

Exploring Bad News in a Clinical Setting

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Abstract

Effective communication in clinical interaction is an important issue because the message must be received appropriately by the patient to increase the patient's health quality. It could become more complex when the communication occurred in sensitive contexts such as the delivery of bad news related to the patient's health condition. Studies on the genre of delivering bad news by doctors and the linguistic features used that are realized in medical-themed movies have not been widely studied. Therefore, this study aims to describe the generic structure and linguistic features used by doctors to convey bad news in *The Resident* movie. This study used content analysis as research design and Systemic Functional Linguistics (SFL) as tool of analysis. The data used was the doctors' speeches when delivering bad news in *The Resident Season 5*. In addition, this study employed a genre analysis of the Systemic Functional Linguistics point of view to analyze the data. The results showed that the generic structure of telling bad news in a clinical context is *(Preparing Patient)^*(Explaining Reason)^*(Telling Bad News)^*(Reinforcing Patient)^*(Explaining Procedure)^*(Offering Choices). In addition, several linguistic features are used by doctors to convey bad news including the use of present and future tenses, conditional sentences, lexical cohesion markers 'but', sentences, and negative lexical markers 'not'. The findings in this study can be used to develop English for Specific Purposes course material.

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INTRODUCTION

There is a convention that improving health status is the main goal of providing health services. This goal can be achieved if the providers (healthcare workers) and

the recipients (patients) of health services are involved in effective communication so that the message to improve the health quality of patients can be conveyed properly (Gharaveis, Hamilton, & Pati, 2018; William Go, Mok, Acharyya, Suelo, & Ho, 2022; Miller, 2022). Therefore, language has an important role in this context because of its function as a medium of communication.

Language has a significant role in realizing the goals of health service delivery. For example, misunderstandings of health advice in the context of providing healthcare services may have a negative impact because it may lead to mishandling and cause psychological stress in patients (Almualem, Darwish, & AlFaraj, 2021). Thus, communication skills in health workers are considered important, so communication training is considered necessary to be given to health workers (Wittenberg, Alabere, Beltran, Goldsmith, & Moledina, 2022).

Besides mastering communication skills, another challenge that healthcare workers need to require is the mastery of pragmatic competencies. This competence refers to the ability to use language appropriately in social contexts that are useful for understanding what is conveyed by the speech partner (Yazdanfar & Bonyadi, 2016). This skill is useful for medical personnel in providing healthcare services, especially in a sensitive context such as delivering bad news, handling patients with serious illnesses, palliative services (Tietbohl & White, 2022; Rayan, Hussni Al-Ghabeesh, & Qarallah, 2022), and end-of-life care (Anderson, Bloch, Armstrong, Stone, & Low, 2019).

Conveying bad news in the realm of professional communication is an important issue because it requires a special strategy because of the negative impact that may arise as a result of delivering bad news (Thoms, Degenhart, & Wohlgemuth, 2020). One of the strategies is delivering bad news directly or indirectly (Jansen & Janssen, 2011). However, there is no empirical evidence recommending a better strategy based on recipient responses. Another strategy in delivering bad news is the goal conveyed by several stages that mutually support the purpose of communication. These stages can be identified by using genre analysis. Here are several genre analysis studies of bad news, for example, the stages of a Corporate Social Responsibility report (Lin, 2020) are preparing the reader, delivering the bad news, mitigating the bad news, and reassuring the reader; the stages of work application rejection letter are appreciation move, declaration move, job-refusal move, explanation move, and goodwill move (Thominet, 2020); the recipients' responses that bad news conveyed by e-mail is more comprehensible, while voice

mail is used to persuade and maintain a personal relationship (Jansen & Janssen, 2013); and the reader perceive that indirect strategy is more comprehensible, agreeable, and implied empathy at the rejection letter of insurance claims (Jansen & Janssen, 2011).

Most of the genres of delivering bad news analyzed are in the form of written texts. Therefore, this study aims to explore the genre of delivering bad news in spoken form i.e., conveying bad news in *The Resident* movie. The results of this study are expected to be used as material for the development of a training program to improve communication and pragmatic competence for medical and nursing students, and a reference for developing the English for Specific Purposes (ESP) curriculum in health education.

METHOD

The research conducted in natural settings and without any manipulation from researchers is one of the paradigms in qualitative research (Denzin & Lincoln, 2011, in Batubara, 2017). The purpose of this study is to describe how doctors communicate in conveying bad news to patients or their relatives. In this study the researcher only acted as an observer, so there was no manipulation by the researcher. Therefore, the qualitative research is appropriate for use in this study. In addition, this study observed the ways of conveying bad news and the linguistic features used in doctors' utterances, so that the use of a content analysis research design was appropriate in this study. This is in line with the purpose of content analysis research design to explore social artifacts, one of which is studied in this research, namely language (Krippendorff, 2004, in Messinger, 2012).

