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Politeness Exchange Through Modality Uses in Vietnamese Doctor Talk

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Abstract: This paper bases on lexico-grammar resources of modality in Vietnamese doctor's talk to evaluate polite practices in doctor-patient consultations. Particularly, the purpose of this study is to investigate proportions and realisations of modality patterns in Vietnamese doctor talks and to discuss the meaning of politeness hidden in the language doctor use at the time of consultation. The study not only shows how Vietnamese doctors conduct their own ways to reinforce the new concept of medical consultation – patient-centeredness but also provides explanations of the limitations toward intimacy in consultation practice although a number of slogans such as the necessity of change in medical discourse, the movement in doctor talk are widely applauded in most of the healthcare environment. The data were taken from natural consultations in four general hospitals in Vietnam, which were later categorized into six selected groups of diseases (Cardiology, Endocrinology, Neurology, Gastroenterology, Oncology, and Otorhinolaryngology) for the aim of data analyses. The scope of data analysis is mainly on modality forms and the discussion of polite patterns in doctor talks within these diversified contexts of doctor-patient interaction. The theoretical framework used to analyze the discourse of doctor talks in this current study is modality components in the structure of Mood in Systemic Functional Linguistics (SFL). This paper concludes that as the Vietnamese language is always changing, it entails the movement of the language Vietnamese doctors use to communicate with patients at consultations. However, to some extent, the Vietnamese doctor's language in the current study has expressed its limitation of moving towards informality and politeness practices during consultation.

Keywords: Doctor-Patient Consultation, Doctor Talks, Modality, Systemic Functional Linguistics (SFL), Lexico-Grammar Resources

1. Introduction

The issue of polite communication in doctor talk is highly appreciated in spite of negligible arguments supporting the traditional trend of doctors' autonomy. Thus, a large number of studies have defended that the model of intimate exchanges in medical encounters is able to constitute a good doctor-patient rapport, as a result, brings about effective diagnosis and treatment procedures [19]. Advocates of alternative methods in medical consultations have studied many different aspects of doctor talk to propose different definitions of polite exchanges. The fundamental definition is mainly on the equal spoken exchange by both parties. Defenders of patient-centeredness, like Fairclough, Hyden and Mishler [10, 20], and so on, all regard intimate exchanges in doctor talk as a model that is used to improve patients' satisfaction, autonomy and treatment outcomes. These researchers have generally suggested that medical consultations, particularly those employed in general practice, involve much more than diagnosing and treating physical diseases. Patients approached doctors for a range of complex reasons located in social and emotional existence' [36].

In Vietnam, the movement toward politeness in doctor-patient interactions that satisfies patients' needs has been applauded and considered a standard morality in the healthcare environment. During the time of consultations with patients, Vietnamese doctors are broadly encouraged to weaken their professional power [40-41, 48, 51-53, 44-46]. The above-mentioned studies have served the same goal of determining the reasons that degrade the quality of doctor-patient consultation. In particular, Nguyen [48] concluded that medical staff's weak attitudes have degraded the

effectiveness of consultation. Meanwhile, low income, non-desirable age of experience, medicine proficiency is responsively shown by Hung, Oanh *et al.*, Thuy, Binh, Hoa [39, 41, 44-45, 54] respectively. In fact, these studies contribute greatly to improving the effectiveness of polite communication between physicians and clients and successfully discovering the hidden risks in doctors' communication that lead to inefficient treatments or results.

However, research studies focusing on the language patterns medical staff use during work are paid little attention. Although Phạm's research which based on a pragmatic theoretical framework, has provided interesting results that indicate the correlations between linguistic patterns that Vietnamese general practitioners use to interact with their outpatients in first encounters and cultural constraints, the study still limited its indication in terms of the lexical uses in the pattern of doctor talks [34]. Besides, a closer-related study to the current paper was conducted by Nguyen [28] based on the Systemic theory of mode, tenor and field to find out language patterns that show the misunderstanding among health specialists. Nguyen's research data was taken from the dialogues between Vietnamese health professionals and foreign partners in a healthcare working environment where English is used as a language channel of communication. However, Nguyen only narrowed his investigation into linguistic problems among the participants and provided solutions to overcome these communication barriers. Moreover, Nguyen's study limited its findings to cultural evidence that affects the language patterns Vietnamese and foreign experts used during their communication.

It cannot be denied that both international and domestic studies mentioned above have considerably contributed a number of pedagogical suggestions and solutions to the research field of the language medical staff use during their interactions with partners, patients, clients and so on. However, the scrutiny of linguistic patterns, especially lexical uses in doctor talks during their communication with patients, is increasingly demanding. This current paper not only provides language patterns of Vietnamese doctor talk in general but also contributes new findings in the language doctors use during consultations with their patients, enabling the current researcher to measure the Vietnamese medical professionals' attitudes and behaviour more correctly. More precisely, to fulfill the paramount picture of doctors' communication, in the light of SFL, the present paper will base on the modality uses in the Mood system to evaluate Vietnamese doctor talks at consultations with patients.

The following part provides an overview theoretical framework of the Mood of Systemic Functional Grammar structure by Halliday & Matthiessen [14]. However, the current study will mainly focus on the component modality in the Mood system which is accepted as the theoretical framework for the current study.

This study was divided into four main parts: *(1)* Introduction; *(2)* Presenting a theoretical background of Mood network that includes two components, mood and modality, particularly emphasizing the grammatical structure of modality used in the current study as an analytical framework. *(3)* Revisiting relevant studies to the current study; *(4)* Presenting a research method, especially explaining the process of collecting and analyzing data; *(5)* Publishing the results and the discussions that indicate the politeness degree in Vietnamese doctor's language; and *(6)* Concluding the degrees of the shift toward politeness and the external factors that affect the restriction on the use of polite language patterns in Vietnamese doctor's interaction with patients.

2. Theoretical Framework

2.1. System of Mood

In the Mood system, Mood is concerned with the speaker's role on behalf of a seeker of information and the listener's role on behalf of the supplier of the demanded information [14]. Halliday [12] and elsewhere) calls this type of 'interact' as 'the role as exchange' and named it as giving and demanding.

From the point of view of exchanging commodity in the real world, Halliday provided another term to describe the social interaction between interactive pairs as speaker/writer and listener/reader and named them either goods-&-services or information. He explains that regardless of the nature of the commodity is categorized as an exchange of goods-&-services (proposal) or information (proposition), when taken together, these two variables stipulate four speech functions of offer, command, statement and question. In particular, each of these speech functions is matched by a set of desired responses, including accepting an offer, carrying out a command, acknowledging a statement and answering a question [14].

The Mood system, typically realized as a set of wordings, is adapted in the current investigation to describe processes of specific exchange between Vietnamese doctors and patients during consultation. However, because of the constrains of a journal article, my analysis is based solely on the functional grammar of Mood and focuses on the modality components to interpret the polite signals in Vietnamese doctor talk. The following section will explain how modality categories in the Mood system are used to deploy forms and polite meanings of Vietnamese doctor talks in the current study.

2.2. Structure of Mood

The grammatical structure of Mood network includes two components, mood and modality, to construe interpersonal metafunction [14]. Each component includes its own linguistic elements that are able to reflect linguistic meanings between speakers and listeners [12-14]. The system of Mood includes mood and modality. 'SFL is different from traditional grammar when considering mood and modality as two systems of interactive grammar [43].

This thesis utilizes the modality components of the System of Mood in SFL as a theoretical framework to analyze

politeness meanings in English and Vietnamese doctor talks. Specifically, the modality component in the System of Mood was reviewed and refined to create an analytical coding scheme for examining modality choices in mood that demonstrate the shift towards politeness in Vietnamese doctor talk.

While this study primarily examines modality components for analyzing politeness patterns in Vietnamese doctor-patient communication, it cannot overlook the mood components that exist in parallel within the Mood system. Therefore, prior to delving into the modality components, this article will also provide a brief and concise overview of the concepts related to mood components.

2.2.1. Components of Mood

The Mood system in the Vietnamese language includes various components that affect interpersonal communication. Vân [43] has listed and analyzed these components and their functions. The interpersonal clauses in this system specifically involve the mood elements as follows.

+Subject ± Finite ^ + Predicator ^ ±Complement ^ ± Adjunct.

As mentioned above, the current study will examine how modality is used in every clause of Vietnamese doctor talk to realize the polite meanings. Therefore, it firstly will be based on the Mood structure that includes clauses of declarative mood (speaker/writer can provide hearer/reader with a message of 'yes' or 'no'), interrogative mood (speaker/writer can demand hearer/reader to supply the information) or imperative mood (speaker/writer can command hearer/reader to conduct a task) [12, 25, 45]. As each basic mood choice carries its complexity of orienting discourse semantics, the lexico-grammatical investigation of modality will be based on the mood choices, which are divided into deployments of declarative mood, interrogative mood, and imperative mood in Vietnamese doctor talks.

