Politeness of Front Counter Staff of Malaysian Private Hospitals

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ABSTRACT

Politeness is an important social element in the Malaysian society and it is gauged by the way people behave towards each other during interactions. In this context, politeness is taken to mean good manners such as greeting, acknowledging and thanking others. Taking the cue from the Malaysian government which emphasizes on showing good manners, this paper examines the public transactions of front counter staff and patients in nine Malaysian private hospitals. Focus was given to the use of openings and closings in 158 transactions which were extracted over a period of three months via close observations which were allowed by the gatekeepers manning the front counters. Data were then orthographically transcribed. Brown and Levinson's (1987) notion of politeness and the Malaysian concept of good manners such as greeting and thanking were applied as a framework. Our analysis indicates that front counter staff in private hospitals employed more impolite openings but at the end of the transactions, they used more polite closings. A closer analysis of the data indicates that these polite closings were often given in response to patients' initiations. Although our findings are small in comparison, we believe they will benefit researchers of communication, curriculum designers and practitioners as these findings clearly indicate that there is a need for professional communication skills to be taught and implemented in service industries.

Keywords: politeness; opening; closing; front counter; private hospital

INTRODUCTION

A multi-cultural and multi-ethnic society is a rich environment for research on social interactions because of the "melting pot" syndrome where different ethnic groups bring their cultures, languages and behavioral norms together. Malaysia is a multicultural society, which observes certain traditional norms such as showing respect for authority and senior people (Asma & Pedersen, 2003), showing humility or modesty in one's way of life (Asmah, 1995), avoiding conflicts (Asrul, 2002), and downplaying self when

praised (Shanmuganathan, 2003). Malaysians are also known for their warmth and hospitality towards foreigners but it seems that values of this nature are fast diminishing as can be evidenced by the call for "*Budi Bahasa Budaya Kita*" (Politeness is our Culture) campaigns.

This research intends to deal with politeness because it is one of the features of good social manners. Many studies have been conducted to understand the factors and strategies underlying politeness and to assess and evaluate its levels. A brief summary of the literature on politeness and its manifestations in the Malaysian culture is presented below to provide some information about the concepts discussed in this paper. Poor staff attitude can lead to complaints and patient dissatisfaction. Complaints about this issue can be found in hospital and health care official websites and portals, such as *Aduan Rakyat* (e-complaint). The increasing number of these objections necessitates conducting studies on staff politeness in different industry and service sectors. The present research study provides insights into the importance and the dynamics of politeness in the service sector in Malaysia.

POLITENESS

Fraser (1975) defines politeness as "a property associated with an utterance in which, according to the hearer, the speaker has neither exceeded any rights nor failed to fulfill any obligations" (p.13). Politeness is also defined as a face-constituting linguistic behaviour, a "mutually cooperative behaviour, consideration for others, and polished behaviour" (Watts, 2003, p. 17). Politeness when manifested "helps us to achieve effective social living" (Watts, Ide & Ehlich, 2005, p. 2).

Brown and Levinson (1987) view politeness as a formal theoretical construct (Duthler, 2006) to analyse language used in verbal interactions. Deriving their concept of face-wants from Goffman (1967), they claim that it could be seen as a universal theory and they intended for it to be used as a framework in interpersonal communications (Duthler, 2006) where language articulated by individuals may be direct or indirect. Directness is often perceived as being rude in Asian contexts but not necessarily in the western context. Nonetheless, as Watts (2003) explains, we use our own benchmarks to assess other's behaviour. Interlocutors in face to face interactions are motivated by two specific needs: (1) to be approved of by or connected to others (positive face), and (2) to remain unimpeded by others and free from impositions (negative face) (Duthler, 2006; Tracy, 1990; David & Kuang, 2005). In the former, interlocutors feel secure and assured because they are now a 'part' of the group. It has also been mentioned that, when intimacy occurs, the language used between both parties can be so direct as to resemble the 'bald on record' strategy as proposed by Brown and Levinson (1987). In the latter, one of the interlocutors would feel unimposed upon because of how the other party takes care of his/her face threats.