The data in this study were collected by using a purposive sampling technique that employed criteria: doctor's speech that appeared in the context of delivering bad news to patients or patient relatives. The source of the data in this study came from the film *The Resident Season 5* which was taken using observation, note-taking, dan recording techniques. *The Resident* is a drama series with a medical theme. The characters that appear in the film act as doctors, so this film has the potential to bring out the professional values of medical personnel universally. In addition, the film was chosen because it depicts contexts that may appear in the work field of healthcare worker, so that the exploration of this issue could be beneficial for both medical and nursing students, and for curriculum development in English for Specific Purposes. Thus,

the selection of the film *The Resident* is expected to provide rich data in discussing how bad news is delivered, and the selection of Season 5 is motivated by reasons of data actuality because this season is the most recent season at the time this research was conducted. The stages that the researcher followed in collecting data consisted of identifying the context by watching the film in its entirety and making a note of the time when the context of delivering bad news appeared, observing utterances by recording film footage through the screen record feature on the Power Point application, and making transcriptions by writing speeches that appear in the selected context.

The data in this study were analyzed by using a genre analysis approach from the SFL point of view. The data analysis conducted to explore the genre of delivering bad news by doctors consisted of several steps. The first step is separating the utterances by phase that indicates segment of talk. This separation is carried out on data in the form of a conversation which has fluid structure (Eggins, 2004). The second step is coding utterances based on the order of scenes appearances (e.g. the forty fourth utterance on the fifth scenes of delivering bad news context written as D5-44). The third step is labeling the stage and its function (functional labeling). The inclusion of functional labeling is based on the view of Martin and Rose (2007) that genre is the use of language that has a purpose, which is realized through stages. The fourth step is revisiting the data in order to identify linguistics features that showed in lexicogrammar features of each stage. There are two claims to genre exploration in SFL, namely each genre has a different generic structure and each stage has different linguistic features or lexicogrammar (Eggins, 2004).

Below are the utterances that appear in the context of delivering bad news in Data 5. The data was separated based on segment of talk. Delivering bad news in Data 5 is presented through 3 stages which can be written through PP^TTBN^TPP Actual Generic Structure. The PP stage is marked by the use of questioning sentences which are responded to by the patient with a willingness to talk about serious topics marked by the gesture of taking a breath. The next stage is TBN which is marked by the use of the Simple Present tense which shows what is happening at the moment of speaking. The last stage is RP which is marked by the use of the Future tense which shows promising actions to be carried out by doctors in the form of things that are beneficial to the patient.

Preparing Patient (PP)

- 44 Patient: (Inhales deeply) And?
- 45 Dr. Hawkins: Would you like to talk in your office?
- 46 Patient: Let's just talk here. (exhales)

Telling Bad News (TBN)

- 47 Dr. Hawkins: It's multiple sclerosis. Mixed white and gray matter with black holes consistent with worsening damage. It's hard to know how long it's been going on. Months, at least. Years, maybe. But science is advancing in this field, and there are some amazing treatments.
- 48 Patient: There's no cure.

Reinforcing Patient (RP)

- 49 Dr. Hawkins: We will find ways to help you get through this. A specialist can tell you more.
- 50 Patient: Okay. Thanks, Conrad. Not now. Let's talk about it later. Thanks.
- 51 Dr. Hawkins: Of course.

Here are the stages found on the functional labeling analysis. Six stages were found in the context of delivering bad news studied in this study. The stages and the functions are described on Table 1. The naming of the labels in this study was carried out by researchers because the genre being studied was relatively new because the text analyzed is spoken text in the form of conversations between doctors and patients (or patient relatives). However, the adaptation of labeling is carried out at a stage that has a similar function in a similar genre i.e. the Preparing Readers stage (Lin, 2020) which in this study was modified into the Preparing Patients stage; Conveying the Bad News (Lin, 2020) or Job Refusal (Thominet, 2020) becomes Telling Bad News; Explanation Move (Thominet, 2020) becomes Explaining Reason; Reassuring the Reader (Lin, 2020) or Goodwill Move (Thominet, 2020) becomes Reinforcing Patient.