2.2.2. Components of Modality

The system of modality is based on the Mood system, which shows how certain a statement is and how reliable it is when discussing the world. According to Matthiessen *et al*. [26], modal elements are ambiguous because they are located between the two extremes of 'yes' and 'no', occupying the space between positive and negative statements [13]. When studying a language's interpersonal function, Halliday argues that modality cannot be disregarded as a minor or insignificant element. In fact, it plays a critical role in shaping social relationships and in interpreting the personalities of those involved in the conversation [11-12]. It's worth noting that modality is part of the Mood system, which means that the term "modal" is somewhat ambiguous since it can refer to both mood and modality [11]. To comprehend the function of modal operators in a clause, it is important to acknowledge modal elements. Halliday explains this by showcasing the relation of modality to mood. According to Halliday's Mood system, modality is one of the four subsets, which includes polarity, temporality, and mood. All of these subsets are incorporated into Mood Adjuncts as explained by Halliday [12]. The Mood adjuncts of the Mood system containing modal adjuncts can be found in Figure 1.

MOOD AJUNCTS	**Polarity**	Polarity	*Not, yes, no, so*
	Modality	Probability	*probably, possibly, certainly, perhaps, may be*
		Usuality	*usually, sometimes, always, never, ever, seldom, rarely*
		Readiness	*willingly, readily, gladly, certainly, easily*
		Obligation	*definitely, absolutely, possibly, at all costs, by all means*
	Temporality	Time	*yet, still, already, one, soon, just*
		Typicality	*occasionally, generally, regularly, mainly, for the most part*
	Mood	Obviousness	*of course, surely, obviously, clearly*
		Intensity	*just, simply, merely, only, even, actually, really, in fact*
		Degree	*quite, almost, nearly, scarcely, hardly, absolutely, totally, utterly, entirely, completely*

(Source: Halliday, 1994, pp. 81-83)

Figure 1. *Modal adjuncts found in Mood adjuncts of the Mood system.*

In his work, Halliday categorizes modality into four parameters: types, values, orientation, and manifestation. Types involve assessing propositions in terms of probability or usuality, and proposals in terms of obligation or inclination. Values involve assessing grades as high, medium, or low. Orientation involves responsibility for assessment in relation to objective and subjective, while manifestation involves individual variation in relation to explicit and implicit. According to Halliday and Matthiessen [14] and Halliday [12], these parameters are related to polarity and mood. Halliday explains that modality in Systemic Functional Linguistics is an interpersonal system realized by modalisation and modulation. Modalisation refers to the semantic category of propositions and involves two degrees of interpersonal negotiation: probability or usuality [11].

Probability

1) ||*Tiểu đường, tăng huyết áp, tăng mỡ máu, các bệnh liên quan đến tim mạch, có thể gây tắc mạch, động mạch ở tim.*

(||Diabetes, hypertension, increased blood fats, and heart-related diseases can cause embolism, heart arteries.) (Cardiology, Dr.04)

Usuality

2) ||*Tức là cô cũng hay … thường xuyên ăn trứng vịt lộn ạ?*
(||That means you also often eat baluts?) (Oncology, Dr.03)

Meanwhile, modulation, referring to the semantic category of proposals, is realized by the degree of obligation or of inclination, e.g.

Obligation

3) ||*Nhưng mà chị phải đi cái tất chân! tất áp lực í, ||thì nó sẽ bớt đi áp lực.*
(||*But you must wear socks! Pressure socks, ||it will reduce pressure.* (Cardiology, Dr.05)

Inclination

4) |||*cháu điều trị bệnh nhân ||thì mong mỏi nhất là sự tin tưởng của bệnh nhân là một này.*
(|||*When I treat my patients ||the first thing I expect is the patient's confidence)* (Oncology, Dr.08)

The realization of modalization and modulation corresponding with four modality parameters can be described and revised as follows.

a. Types

According to Hallidayan's terms, modalization refers to probability and usuality and relates to propositions (statements and questions). Modulation, on the other hand, refers to obligation and inclination and associates with proposals (offer and commands). The way in which modalization and modulation are expressed through different types of modality can be depicted in Figure 2 and exemplified below.

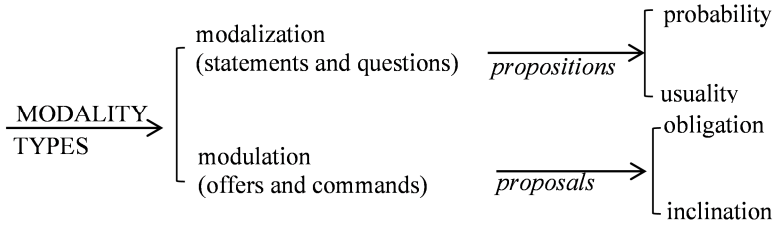


Figure 2. *Types of modality (Reproduced from Halliday & Matthiessen, 2004, p. 618).*

b. Values (high, median, and low grade of assessment)

Halliday and Matthiessen recommend that the second variable, the value, is attached to the modal judgment with three levels: high, median, and low. While the high and the low judgment are clearly set apart depending on the two polars of polarity system, positive and negative, the median value switches freely with its transferable movement between the proposition and the modality. The system of value shows the strength of a modalized clause [14]. The three values switch variably with realisations of modality, as shown in Figure 3.

Value	**Probability**	**Usuality**	**Obligation**	**Inclination**
High	*certain*	*Always*	*required*	*determined*
Median	*possible*	*Usually*	*supposed*	*keen*
Low	*probable*	*Sometimes*	*allowed*	*Willing*

Figure 3. *Three values of modality in English (After Halliday & Matthiessen, 2004, p. 620).*

c. Orientation (subjective and objective)

In fact, the speaker-relatedness in modality has been distinctively discussed in terms of subjective and objective by many linguists [23, 16-18]. Thus, the subjective and objective dichotomy has been proposed with various arguments when being used with modal verbs. Due to the scope of the study, the current study does not present a meticulous distinction between the conception of subjective and objective in terms of speaker involvement in modality. However, the current study takes advantage of Hallidayan previous studies that focus on subjective and objective in types of modality to translate the politeness meanings in doctor talk. Halliday was the first to organize the variety of modals functions into subjective and objective. He considers a number of modal types as interpersonal components because modals can take care of the speaker's involvement in the utterance [9]. They are, according to Halliday 'a form of participation by the speaker in the speech event. Through modality, the speaker associates with the thesis an indication of its status and validity in his own judgment; he intrudes and takes up a position.'

5) |||*Còn của em thì nó cũng chưa rõ với các bệnh gì khác trong cái bệnh khớp cả ||thì bây giờ anh chỉ nghĩ nhiều đến cái lao khớp gối. (||Your case is unclear within diseases of arthritis. ||so, now I only think much of knee-joint tuberculosis.) (Neurology, Dr.04)*

However, in order to identify the distinction between subjective and objective in modality, Lyons follows Halliday's hypothesis to show clear instruction about these two types of modality. Lyons considers subjective modality as an I-say-so terminology to describe an utterance device through which the speaker 'express[es] reservations about

giving an unqualified, or categorical, 'I-say-so' to the factuality of the proposition embed in his utterance' [23].

The personal subject pronoun is a marker of the speaker referring to himself or herself. Subjective modality provides subjectivity by stating the speaker's position [5] and reflects a level of personal involvement and commitment. The objective modality, on the other hand, is considered as modal element that involves 'the speaker to give an unqualified I-say-so to his utterance, but introduces a modal qualification in the it-is-so component [38].

6) ||*Có khi mẩn lên thế này là do thời tiết chứ chắc gì đã do ăn đâu.*
(||*The rashes are possibly caused by the weather rather than by food.*) (Endocrinology, Dr.07)

Thus, objective modality dissociates the speaker from the assessment. Modal elements of objectivity aim to construe the speaker's opinion as an 'aspect of ideational, rather than interpersonal reality' [24].

In general, the measurement of subjective and objective modality can provide assumptions of politeness meanings in doctor talk. However, as mentioned above, Halliday and Matthiessen distinguish modality in terms of orientation and manifestation. Therefore, it is not enough if only subjective and objective orientation in modality is considered. There should be consideration of a combination of orientation and manifestation (including implicit and explicit). Under the heading orientation and manifestation, the following section reviews functions and roles of subjective implicit, subjective explicit vs. objective implicit, objective explicit in interpreting interpersonal characteristics in doctor talk [14].

d. Manifestation (implicit and explicit)

Systemic Functional Grammar authors argue that modality orientation is the basic distinction used to determine how each modality meaning gets expressed. Meanwhile, the modality manifestation indicates implicit and explicit variants to the subjective and objective orientation of modality [11-12, 17, 33, 38].

