (TA) and Diagnostic Instructions (DIIns). Only Problem Presentation (PP) or its alternative, the Minimal Response (MR), which is usually a response to the doctor’s Problem Elicitation (PE), is compulsory. The remaining twelve elements are optional. The PP element is realised

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only in contexts where a patient has some health concerns, while the minimal response occurs in routine visits when patients have no current symptoms and where there has been an initial diagnosis that requires some follow-up care, as in the case of the HIV clinics.

Five micro phases were found in the Treatment Recommendations phase, namely Prescription Announcement (PA), Treatment Procedure (TP), Prescription Clarification Request (PrsCR), Response to Prescription Clarification Request (RPrsCR) and History Elicitation (HE). The Treatment Procedure (TP) is the only mandatory element of this phase. Further, the generic structure of the closing phase revealed three elements: Further Treatment Recommendations (FTR), Follow-up Instructions (FI) and Departure Remarks (DR), all of which are optional.

The study concludes that only two obligatory broad phases, Diagnostic Interaction and Treatment Recommendation phases define medical consultations in STI (and HIV) encounters in Nigeria. The significance of Diagnostic Interactions (DI) seems to be connected to the nature of STIs infections and the fact that most patients deem it necessary to visit the clinic only when they become symptomatic and there is a need to seek urgent medical attention. In the case of HIV interactions in this study, the long-term medical management of the condition necessitates the need for periodic routine visits to the clinic to ensure the effectiveness of antiretroviral medications for people living with HIV. In some instances, patients do not present any current symptoms, but the fact that the doctor must elicit information to justify the purpose of the hospital visit usually actuates the Diagnostic Interaction phase. The significance of the DI phase has also been described in the literature as explicating the need for doctors and patients to establish the reason for the medical visit, and especially the tendency of patients to justify the 'doctorability' of their health concern (Heritage and Robinson, 2006).

On the micro levels of the phase structure, the opening phase has the Problem Elicitation (PE) by the doctor as the only obligatory element. Such an elicitation, then, necessitates the patient's response with the Problem Presentation activity which also constitutes the only obligatory activity of the Diagnostic Interaction broad phase or in cases of routine visits, the Minimal Response (MR). Also, on the micro level of the treatment recommendation phase, the only obligatory activity is the Treatment Procedure (TP). In the Nigerian context, the treatment procedure many times is not explicit in that many times doctors may not verbalise the treatment procedure to patients as much as they reflect them in prescription sheets. While sometimes, doctors may verbally explain a treatment procedure as in the illustration in this study, many times treatment procedure is also implicitly demonstrated in prescription notes and follow-up instructions.

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## Appendix

**Jefferson's Transcription Notations** (adapted from <https://www.universitytranscriptions.co.uk/jefferson-transcription-system-a-guide-to-the-symbols/>).

SYMBOL	DESCRIPTION
(.)	A micropause - a pause of no significant length.
(0.7)	A timed pause - long enough to indicate a time.
[ ]	Square brackets show where speech overlaps.
> <	Arrows showing that the pace of speech has quickened.
< >	Arrows showing that the pace of the speech has slowed down.
()	Unclear section.
(( ))	An entry requiring comment but without a symbol to explain it.
Underlining	Denotes a raise in volume or emphasis.
↑	Rise in intonation
↓	Drop in intonation
→	Entered by the analyst to show a sentence of particular interest. Not usually
	added by the transcriber.
CAPITALS	Louder or shouted words.
(h)	Laughter in the conversation/speech.
=	Will be at the end of one sentence and the start of the next. It indicates that

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there was no pause between them.  
::: Colons - indicate a stretched sound.

### Transcription conventions

- In the transcription, italicised expressions reflect spoken expressions in Yoruba.
- Expressions in bold fonts in the transcription reflect translations of Yoruba expression to British English in a parallel form.

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