Table 1. The stages of delivering bad news genre and the function

Example	Function	Stages
Would you like to talk in your office? [D5-45]	Preparing the patient before delivering bad news	Preparing Patient (PP)
Roxie, I found enamel erosion and staining in your mouth when I did the exam. Classic signs of... bulimia. Which caused the damage in your esophagus. [D9-107]	Providing a scientific explanation that is the cause of the patient's bad condition	Explaining Reason (ER)
Your heart failure is worsening. We're waiting for tests to confirm, but we're worried that... your body is rejecting your transplanted heart. [D8-85]	Telling bad news regarding the patient's health condition	Telling Bad News (TBN)
We are doctors, advising you on a procedure that will save your life. [D4-42]	Encouraging the patient or patient's relatives	Reinforcing Patient (RP)

We're putting in a drain. It should help relieve the pressure on his brain. It's a first step. I don't know how much longer we can put off a craniectomy. [D12-142]	Explain the medical procedure that will be given to the patient	Explaining Procedure (EP)
Right. Um... Do you take risks? If you do, then we go with the surgery. Are you cautious? Then we hold off for now, so long as your pain is tolerable. [D3-24]	Giving the right of the patient or patient's relatives to decide which medical action will be received	Offering Choice (OC)

RESULT

Delivering bad news by the doctors either to patients or relatives occurs in certain contexts. The context includes conveying several issues i.e., unexpected diagnosis or the diagnosis leads to a serious illness, the negative effect of current treatment, the risk of surgery, malpractice, decreased organ function, medical actions that must be given to the patient, developments cancer cells, the limitations of medical treatment that can be done, and the failure in keeping the patient alive.

There are six stages in the genre of delivering bad news by the doctors in *The Resident*. The appearance of each stage varies which illustrates the convention at the stage, namely the existence of stages including obligatory stages and optional stages, each of them has its own function (Sharif & Yarmohammadi, 2013). The percentage of occurrence of these stages can be seen on Table 2.

Table 1. Prevalence of the stages in delivering bad news

Stages	f	%
Preparing Patient (PP)	6	7.9
Explaining Reason (ER)	9	11.84
Telling Bad News (TBN)	30	39.5
Reinforcing Patient (RP)	24	31.58
Explaining Procedure (EP)	5	6.58
Offering Choice (OC)	2	2.63
Total	76	100

According to the data on Table 2, the dominant stages that appear are TBN (43.24%) and RP (27.03%). The dominance of TBN can be due to the social function of the genre studied that in line with the function of TBN stage. In addition, RP appears as the dominant stage because this stage is intended to anticipate the patient's condition physically and mentally after being told about bad news.

Each stage has a different function because in genre analysis the stage has different linguistic features or lexicogrammar (Eggins, 2004). The purpose of each

stage is to support each other to carry out a social function, namely conveying bad news in a medical context to patients or relatives. These stages are arranged in a series of rhetoric that reflects the patterns commonly used in society. The series of stages is called a generic structure. The generic structure of the genre of delivering bad news by doctors to patients and/or their families can be described as follows.

***(PP)^*(ER)^*(TBN)^*(RP)^*(EP)^*(OC)**

The generic structure above can be described that the stage that appears first that placed random position and optional is PP. Then it is followed by ER which has the nature of random and optional occurrence. The next stage is TBN which is an obligatory stage that has the nature of random, repeated, and obligatory. Then, the next stage is RP which has the nature of random, repeated, and optional occurrence. Then the next stage is EP which has random, repeated, and optional occurrences. The last stage is OC which that can appear randomly in occurrence, repeated, and optional. The next explanation will review the sample of utterances of each stage in the delivering bad news genre.

The function of PP stage is to prepare the condition of the patient and relatives before receiving bad news. This is realized by using linguistic features including the use of questioning sentence that aims to prepare the patient for more serious discussions; and the use of vocatives in the form of the interlocutor's name which is intended to attract the attention (Sejati & Suryana, 2017) of the patient and the patient's family to be involved in bad news related to the patient. The example of PP utterance can be seen on D5-45.

- | | | |
|----|--------------|--|
| 44 | Patient: | (Inhales deeply) And? |
| 45 | Dr. Hawkins: | Would you like to talk in your office? |
| 46 | Patient: | Let's just talk here. (exhales) |

The context of the speech above is communicating the result of the patient's diagnosis that refers to a serious illness. Utterance D5-45 reflects the doctor's intention to prepare patient before receiving bad news regarding the diagnosis. The doctor starts the conversation by inviting the patient to talk in a more private place because patient's health problem may lead to a serious illness. This invitation is realized in the form of interrogative mood (questioning) which can be seen in D5-45.