For Halliday and Matthiessen when subtypes of orientation (subjectivity, objectivity) and manifestation (explicit and implicit) combine with all four types of modality (probability, usuality, obligation and inclination), they present the way in which speakers negotiate propositions or proposals [14]. However, Halliday and Matthiessen claim that there are some 'systematic gaps' which include no systematic forms to show the speaker's authority such as subjective orientation explicit in the case of usuality or inclination. Therefore, the current study also left out this semantic vacant in Vietnamese to build an equal analysis. The realization of the types of modality in combination with orientation and manifestation are shown with the examples illustrating types of modality in the doctor's talk that exemplify subjectivity and objectivity of explicit/implicit orientation.

In terms of subjectivity assessment, Halliday and Matthiessen state that explicitly subjective type is realized by the 'Senser' and the markers of mental verbs such as *think, understand, wish, want,* etc. The current study considers the validity of propositions found in doctor talk for expressing judgments. Moreover, the analyses of what the doctor presents his/her opinions to convince the patient's agreement are also examined. In terms of the objectivity assessment, for Halliday and Matthiessen, explicitly objective type is usually encoded through intensive attribute relational clauses such as *It is…/This is…/That is…* This type of assessment uses an impersonal clause *It/This/That* as a subject + the verb *to be* + *adjective of modality*. It functions as an effective means of conducting persuasive purposes and depends on providing practical evidence to call for the addressee's acceptance. The current study examines how the doctor depends on facts, not personal opinions, to persuade the patient's agreement [14].

e. Congruent and incongruent modality

In relation to realizations of modality, Halliday and Matthiessen divide the realizations into congruent realisations and incongruent realisations and combined them with four types of modality (probability, usuality, obligation and inclination) [14]. In order to make a comparison on the differences of linguistic means of expressing modality, my choice is to base on the typological studies and classification of Halliday [12-14, 55], Bui [7], and Hùng [47], Hiệp [50-51]. Congruent modality can be realized by implicitly subjective assessments (represented by modal auxiliary verbs), e.g.;

7) ||*Uống thêm sữa! ||rồi thì buổi sáng mình có thể đi tập thể dục thể thao một chút ||tăng cái lượng can-xi||*
(||*Having more milk! || Then in the morning, you can do some mild exercises to increase your calcium amount.*) (Endocrinology, Dr.03)

Or implicitly objective assessments (represented by modal adjuncts), e.g.;

8) ||*Vâng ạ, ||thì sau này có khi là phải uống thêm những cái thuốc chống thoái hóa, glucosamine.*
(||*OK sir, ||on these later days, you probably take more anti-degenerative tablets, glucosamine.*) (Neurology, Dr.06)

Meanwhile, incongruent modality can be realized by explicitly subjective assessments (represented by mental clauses), e.g.;

9) |||*Bác có tin tưởng về tương lai là ||mình đang điều trị đúng hướng đúng không ạ?*
(|||*Do you believe in the future ||you are taking the right treatment?*) (Gastroenterology, Dr.05)

Or explicitly objective assessments (represented by attributive clauses), e.g.;

10)||*Tốt nhất là anh nên coi xem có bị không!*
(*It's better that you should consider whether you have the disease!*) (Neurology, Dr.10)

Halliday concludes that subjectivity and objectivity assessments show the speaker's meaning choice. He adds: 'explicitly subjective and explicitly objective forms of modality are all strictly speaking incongruent since all of them present the modality as being the substantive proposition' [12]. In particular, Halliday and Matthiessen show that explicitly subjective orientation combined with probability and obligation can strongly show incongruent expressions (e.g. *I think, I wish, I know*, etc.) [14]. In fact, explicit subjectivity assessments often use psychological

modality to express speaker's judgments and personal opinions [8]. A speaker's high use of subjective modalities shows strong personal opinions and responsibilities rather than factual evidence. In fact, a number of indications have proved that explicit subjective and objective assessments are able to imply interpersonal metaphor of the speaker's epistemic judgment [33]. In particular, Aijmer analyzed semantic meanings of explicit subjective judgment either as 'probability-based opinion' or 'obligation and necessity-based opinion' [3]. Besides, Tablib indicates a variety of explicit subjective assessments in metaphorical expressions such as emphatic instances *do/don't* (e.g., *I do/don't think)*, preceding modal verbs *(*e.g. *I should think)*; and inserting interpersonal adverbs *(*e.g. *I certainly think)* [35]. Furthermore, Halliday adds that explicitly objective orientation is also based on metaphor because it usually lightens or even avoids the speaker's relevant judgments by introducing evidence from facts such as *It is obvious that….; everyone admits that ….* [12]. Thus, Dong shows the more preferred uses of explicit objectivity with low value (e.g., *that's possible*) in witnesses' judgment in legal discourse. Dong's research implies that the use of objective assessment among witnesses can be considered as a more persuasive linguistic device in front of the jury [9].

In short, it is typically construed that modality has its own strict distinction in presenting the expression of politeness meanings. Here, a speaker can use the proposition as a projection and encodes it as an assessment of explicit subjectivity (*I think/ In my opinion…*) or of explicit objectivity (*It is likely that …*). Similarly, in Vietnamese, while the explicit subjectivity can be shown by 'propositional attitude verbs' like *Tôi nghĩ/cho/tin là; Theo tôi/ý kiến của tôi; Về phía tôi/cá nhân mà nói; Tôi thấy/trông/chắc chắn/cho là…etc.,* the explicit objectivity is denoted by *nghe/bảo/nói/kêu/thấy, etc.* [7, 47].

In general, the analytical framework modality is used in this study for realizing politeness meanings in Vietnamese doctor talks. In terms of modality resources, lexico-grammatical choices of congruent and incongruent modality embedding with combined types of modalisation (propositions: probability and usuality) and modulation (proposals: obligation and inclination); values of assessment (high, median and low grade); orientation (subjective and objective) and manifestation (explicit and implicit) all are examined. The aim is to find modality resources employed in Vietnamese doctor talks.

3. Relevant Studies

Limited research on the language doctors use during consultation with patients has used modality components of SFL as their major approaches. To some extent, this paper presents the research studies using a theoretical framework, methods and designs that are the most similar to the author's current research.

In fact, similar studies to the scope of this research that uses the SFL theoretical framework are published in English and many different languages [22, 32]. These research studies aim to discover the similarities or differences in language patterns doctors use in different regions and cultures. These studies find the choices of modality patterns in the doctor's language to make a general assessment of the functional semantics hidden behind the speech. In particular, Adegbite & Odebunmi's study of different types of verbs in the consultation has found diverse polite strategies expressed by the doctor at consultation [2]. In Adam's research, the doctor's authority is shown to be very 'subtle' when the doctor uses a declarative mood that is accompanied by modalities during the negotiation with a patient about treatment [1]. Adam's findings are similar to Montgomery's when the author claimed that modalities are able to reduce power and enhance politeness in communication and negotiation, helping patients be more involved in the communication process [4, 15, 27]. In Nguyen's study on the doctor's power relationship with the patient in a dialogue obtained from YouTube, the author gave signs of power that are 'disguised' in the doctor's polite strategy when negotiating with the patient [29]. The author discovered that the doctor exploited no negative form in imperative clauses. Moreover, the explicit subjectivity in the style of declarative mood (e.g., *I think you should*, etc.) is also exploited many times. Similarly, implicit subjectivity is used in large quantities accompanied by modal verbs (*you can/should*) showing that the doctor wants to shift the responsibility of the consultation to the patient and encourages the patient to be more active in negotiating the treatment plan.

The above studies have contributed greatly to understanding doctors' language when performing consultation. This study explores how politeness degree and lexico-grammatical choices can change the doctor's communication language toward intimacy and politeness in Vietnam.

4. Scope of Data Collection, Data Collection Procedures, and Aspects of Data Analysis

4.1. Scope of Data Collection

The Vietnamese data, collected at doctor-patient consultations from four public hospitals in the North and the South of Vietnam, can be summarized in Table 1.

Table 1. *Summary of the Vietnamese participants.*

Number	60 doctors	60 patients
Specialization	doctor specialists coming from 06 different medical specializations: cardiology, endocrinology, neurology, gastroenterology, oncology, otorhinolaryngology	60 corresponding patients from the six selected medical specializations

Number	60 doctors	60 patients
Recording sites	Hospital location in the north of Vietnam	Military Hospital 103 Military Hospital 108
	Hospital location in the south of Vietnam	Cho Ray Hospital Military Hospital 175

The target population is scoped at 60 doctors and 60 Vietnamese patients who use the Vietnamese language as their first language at the time of consultation. A purposive sampling relies precisely on the study's aims as taken from four general public hospitals in Vietnam.

The participant doctors involved in the Vietnamese data corpus are 60 medical specialists - Grade One and Two from the researcher's teaching class. They are all internists of four General Hospitals from the North and the South of Vietnam. Their specialization majors are Cardiology, Endocrinology, Neurology, Gastroenterology, Oncology and Otorhinolaryngology.

4.2. Data Collection Procedure

During the recordings, the data were collected between selected doctors and patients at consultancy rooms. For confidential issues, all the talks were only permitted to audio-record, and not video-record. The researcher was not allowed to be present in the consultation rooms. The selected doctors used their mobile phones to record the consultations and then transferred the original data of talks to CDs. The doctors could also send the recorded data via emails and messengers if they felt uncomfortable conducting the burning CD techniques or in case the researcher found problems with the CD quality. After the recordings, the data were categorized into six selected groups of diseases for comparison. Each type of disease included ten pieces of doctor-patient consultation. The data were then transcribed manually for wordings; computerized and coded for the study's aims. Of over 100 recordings of doctor-patient consultations, the researcher selected 60 samples that ensure the corpus's quality and comparability.

4.3. Aspect of Data Analysis

In terms of modality resources – lexico-grammatical choices of congruent and incongruent modality, this study conducted both qualitative and quantitative analyses as follows:

1) Analyzing types of modalisation (propositions: probability and usuality) and modulation (proposals: obligation and inclination);
2) Analyzing values of assessment (high, median and low grade);
3) Analyzing orientation (subjective and objective) and manifestation (explicit and implicit).

5. Findings and Discussion

5.1. Proportions and Realisations of Congruent Modality in Vietnamese Doctor Talk

5.1.1. Proportions of Congruent Modality

The total percentage of congruent modality subtypes indicated that modality of probability [e.g. sẽ (will)/ có thể (may/might)] and usuality [e.g. hoài/hay/liên tục (always); /thường/cũng hay (usually); thỉnh thoảng/có lúc (sometimes)] have been preferably used, comparing with the two other types of modality such as obligation [e.g. phải (have to)] and inclination [e.g. cần (need); sẽ (will/would); nên (should); có thể (can)].

The different proportions of modal auxiliaries and modal adjuncts in Vietnamese doctor talk can be viewed from Figure 4 The left-hand vertical axis of the figure represents the percentages of three values of modal auxiliaries; meanwhile, the right-hand vertical axis represents the percentages of modal adjuncts. The horizontal axis of the bar chart shows the different modality types.

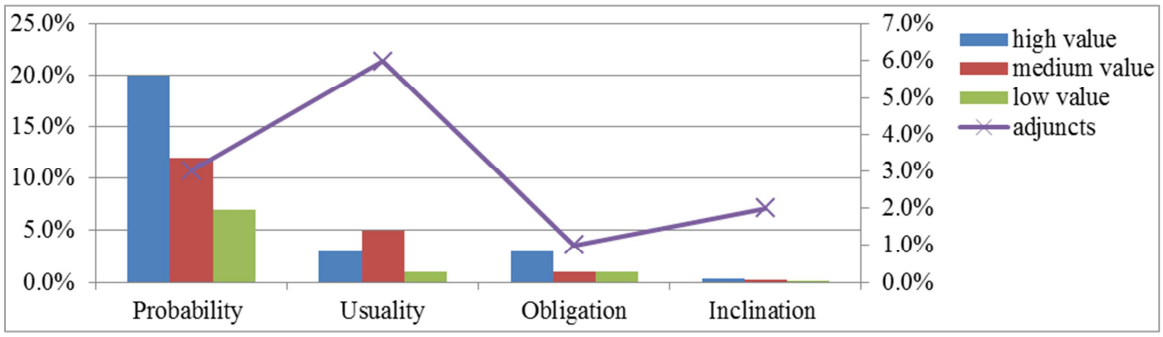


Figure 4. *Proportions of modal auxiliaries and modal adjuncts in Vietnamese doctor talk.*

As can be seen from Figure 4, modal options are mainly located at high and medium values. In fact, the high-value modality largely condensed in type of probability (20%), then fell off substantially in obligation and usuality (3%) and sparsely located in inclination. In fact, modality of high value in doctor talk centered greatly on the endocrinology, neurology and oncology data.

In general, the congruent modality in Vietnamese doctor talk can be summarized as follows:

1) There is an exponentially higher percentage of modality

use in modalisation compared with that of modulation. The doctor reported a double choice of both modalisation and modulation modality compared with the patient. It is indicated that the doctor prefers using modal operators to provide information rather than to exchange goods-&-services.

2) There is a greater use of modal auxiliary verbs than modal adjuncts in the doctor utterance. In particular, there are a great number of modal auxiliary verbs at high and medium values. They are used mainly in the probability and usuality modality types. Correspondingly, there are a large proportion of modal adjuncts in obligation.
3) There is less use of modal adjuncts by both doctors and patients. Apart from the equal use of usuality modality between the doctor and the patient, the doctor doubled the use of modal adjuncts for probability, inclination and obligation compared with the patient.
4) There is a higher percentage in the use of congruent modality in the endocrinology and neurology data. The rank moves downward from the group data of cardiology, oncology, and otorhinolaryngology to gastroenterology.
5) There is the least choice of congruent modality in inclination type, especially modality options at low value. The high value modality of obligation is found the highest in the oncology data.

5.1.2. Realisations of Congruent Modality

Table 2. *Realisations of congruent modality uses in Vietnamese doctor talk.*

Types		sub-types	value	Functions		Realisations of congruent modality in Vietnamese doctor talk
				Grammar	Lexico	
Modalisation (information)	Probability	Implicit subjective (modal auxiliary)	H	modal auxiliary	*phải – must*	- ||*Tự nhiên chị biết mình ngoại tâm thu à? ||Nó phải có biểu hiện gì khác chứ?* (||*You suddenly realized you had had extrasystole? ||It must have some other symptoms, mustn't it?)* (Cardiology, Dr.09)
			M	modal auxiliary	*nên- should*	-|||*Bệnh tật thì có khi cũng nên quan tâm ||vì nông thôn thì thế thôi. ||Bây giờ người ta … đời sống người ta cũng cao rồi.* (|||*Illness should sometimes be concerned || because it is in the countryside. ||Now, people... people's living standards are high, too.* (Cardiology, Dr.05)
			L	modal auxiliary	*có thể-can*	- ||*Tiểu đường, tăng huyết áp, tăng mỡ máu, các bệnh liên quan đến tim mạch, có thể gây tắc mạch, động mạch ở tim. (||Diabetes, hypertension, increased blood fats, the heart-related diseases can cause embolism, heart arteries.)* (Cardiology, Dr.04)
		Implicit objective (adjunct)		modal adjunct	*có khi là…- probably*	- ||*Vâng ạ, ||thì sau này có khi là phải uống thêm những cái thuốc chống thoái hóa, glucosamine.* (||*OK sir, ||on these later days, you probably take more anti-degenerative tablets, glucosamine.)* (Neurology, Dr.06)
	Usuality	Implicit subjective (modal adjunct)	H	modal adjunct	*hoài-always*	- |||*Chứ không cứ thấy điều trị hoài mà khổng bớt, || rồi lại bỏ trị hoặc ||điều trị bằng phương pháp khác thì ||nó rất là nguy hiểm. (|||Not just always seeing the treatment is not diminishing, ||then quit or ||take other treatment methods ||It's very dangerous.)* (Endocrinology, Dr.01)
			M	modal adjunct	*thường thường-usually*	- ||*Thường thường là lúc đói.* - ||*Usually at the time of hunger.* (Gastrology, Dr.01)
			L	modal adjunct	*thỉnh thoảng-sometimes*	- |||*À tức là không liên tục, ||thỉnh thoảng mới đau.* (|||*Ah, that means it does not occur often, ||sometimes it hurts.) (Cardiology, Dr.04)*
		Implicit objective (adjunct)		modal adjunct	*gần đây-recently*	- |||*Nó đau lâu thì ||nó xuất hiện gần đây hay là lâu rồi?* (|||*It occurred long before || and it has appeared recently or long ago?*) (Cardiology, Dr.02)
Modulation (goods-&-services)	Obligation	Implicit subjective (modal auxiliary/ predicator)	H	modal adjunct	*phải-must*	- ||*Nhưng mà chị phải đi cái tất chân! tất áp lực í, ||thì nó sẽ bớt đi áp lực.* (||*But you must wear socks! Pressure socks, ||it will reduce pressure.* (Cardiology, Dr.05)
			M	modal auxiliary	*không cần – not need*	- ||*Soi chứ tội gì mà không soi! ||Soi là cho thấy vi trùng luôn không cần phải thử máu! ||Muốn soi thì soi lại! (||Why don't you have laparoscopy! ||Laparoscopy shows germs, do not need a blood test! ||If you want, do it again! (Gastroenterology, Dr.04)*
			L	Modal auxiliary	*nên-It is better*	- |||*Nếu mà phải ăn đồ xào rán ||thì cô nên ăn với dầu thực vật nhé! (If having fried food, you should have vegetable oil! It is better for you to limit)* (Oncology. Dr.03)
		Implicit objective (adjunct)		modal adjunct	*tất nhiên là…- obviously*	- ||*Thế … thế tất nhiên là bà không phải rượu bia gì cả rồi. ||Như vậy lại loét hoặc có nhiều vấn đề khác.* (||*Well... So... obviously you aren't a drinker. ||So, the ulcer was caused by other problems.*) (Gastrology, Dr.06)