The ER stage aims to provide a scientific explanation as the reason of bad condition on the patient. Doctors use ER stage for enhancing patients or relatives' comprehension towards the problem. The linguistic features of ER are causal

conjunction (because, so) or phrases that show causality; and the use of Past Tense. Statements that use causal conjunctions or phrases that show a causal relation show the efforts made by doctors to explain the causes of an unfavorable condition related to the patient's health. In addition, the use of Past Tense can show activities/actions/states in the past that have consequences are appeared at this time. An example of speech that is an ER stage can be seen in D9-93.

- | | | |
|----|--------------|---|
| 92 | Dr. AJ: | That is an esophageal perforation. |
| 93 | Dr. Pravesh: | Roxie, what that means is fluid is leaking out of your esophagus into your chest cavity, which is why you're in pain. |
| 94 | Patient: | <i>Can you repair it?</i> |

The context of the speech above is revealing the results of the diagnosis of the patient's illness. Data D9-93 show the doctor's efforts to provide explanation on the cause of the complaints or pain felt by the patient.

The TBN stage aims to convey bad news to the patients or relatives. This stage is the core of delivering bad news genre. It can be proven by the label of this stage as the obligatory stage. The first linguistic feature of the TBN stage is the use of the relational process i.e. the process that states the situation (in bold) in the sentence "but your wife is dying" (D23-256), "her heart is too badly damaged" (D23-259), and "we tried to tell you this was a long shot" (D23-259). The use of relational process may indicate the doctor's intention to state the patient's current condition. The next linguistic feature of the TBN stage is the use of conjunctive cohesion in the form of enhancement represented by the conjunction "but" which can be seen in D23-256. The use of the conjunction "but" can be used to express conditions that are contrary to the expectations of the patients or the patient's relatives. The next linguistic feature is the use of lexical items to express sadness or condolences i.e. "sorry" which can be seen in D23-259. The use of the word "sorry" can be intended to provide confirmation regarding unwanted conditions. The next linguistic feature of the TBN stage is the use of declarative moods in the form of negative sentences which can be seen in D23-258 and D23-259. The use of this type of mood can be associated with news that has a negative meaning related to the patient's condition. The examples of speech containing the TBN stage can be seen in D23-256, D23-258, and D23-259.

- | | | |
|-----|-------------------|--|
| 256 | Dr. AJ: | Mr. Alvarez, I am terribly sorry... ..but your wife is dying. |
| 257 | Patient Relative: | (stammers) Just keep her on the machine, right? You said that it would take over for her heart. Let it keep working. |
| 258 | Dr. AJ: | We can't. Her heart is too badly damaged. |

259 Dr. Pravesh: We tried to tell you this was a long shot. It didn't work. I'm so sorry.
 260 Patient Relative: No. Please. No. (monitor flat lines)

The context of the speech above is telling patient's husband that the doctor cannot save the patient's and the fetus. The data D23-256, D23-258, and D23-259 show the doctor's efforts to convey and explain the bad condition of the patient. The scene in Data 23 tells that the doctor was unable to meet the expectations of the patient's relative (the patient's husband) to save the patient and the baby in her womb because the patient's heart condition was too severe.

The RP stage aims to encourage the patients or relatives. This stage can be an important stage to appear in the genre of delivering bad news. It reflects on the percentage of RP occurrence that shows RP stage is the dominant stage in this genre. It may happen because conveying bad news is a sensitive context so that this stage is necessary to be inserted to reinforce the patients or relatives (Jansen & Janssen, 2011). Linguistic features that can indicate the RP stage include the use of Future Tense, modal verbs (can, could, may), and adjectives that have a positive meaning (good, simple, easy, okay, amazing, and comfortable). The use of Future Tense can be associated with the intention is to express predictions and probabilities (Westby, 2016). This can be used by doctors to indicate the possibility of positive things that will happen to patients as an effort to give encouragement. The same thing was also found in research that examines the genre of unpleasant news i.e. the appearance of a stage that serves to entertain the recipient of the message (Thominet, 2020). The next linguistic feature of the RP stage is the use of modal verbs, which can be used to express possibility. This linguistic feature can be used to describe the possibility that gives benefit for the patient. The use of adjectives with positive meaning can be motivated by the doctor's intention to reinforce the patients and or relatives. The example of utterance that contains RP stage showed on Data 5 as seen below.

48 Patient: There's no cure.
 49 Dr. Hawkins: We will find ways to help you get through this. A specialist can tell you more.
 50 Patient: Okay. Thanks, Conrad. Not now. Let's talk about it later. Thanks.