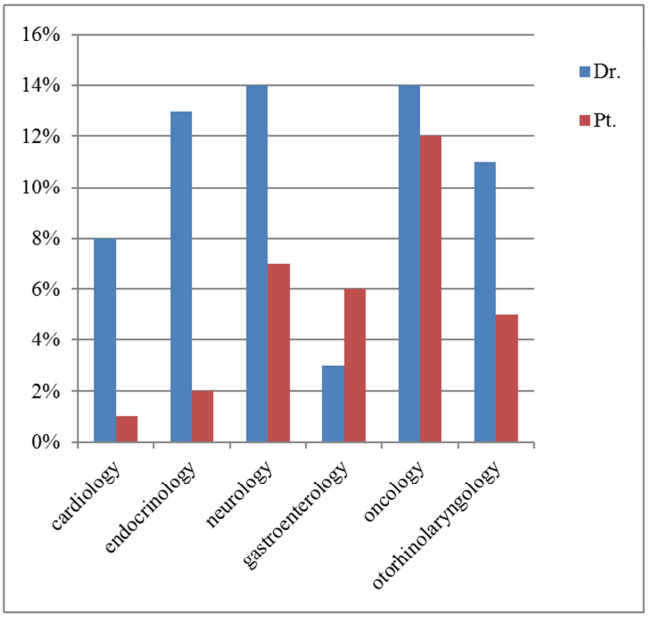
Types	sub-types	value	Functions		Realisations of congruent modality in Vietnamese doctor talk
			Grammar	Lexico	
Inclination	Implicit subjective (modal auxiliary/ predicator)	H	predicator	*xác định-confirm*	- |||*Bác sĩ khác trong bệnh viện lúc đầu cũng xác định ||chị bị suy thận nặng đúng không?* (|||*Other doctors in the hospital also confirmed ||that you got a serious kidney failure, didn't they?)* (Endocrinology, Dr.01)
		M	predicator	*hài long-satisfied*	- ||*Chú có hài lòng không ạ?* *(Are you satisfied?)* (Otorhinolaryngology; Dr.06)
		L	predicator	*sẵn sàng-willing*	- ||*Cái đấy mình thức hiện một lần rồi chắc mình sẵn sàng rồi đúng không ạ?* (Endocrinology, Dr.07) (||*That you did once and I guess you're willing, right?*) (Endocrinology, Dr.07)
	Implicit objective (adjunct)		modal adjunct	*thực sự-really*	- ||*Thực sự, chị là một trong những người tuân thủ rất tốt đó.* (||*Really, you are one of those very good compliants.*) (Endocrinology, Dr.01)

H: high; M: medium; L: Low

5.2. Proportions and Realisations of Incongruent Modality in Vietnamese Doctor Talk

5.2.1. Proportions of Incongruent Modality

Figure 5 includes the column chart and the table illustrates the distribution of incongruent modality in Vietnamese doctor and patient utterances across six selected groups of diseases. From the foundation of the analytical statistics between doctors and patients, the focus on the doctor's uses of incongruent modality is revealed.



Type	Orientation combined	% of incongruent modality		Total %
		Dr.	Pt.	
Modalisation	Probability	10%	5%	15%
	Usuality			
Modulation	Obligation	6%	4%	10%
	Inclination	8%	5%	13%
Nº of explicit subjective (mental clause)		**23%**	**16%**	**39%**
Modalisation	Probability	10%	2%	12%
	Usuality	8%	5%	13%
Modulation	Obligation	13%	10%	23%
	Inclination	9%	3%	11%
Nº of explicit objective (attribute clause)		**40%**	**21%**	**61%**
% of incongruent modality		**63%**	**37%**	**100%**
Total % of incongruent modality used by both Dr. & Pt.		**100 % (112 instances)**		

Figure 5. *Proportions of incongruent modality used by Vietnamese doctors & patients.*

Vietnamese doctor talk witnessed a fluctuating distribution across six groups of diseases. In all of the data, apart from the cardiology and gastroenterology statistics that showed a considerably lower percentage use of incongruent modality (accounting for 3% and 8% respectively), the rest of the data indicated an equal percentage use of around 14%. It was the oncologists that exploited incongruent modality the most effective of all.

In general, the proportion of incongruent modality in Vietnamese doctor talk is not high, accounting for around one-ninth compared with the amount of congruent modality. The gap in the use of incongruent modality between the doctor and the patient is considerably large, accounting for 63% of the doctor's choice, and doubling that of the patient's choice. Both Vietnamese doctors and patients recorded a lower percentage of modality used in mental clauses with explicit subjective [e.g. *Tôi biết; Tôi nghĩ; Tôi mong là… (I know; I think; I expect)* or *Tôi đảm bảo; Tôi chắc là, etc., (I am sure that/I am certain that…)*], accounting for 39% in total. Meanwhile, incongruent modality used in attribute clause with explicit objective like *Có thể là/ tốt hơn là etc., (It is possible that/It is better that…)* accounted for 61% of choice. In both types of explicitly subjective and objective assessments, the doctor's frequent use was much higher than

that of the patient's. For example, the use of explicitly objective assessment in doctor talk accounted for a double higher proportion comparing to the patient talk.

In terms of two selected modality types: modalisation and modulation, the former type with explicitly subjective assessment in mental clauses recorded an equal use compared with the latter type, accounting for 10%. Correspondingly, the proportion of modulation types used with explicit objective in attribute clauses was found to be negligibly higher than that of modalisation types in the doctor talk. Moreover, one-third of incongruent modality in attribute clauses (40%) the doctor used under the type of obligation. In general, the incongruent modality in Vietnamese doctor talk can be summarized as follows:

1) There is a considerably high deployment of incongruent modality used by the doctor compared with by the patient.
2) There is a fractionally higher amount of incongruent modality in modulation than in modalisation. Particularly, there is greater use of incongruent modality in attributes clauses rather than in mental clauses. Particularly, both modalities of mental clauses and attribute clauses included a larger percentage recording in obligation and inclination types rather than in probability and usuality types.
3) There is a fluctuation of incongruent modality in doctor talk across the six groups of selected diseases. Except for the oncology data that reported equal exploitation of incongruent modality, the doctor used this modality type much more than the patient.

5.2.2. Realisations of Incongruent Modality

Table 3. *Realisations of incongruent modality uses in Vietnamese doctor talk.*

Type	Incongruent	Orientation combined	Functions Grammar	Lexico	Realisations of incongruent modality in Vietnamese doctor talk
Modalisation		Probability	mental verbs/ clauses	*nghĩ*	|||*Còn của em thì nó cũng chưa rõ với các bệnh gì khác trong cái bệnh khớp cả* ||*thì bây giờ anh chỉ nghĩ nhiều đến cái lao khớp gối.* ||*Your case is unclear within diseases of arthritis.* ||*so, now I only think much of knee-joint tuberculosis.)* (Neurology, Dr.04)
Modulation	Explicit subjective (mental clause)	Usuality			
		Obligation	mental clauses	*Con muốn là…*	||*Con muốn là* ||*bác nằm ngửa ra để khám bệnh bác nhé!* ||*I want you to lie on the back to have a check!* (Endocrinology, Dr.05)
		Inclination	mental clauses	*anh muốn*	||*Soi bao tử* ||*anh muốn soi tôi cho anh soi.* ||*Muốn soi không?* ||*Endoscopy*||*If you want to have endoscopy, I will let you have endoscopy.* ||*Want an endoscopy?* (Gastroenterology, Dr.08)
Modalisation		Probability	attribute clauses	*có khi … là*	- ||*Có khi mẩn lên thế này là do thời tiết chứ chắc gì đã do ăn đâu.* *(*||*The rashes are possibly caused by the weather rather than by food.)* (Endocrinology, Dr.07)
	Explicit objective (attribute clause)	Usuality	attribute clauses	*thông thường là…*	*Thông thường là cái khớp gối của cô do thoái hóa, cô uống thêm glucosamine đi!* *Usually, your knee joint is degenerated, you take more glucosamine!* (Neurology, Dr.06)
		Obligation	attribute clauses	*Cần thiết là …*	|||*bây giờ í, việc cần thiết là anh phải cố gắng nhiều hơn anh nhé!* (|||*Now, it is necessary* ||*that you must make more effort!)* (Oncology, Dr.06)
Modulation		Inclination	attribute clauses	*Tốt nhất là …*	||*Tốt nhất là anh nên coi xem có bị không!* *(It's better that you should consider whether you have the disease!* (Neurology, Dr.10)

5.2.3. Proportions of Modal Categories of Orientation and Manifestation in Vietnamese Doctor Talk

This section presents the distribution modality in terms of subjectivity and objectivity of explicit/implicit orientation by Vietnamese doctors during the interaction. The data are presented in Table 4.

Table 4. *Modality Orientation and Manifestation used in Vietnamese doctor talk.*

Subjective/Objective assessment	Frequency	Percentage
Subjective: explicit	26	4%
Subjective: implicit	547	75%
Objective: explicit	45	6%
Objective: implicit	112	15%
Total	730	100%

Of the modal clauses used by the doctor (659 congruent and 71 incongruent clauses), most of them are skewed towards subjectivity, totally accounting for approximately 79%. However, explicitly subjective assessment was classified as the lowest level of percentage, accounting for only 4% in total. Meanwhile, both explicit and implicit objectivity ranked in the middle range, respectively recording from 6% to 15%.

In particular, Vietnamese doctors were in favour of using implicitly subjective assessment with the subjective operator referring to the patient – *you* and the finite modal operators such as *có thể (can), có lẽ (may/might), cần (need), sẽ (will/would), nên (should), phải (have to/must)*. In fact, 75% of the choices of implicit subjectivity were mostly exposed with modal clauses at high value such as *anh có thể/ có lẽ/*

cần/

sẽ/ nên/ phải (you can/ may/ need/ will/ should/ have to). The doctor varied expression in the use of *you*, attaching modal operators to express expectations and opinions about what activities should be done by the patient.

11)|||*Khi ghép thận xong ổn định ||anh có thể đi về làm việc bình thường. |||Tránh cái hoạt động nặng ví dụ như chạy thể dục quá nặng hoặc là mang vác nặng thôi, ||chứ còn mình vẫn có thể làm những công việc văn phòng bình thường. (Endocrinology, Dr.08)*

(|||*When the kidney transplant becomes stable, ||you can go home and keep working as normal |||Avoiding heavy activities such as exceeding jogging or carrying heavy loads, ||you still can do the normal office work.*)

Explicitly subjective assessment, on the other hand, realized by the subjective operator *Tôi (I)*– referring to the doctor and by the verbal markers *nghĩ, mong, hiểu, ý là, muốn là… (think, expect, understand, mean, want that…)*, is used when the doctor wants to highlight opinions and commitment. In the Vietnamese data, with the combination of the various uses of subjects and mental verbs, the doctor can project inner belief with a tender impact on the patient. However, this assessment type, accounting for 4%, ranked at the lowest and located mainly in the region of obligation.

12)|||*Của em uống từ năm 2009 ||thì chị nghĩ là cũng không cần phải uống nữa đâu.*

(|||*You have taken the medicine since 2009 ||so I think there is no need to take the medicine anymore*) (Neurology, Dr.09)

13)||*Em ý là ||anh chạy thận được hai tháng nay rồi. ||Anh chạy ở Chợ Rẫy hả?*

(||*I mean, you have been on dialysis for two months. ||Are you taking dialysis at Cho Ray Hospital?*) (Endocrinology, Dr.04)

Vietnamese doctors showed a relatively preferred option of implicitly objective assessment, accounting for 15% in total. In the Vietnamese data, implicit objectivity is realized by comment adjuncts such as *có thể là (possibly), chắc là/ắt là (surely), thỉnh thoảng (sometimes), hoàn toàn (completely), tất nhiên (obviously), thực sự là (really),* etc.

14)||*Viêm gan mãn hay do cái gì? ||Cái này có kháng thể rồi. ||Viêm gan mãn này chắc là do ăn uống hay do cái gì thôi. (Neurology, Dr.10)*

(||*Causing by the chronic hepatitis or something else? ||This has antibiotics. ||The chronic hepatitis is surely caused by diet issue or something else*)

15)||*Ngực không đau, ||không bao giờ đau đầu, ||chỉ thỉnh thoảng choáng váng đầu. ||Những cái lúc váng như thế thì có đo không? (Cardiology, Dr.06)*

16)||*No chest pain, ||never got headache, ||sometimes feeling dizzy. ||Having the measurement at the time of being dizzy? (Cardiology, Dr.06)*

Thus, the explicit objective was reported as the second least use in the doctor's utterance, accounting for only 6%. This type of assessment is used to help the doctor to make neutral points of view. For example, the doctor takes examples of other people's feelings and experiences to make her suggestions or consultation more acceptable and persuasive. This assessment is often used a combination of an attribute clause and modal adjectives such as *Có thể là/ tốt hơn là … (It is possible that/it is good that…)*

17)||*Như vậy loét… hoặc có nhiều vấn đề khác. ||Nhiều người có khi là lo lắng thì cũng loét này. (Gastroenterology, Dr.06)*

(||*So the sores… or many other problems. ||It is possible for many people that worry can cause sores.*)

18)|||*Nếu mà phải ăn đồ xào rán ||thì cô nên ăn với dầu thực vật nhé! ||Tốt nhất là mình vẫn phải hạn chế! ||| (Oncology, Dr.03)*

(*If having fried food, you should have vegetable oil! It is better for you to limit*)

In general, analyses of proportions and lexico-grammatical realisations of modality uses are expected to be able to measure the politeness degree in Vietnamese doctor talks. In fact, the Vietnamese doctors preferred exploiting the probability type to using types of usuality, obligation and inclination. This result reflects that the Vietnamese doctors were more interested in using modal operators to provide patient information rather than exchange intimate interaction. Specific details of how politeness practices are exercised in the Vietnamese doctor talks are shown in terms of congruent modality and incongruent modality.

In regard to congruent modality, the Vietnamese doctors, preferred modal auxiliaries of high value such as *phải, vẫn phải, không phải, cứ* to utter strong commands. In particular, congruent modalities enable Vietnamese doctors to express a direct and straightforward discourse. In fact, Vietnamese doctors utilized less amount of low modal auxiliaries *nên* (should) that are able to express moral suggestions or requirements, advice, requests or persuasions [50, 7]. Instead, Vietnamese doctors used a large number of modal auxiliaries of high certainty such as *phải, không phải (must/mustn't)* to build up a strong and direct voice of possibility during consultation. Thus, Van der Auwera and Plungian state that *must* is used with a stronger, stricter and more categorical than any obligatives [37]. It is able to express an obligative relating to the speaker's authority that means '*I require you to do this*'. Moreover, Palmer suggests that *must* can be used to express obligation without the implication of the speaker's involvement and to report what someone else, probably a university rule or deontic requires [33]. Hiệp states that *phải (must)* shows an obligative which is able to convey a source of authority and a strong voice directly from the speaker, and *phải (must)* also indicates the necessity of an action that one has to perform [49, 7]. Vietnamese doctors deployed much *phải* to express compulsories and strong and dominant authority in front of the patient.

In regard to incongruent modality, Vietnamese doctors showed a dominant use of attribute clauses to make commands. In fact, Vietnamese doctors were in favour of using attribute clauses [*It is good to (Tốt hơn là…)*], particularly owning an exponentially higher proportion of obligation type. In particular, the Vietnamese doctors used only positive forms of mental clauses in obligation type to

command the patient [*I want you to do (Tôi muốn bạn làm ...*)]. Bui categorizes mental predicators of incongruent modality as 'hedge verbs' and states that they allow involving estimation of the moral acceptability of the state of affairs. They can be used to express permission and obligation and are considered as 'adding an action plan to the deontic assessment'. Here, these mental predicators function as obligations and requirements. Besides, the Vietnamese doctors, with the dominant use of attribute clauses, showed a preference of expressing dominant discourse through neutral points of view and outer evidence rather than their own insistence or personal reasoning [7].

The current finds out that Vietnamese doctors owned a noticeable use of modal clauses skewing towards subjectivity. This striking communicative feature in doctor talk is strong evidence supporting Halliday's idea which sees modality as subjectivity. Halliday & Matthiessen even suggest that investigating modality is able to show subjective characteristics of an utterance. The author defines modality as subjectivity as 'the grammaticalization of speakers' (subjective) attitudes and opinions (emphasis mine)' [14]. Moreover, Khristianto and Wulandari believe that modality in this case represents different levels of meanings through different points of view [21]. Vietnamese doctors often used modal operators with high values. Besides, the results also reveal that Vietnamese doctors used less implicitly objective assessments which are realized by modal adjuncts such as *có thể là (probably), chắc là/ ắt là (surely), thỉnh thoảng (sometimes), hoàn toàn (completely), tất nhiên (obviously), thực sự là (really),* etc. However, Vietnamese doctors utilized complicated lexical choices of implicitly objective assessment, particularly assessments of ofteness that may carry overlapped meaning lexicons such as *hoài, hay, rất hay, liên tục, lúc nào cũng, nhiều khi (always), không liên tục, thỉnh thoảng, có lúc, có lúc ... lúc không (sometimes), lâu lâu, họa hoằn (rarely), chưa bao giờ, chẳng bao giờ, chưa (never)*. In general, the results of modality investigation are able to reveal that Vietnamese doctors skewed towards objectivity, particularly explicitly objective assessment that depends on the outside evidence, not on their own experience and insistence [29-31].