The context of the speech above is informing the patient about the results of the diagnosis of the disease. The conversation between the doctor and the patient in Data 5 shows the patient's despair regarding his disease because the medication has not yet been found. The doctor responded to the patient's feelings by conveying the

possibility of a treatment method that will be found related to Multiple Sclerosis, which is realized in D5-49.

The EP stage aims to explain the medical action that will be given. The medical action is associated with solutions to deal with bad conditions that occur on the patients. The linguistic features of the EP stage include the use of Future Tense and lexical items related to medical terminology (biopsy, intracranial pressure, drain, brain, sedate, intubate, nerve block, decompensate). The use of Future Tense can be used to describe a medical procedure that will be performed on the patient. In addition, the use of medical terminology is used to introduce medical actions to the patients. The sample of EP stage can be seen on Data 12 below.

- 143 Patient Relative: It's my son.
144 Dr. Hawkins: Let's take everything one step at a time. Right now, we need to sedate and intubate, and to protect his airway.
145 Patient: I have to talk to him first, before you, before you...

The context of the speech above is the doctor tells the patient's father that the patient immediately needs to receive craniotomy surgery. Data D12-144 shows the doctor's efforts to explain the medical action to be given to the patient by using verbs i.e., sedate, intubate, and protect.

The OC stage aims to provide options to the patient or relatives to determine the medical procedure that will be given to the patient. In addition, this stage usually occurs in situation which the patient's consent is required for the medical procedure to be administered to the patient. The linguistic feature the OC stage is the conjunction "or". The use of this conjunction can be due to the choices offered to the patient as seen on Data 3 below.

- 23 Patient: Uh, sort of. Uh, you understand, right? I'm not a doctor. I'm a cartoonist.
24 Dr. Leela: Right. Um... Do you take risks? If you do, then we go with the surgery. Are you cautious? Then we hold off for now, so long as your pain is tolerable.
25 Patient: (Sighs) I don't know, Dr. Devi.

The context of the speech above is telling the risk of medical procedure that will be accepted by the patient. Data D3-24 describes the doctor who give patients a choice to follow or refuse surgery.

DISCUSSION

This study shows the results that there are 6 stages in the genre of delivering bad news by doctors in the film *The Resident*. These stages are Preparing Patient, Explaining Reason, Telling Bad News, Reinforcing Patient, Explaining Procedure, and Offering Choice. The result has similarities with previous research that examines the delivery of bad news in the Corporate Social Responsibility (CSR) document by Lin (2020). The same stages are the occurrence of a stage that aims to convey bad news and a stage to prepare the patient's condition before receiving bad news. Furthermore, Lin (2020) concludes that there is a stage that serves to convince the reader. The function is having similarity to EP stage which aims to explain the reasons for the occurrence of a bad condition in order to increase understanding of the patients or relatives about the issue. In addition, there are also similarity with another research that examines the delivery of bad news in the letter of rejection of work application by Thominet (2020). The similarity lies in the stages of conveying bad news and providing explanations to patients. The same notion was confirmed in a study that examines the genre of bad news in writing such as rejection letters for job applications and insurance claims conducted by Jansen and Janssen (2011).

The existing of stages that also appears in delivering bad news genre in various text shows that the delivery of bad news requires a special strategy because it is sort of a sensitive context (Tiethbohl & White, 2022). It is in line with David and Baker (1994) who concluded that there are four formulas to support the success of delivering bad news in written form, namely the existence of a neutral buffer as an introduction, the existence of an explanation of the bad news, the existence of a clear statement in the form of indirect that focuses on the situation, and the existence of closing that helps to rebuild positive impression. In addition, other strategies that can be used to convey bad news are using writing style (Thoms, Degenhart, & Wohlgemuth, 2020) and employing complex sentence structures (Rutherford, 2005). In other words, communicating bad news requires special skills especially if it has occurred in a medical context (Tam, You, & Bernacki, 2019).

CONCLUSION

The results of this study confirm that doctors use stages in communicating bad news. That strategy is the way to convey the purpose of communication in a sensitive context. Although the texts produced by doctors in this study were spoken form, the

strategies used also appeared in similar genres which were presented in written form. It shows that there is a convention in society regarding how to express the genre of delivering bad news.

The findings in this study can be used as a reference in developing training methods to improve prospective healthcare workers' communication and pragmatic skills. In addition, the results of this research can be used as material for developing ESP curriculum and course materials. However, this study uses spoken texts that are less authentic because of the data taken from the movie. Therefore, further research is expected to examine natural data to explore the genre of delivering bad news, as well as the responses of each stage.

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