6. Conclusion

The results of the current study reveal that to some extent, Vietnamese doctor's language has moved towards the trend of patient-centeredness in which they can consult patients in a polite way. However, the Vietnamese doctor's language showed signals that indicate a powerful discourse at the time of consultation. These findings of the current study coincide with the results of previous community health research studies [40-41, 44-46, 48, 51-53].

Particularly, these studies have found that the power of doctor's discourse comes from the limited time length for consultations. Here, to save time, doctors need to use quick commands and single interrogative clauses to communicate with patients. Besides, there have been a number of external factors that make Vietnamese doctor talks more powerful are the medical staff's low income and weak facilities, etc. This study not only confirms the findings of previous socio-research studies but also finds out a number of detailed evident pieces of lexico-grammatical modalities to explain clearly the power that limits politeness practices in Vietnamese doctor talks. From the findings, the current study appreciates the doctor's polite discourse in reciprocal consultations that considers the patients' concerns and expectations. Here, the language of doctors should also move towards increasing informality and solidarity during their consultations [30].

References

[1] Adam, Q. A. (2014). Study of power relations in doctor-patient interactions in a selected hospital in Lagos State, Nigeria. Advances in Language and Literary Studies, 5 (2), 177-184. DOI: 10.7575/aiac.alls.v.5n.2p.177.

[2] Adegbite, W. & Odebunmi, A. (2006). Discourse tact in doctor-patient interactions in English: An analysis of diagnosis in medical communication in Nigeria. Nordic Journal of African Studies, 15 (4), 499-519.

[3] Aijmer, K. (1997). I think – an English modal particle. In Swan, T & Westvik, O. J. (Eds.). *Modality in Germanic Languages: Historical and Comparative Perspectives* (pp. 1-47). Berlin: Mouton de Gruyter.

[4] Olanian, K., Adeolu, A. (2015). Modality in Statement of Objective in Arts-based Research Article Abstracts. *British Journal of English Linguistics, 3 (1). 42-51.*

[5] Maia, A. (2017). The use of pronouns in political discourse. *Research gate, 19 (3), 31-39.*

[6] Bruce, H. (2009). *Doctor Patient Communication.* Italy: Lego Print S.r.l.

[7] Bui, D. T (2014). *Study on deontic modality expressing means in English and Vietnamese declarative and interrogative sentences*. Vietnam National University, Hanoi.

[8] Chen, D. C. (2007). The Pedagogical System of English Modality in the Framework of the Systemic Functional Grammar. *Journal of Guangdong University of Foreign Studie*s, *18* (3), 91-95. Doi: 10.5539/elt.v6n10p86.

[9] Dong, J. (2013). Interpersonal metaphor in legal discourse: Modality in Cross-examinations. *Journal of Language Teaching and Research*, *4* (6), 1311-1321. DOI: 10.4304/JLTR.4.6.1311-1321.

[10] Fairclough, N (2001). Language and Power (2nd ed), London, Longman. https://doi.org/10.4324/9781315838250

[11] Halliday, M. A. K. (1970). Functional diversity in language, as seen from a consideration of modality and mood in English. *Foundations of Languages, 6* (3), 322-361.

[12] Halliday, M. A. K (1994). An Introduction to Functional Grammar (2nd ed). London, Edward Arnold.

[13] Halliday, M. A. K, (2012). Dẫn luận ngữ pháp chức năng (3nd ed). (Trans: Hoang V. V. Hanoi: Hanoi National University Press. https://doi.org/10.25073/2525-2445/vnufs.4229

[14] Halliday, M. A. K & Matthiessen, C. M. I. M. (2004). An Introduction to Functional Grammar (3rd ed). London: Edward Arnold. https://doi.org/10.4324/9780203783771

[15] Hasan, R. (2009). The place of context in a Systemic Functional Model. In Halliday, M. A. K. & Webster, J. J. (eds.), Continuum Companion to Systemic Functional Linguistics, pp. 166-189. London and New York, Continuum.

[16] Hengeveld, K. (1987). Clause structure and modality in functional grammar. In Van de Auwem, J. & Goossens, L (Eds.), *Ins and Outs of the Predication* (pp. 53-66). Dordrecht: Foris. DOI: 10.1515/9783110882278-005.

[17] Hengeveld, K. (1988). Illocution, mood and modality in a functional grammar of Spanish. *Journal of Semantics*, *6* (1), 227-269.

[18] Hengeveld, K. (1989). Layers and operators in functional grammar. *Journal of Linguistics*, 25, 127-157. DOI: 10.1017/S0022226700012123.

[19] Heritage, J., & Stivers, T. (1999). Online Commentary in Acute Medical Visits: A Method of Shaping Patient Expectations. Social Science and Medicine, 49 (11), 1501-1517. DOI: 10.1016/s0277-9536(99)00219-1.

[20] Hyden, L. C & Mishler, E. G. (1999). Language and Medicine. Annual Review of Applied Linguistics, 19, 174-192. https://doi.org/10.1093/geront/42.3.293

[21] Khristianto, K., & Wulandari, A. (2014). Modality use and its reflection on power relations: A case of Indonesian editorials in New Order Era (Indonesia 1990s). *International Conference on Economics, Social Sciences and Languages*, 14, 98-101. http://dx.doi.org/10.15242/ICEHM.ED0514071

[22] Lascaratou, M. (2006). Pain expression in Japanese. In Thompson, G & Hunston, S. (eds.). System and corpus: exploring connections, pp. 206-225. London, Equinox. DOI: 10.1075/celcr.9.

[23] Lyons, J. (1977). *Semantics*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9780511620614

[24] Martin, J. R. (1995). Interpersonal meaning, persuasion and public discourse: Packing semiotic punch. *Australian Journal of Linguistic, 15,* 33-67. Retrieved from https://doi.org/10.1080/07268609508599515

[25] Matthiessen, C. (1995). *Lexicogrammatical Cartography: English Systems.* Tokyo: International Language Science Publishers.

[26] Matthiessen, C., Terya, K., & Marvin, L. (2010). *Key Terms in Systemic Functional Linguistics*. London: Continuum.

[27] Montgomery, M. (2008). An introduction to language and society (1st ed.). London, Routledge. https://doi.org/10.4324/9780203390177

[28] Nguyen H. Q. (2002). *Anticipating miscommunication amongst health specialist: Field, Tenor, and Mode in the Vietnamese health system'*. Macquarie University, Sydney, Australia.

[29] Nguyen, T, N (2017). Doctor-patient power relation: a systemic functional analysis of a doctor-patient consultation. VNU Journal Foreign Studies, 33 (3), 24-43. DOI: https://doi.org/10.25073/2525-2445/vnufs.4153

[30] Nguyen T, N. (2018a). Giao tiếp của bác sĩ và bệnh nhân tại phòng khám tư vấn – một nghiên cứu trường hợp tại Australia. [Doctor-Patient interaction at a consultancy room: A case study in Autralia] *VNU Journal Foreign Studies*, *34* (1), 154-177. DOI: https://doi.org/10.25073/2525-2445/vnufs.4235

[31] Nguyen T, N. (2018b). Giao tiếp của bác sĩ trong tư vấn khám bệnh bằng tiếng Anh và tiếng Việt: Một so sánh liên nhân tiếp cận từ góc độ sử dụng chủ ngữ [Docor talk at consultancy in English and Vietnamese: an interpersonal comparison approached from the perspective of subject uses]. *VNU Journal Foreign Studies*, *34* (3), 106-124. https://doi.org/10.25073/2525-2445/vnufs.4269

[32] Overlach, F. (2008). Sprache des Schmerzes, Sprechen über Schmerzen: eine grammatisch-semantishe und gespräschsanalytische Untersuchung von Schmerzausdrücken im Deutschen. Berlin, De Gruyter. https://doi.org/10.1515/zrs-2012-0022

[33] Palmer, F. R. (2001). *Mood and Modality*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9781139167178

[34] Phạm, T. H. N (2014). Linguistic and cultural constraints in Vietnamese general practitioners' act of initiating clinical information-seeking process in first encounters with outpatients. *Theory and Practice in Language Studies*, *4* (6), 1125-1131. doi: 10.4304/tpls.4.6.1125-1131.

[35] Tablib, M. O. (2016). An exploration of Modality and Hedding in Academic Discourse: Focusing on a Kurdish University Contexts. *International Journal of English Language Teaching, 4* (3)*,* 67-77.

[36] Silverman, D. (1987). *Communication and Medical Practice – Social Relations in the Clinic*. London: SAGE publications. https://doi.org/10.1177/000169938903200309

[37] Van der Auwera, O., Plungian, V. A. (1998). Modality's semantic map. *Linguistic Typology*, *2* (1), 79-124. https://doi.org/10.1515/lity.1998.2.1.79

[38] Verstraete, J. C. (2001). Subjective and objective modality: interpersonal and ideational functions in the English modal auxiliary system. *Journal of Pragmatics*, *33* (10), 1505-1528. DOI: 10.1016/S0378-2166(01)00029-7.

[39] Bùi Thị Thủy. (2009). Can thiệp nâng cao chất lượng điều dưỡng thông qua chương trình đào tạo điều dưỡng chuyên ngành nhi dựa vào năng lực tại bệnh viện Nhi Trung ương (tr. 180-186). *Hội nghị Khoa học Điều dưỡng Nhi khoa toàn quốc lần thứ V*. Bệnh viện Nhi Trung ương. [Intervention to improve the quality of nursing through competency-based pediatric nursing training at the National Children's Hospital (pp. 180-186). *The 5th National Pediatric Nursing Science Conference*. National Children's Hospital.]

[40] Chu Văn Long. (2010). Thực trạng giao tiếp ứng xử của cán bộ y tế đối với người bệnh và gia đình người bệnh tại bệnh viện Việt Đức (tr. 134-144). *Hội nghị khoa học điều dưỡng nhi khoa toàn quốc lần VI*. [Current status of communication and behavior of medical staff towards patients and their families at Viet Duc hospital (pp. 134-144). *The 6th National Congress of Pediatric Nursing Sciences*.]

[41] Đỗ Mạnh Hùng. (2014). Nghiên cứu thực trạng nhận thức thực hành y đức của điều dưỡng viên tại bệnh viện Nhi trung ương và kết quả một số biện pháp can thiệp. Đại học Y Dược Thái Bình, Việt Nam. [Study on the current awareness of nurses on medical practice at the National Children's Hospital and the results of some interventions. Thai Binh University of Medicine and Pharmacy, Vietnam.]

[42] Hoàng Văn Vân. (2005). *Ngữ Pháp Kinh Nghiệm của Cú Tiếng Việt: Mô Tả Theo Quan điểm Chức Năng Hệ Thống* (In lần thứ hai). Hà Nội: Nhà xuất bản Khoa học Xã hội. [Experiential Grammar of Vietnamese Syntax: Descriptive from a System Functional Perspective (Second Printing). Hanoi: Social Science Publishing House.]

[43] Hoàng Văn Vân. (2017). Ngôn ngữ của sách giáo khoa khoa học phổ thông: Khảo sát đặc điểm ngữ pháp – từ vựng của 7 bài học trong *Sinh học 8* từ bình diện liên nhân. *Tạp chí Ngôn Ngữ*, *9* (340), 28-54. ĐHNN-ĐHQGHN. [The Language of General Science Textbooks: A Grammatical-Vocabulary Survey of 7 Lessons in Biology 8 from the Interpersonal meanings. Journal of Language, 9 (340), 28-54. VNU University.]

[44] Lê Thị Bình. (2008). Đánh giá thực trạng năng lực chăm sóc người bệnh của điều dưỡng viên và đề xuất giải pháp can thiệp (Luận án Tiến sĩ). Viện vệ sinh dịch tễ Trung ương, Việt Nam. [Assessment of the current status of nurses' ability on the duty of patient care and intervention solutions (PhD thesis). National Institute of Hygiene and Epidemiology, Vietnam.]

[45] Lê Thu Hòa. (2013). Nghiên cứu thực trạng dạy-học môn đạo đức y học trong đào tạo bác sĩ tại các trường đại học Y và đánh giá kết quả can thiệp thử nghiệm (Luận án Tiến sĩ y học). Đại học Y Hà Nội, Việt Nam. [Studying on the current situation of teaching and learning medical ethics in doctor training at medical universities and evaluating the results of experimental interventions (Medical Doctoral Thesis). Hanoi Medical University, Vietnam.]

[46] Nguyễn Khánh Chi., Đoàn Công Khanh., & Bùi Văn Dũng. (2012). Đánh giá sự hài lòng của người bệnh về chất lượng dịch vụ khám chữa bệnh tại khoa Khám bệnh, bệnh viện đa khoa Đông Anh, thành phố Hà Nội, năm 2011 (tr. 8-16). *Hội nghị khoa học công nghệ tuổi trẻ các trường đại học–cao đẳng y dược Việt Nam, chuyên ngành điều dưỡng*. [Assessing patients' satisfaction with the quality of medical examination and treatment services at the Medical Examination Department, Dong Anh General Hospital, Hanoi, 2011 (pp. 8-16). *Youth Science and Technology Conference of Vietnam Medical and Pharmaceutical Universities and Colleges, majoring in nursing.*]

[47] Ngũ Thiện Hùng. (2003). Khảo sát các phương tiện từ vựng ngữ pháp diễn đạt tính nhận thức trong tiếng Anh và tiếng Việt. (Luận án Tiến sĩ ngữ văn). ĐHKHXHNV, Việt Nam. [Survey on means of vocabulary, grammar, expression of cognition in English and Vietnamese. (PhD thesis, philology). USSR, Vietnam.]

[48] Nguyễn Thị Thanh Hà. (2000). *Vấn đề giao tiếp của bác sĩ quân y với người bệnh trong quá trình khám và chữa bệnh*. (Luận án tiến sĩ quân sự). Học viện Chính trị quân sự, Việt Nam. [*Problems of communication of military doctors with patients during medical examination and treatment*. (Military doctoral thesis). Academy of Military Politics, Vietnam.]

[49] Nguyễn Văn Hiệp. (2001). Về một khía cạnh phân tích tầm tác động tình thái. *Tạp chí Ngôn Ngữ*, 11, 40-51. [On one analysis aspect of the emotional impact of modality. *Language Journal*, 11, 40-51.]

[50] Nguyễn Văn Hiệp. (2008). *Cơ Sở Ngữ Nghĩa Phân Tích Cú Pháp*. Hà Nội: Nhà xuất bản Giáo dục. [*Semantic Base for Clause Analysis*. Hanoi: Education Publishing House.]

[51] Nguyễn Sinh Phúc. (2000). *Cơ sở tâm lý học của sự hình thành và phát triển nhân cách người bác sĩ quân y* (Luận án Tiến sĩ quân sự). Học viện Chính trị quân sự, Việt Nam. [Psychological foundations of the formation and development of the personality of a military doctor (Military Doctoral Thesis). Academy of Military Politics, Vietnam.]

[52] Phạm Quang Hòa. (2012). Thực trạng quá tải ở bệnh viện các tuyến và mối liên quan với hoạt động khám chữa bệnh của trạm y tế xã tại tỉnh Thái Bình (Luận án Tiến sĩ). Đại học y Thái Bình, Việt Nam. [The situation of overcrowding in hospitals at all levels and its relationship with medical examination and treatment activities of commune health stations in Thai Binh province (PhD thesis). Thai Binh Medical University, Vietnam.]

[53] Phan Thị Dung., Trần Nguyễn Ngọc Minh., & Nguyễn Thị Thiện. (2010). Thực trạng kỹ năng giao tiếp với người bệnh của đội ngũ nhân viên y tế tại Bệnh viện Việt Đức (tr. 148–156). *Hội nghị khoa học điều dưỡng nhi khoa toàn quốc lần thứ VII,* Bệnh viện Nhi Trung ương. [Current status of communication skills with patients of medical staff at Viet Duc Hospital (pp. 148–156). *National Pediatric Nursing Scientific Conference VII*, National Children's Hospital.]

[54] Trịnh Thị Kim Oanh, Nguyễn Thị Ngọc Minh và Trần Thị Phương Mỹ. (2012). Nhận xét trình độ của viên chức và công tác đào tạo tại bệnh viện E trong 5 năm 2007-2011. *Tạp Chí Y Học Thực Hành*, *22* (1), 37-41. Bộ Y tế. [Comment on the qualifications of staff and training at E Hospital for 5 years 2007-2011. *Journal of Practical Medicine*, 22 (1), 37-41. Ministry of Health.]

[55] Võ Đại Quang. (2009). *Một Số Phương Tiện Biểu Đạt Nghĩa Tình Thái Trong Tiếng Anh và Tiếng Việt. Hà Nội*: Nhà xuất bản ĐHNN-ĐHQGHN. [*Some means of expressing the meaning of modality in English and Vietnamese*. Hanoi: VNU Publishing House.]