The main politeness theories in the literature are those proposed by Lakoff (1973), Leech (1983) and Brown and Levinson (1987). Each of these theories is briefly presented. Lakoff (1973) believes that politeness has been established in societies to save people from friction in their personal interactions. Lakoff (1973) introduces one maxim: "Be polite" which includes strategies to soften the illocutionary force (Trosborg, 1994, p. 24). Leech (1983) defines politeness as "social goals of establishing and maintaining comity" (Leech, 1983, p. 104) or mutual courtesy. He states six maxims, specifically: tact maxim,

generosity maxim, approbation maxim, modesty maxim, agreement maxim, and sympathy maxim. Despite the criticisms directed towards their theory, one of the most detailed models of politeness is that of Brown and Levinson (1987). In their theory, politeness is defined as redressive action taken to counter-balance the disruptive effect of face-threatening acts. Communication is considered as hypothetically threatening and aggressive. Brown and Levinson (1987) introduce the concept of "face" which is the public self-image that everybody wants to claim. In their framework, face includes two related aspects: (1) negative face (wanting your actions not to be constrained or inhibited by others) and (2) positive face, (people's desire to be appreciated and approved of by at least some other people). Brown and Levinson (1987) sum up human politeness behaviour in four strategies as stated below:

1. The bald on-record strategy: the speaker does nothing to reduce threats to the hearer's face;
2. The positive politeness strategy: the speaker recognizes the hearer has a desire to be respected and their mutual relationship is friendly;
3. The negative politeness strategy: the speaker recognizes that he is imposing on the hearer, so he uses expressions of politeness to soften the illocutionary speech act;
4. Off-record indirect strategy: the speaker tries to avoid direct face threatening acts and prefers what he wants to be offered to him once the hearer realizes that he wants something.

MALAYSIAN CULTURE

DeVito (2008) views Malaysians as people belonging to the "high-ambiguity-tolerant culture" and such people "don't feel threatened by unknown situations" (DeVito, 2008, p. 39). They tend to accept that uncertainty is a way of life and they acknowledge that rules which dictate communication and relationships may not always be the practice with others. Consequently, Malaysians "minimise the importance of rules governing communication and relationships" (DeVito, 2008, p. 39). Hofstede (1984, 1997) as well as Lustig and Koester (2006) also termed Malaysians as "people with high tolerance" (cited in DeVito, 2008, p. 39) suggesting that Malaysians are able to withstand whatever that comes their way. Nonetheless, this does not mean that they will not complain about issues regarding communication or that they accept impolite behaviours.

Many Malaysians in fact complain about such issues but they seldom take the initiative to lodge a complaint with the authorities concerned. We attribute this trait to their preference to avoid conflicts as claimed by Asmah (1995), Jamaliah (2000) as well as Asrul (2002), and, as DeVito (2008) and Hofstede (1984) say, have 'high tolerance'. Various studies have shown them to be people who are indirect (David, 2002; Shanmuganathan, 2003; David & Kuang, 2005) while Hofstede (1997) observes that they are rigid with hierarchies. Radiah (2007) as well as Kuang, Jawakhir and Dhanapal (2012) have also shown how address forms are used in most situations to mitigate face threats and power.

FACE TO FACE INTERACTIONS

Face to face interactions are inevitable in our daily lives. We present who we are through our posture, attire, facial expression, voice and also through some aspects of our non-

verbal movements; seventy percent of our messages are conveyed through our non-verbals (Mehrabian, 1971; Mehrabian & Wiener, 1967). According to research even very young children can distinguish different voices and moods (Nixon, 2010; Adams, 2011), and they can tell whether a speaker is angry or not based on the quality of the voice of the speaker. Our voice is our "ambassador" because it enables us to project our emotions and meanings with speakers often being judged by the way they speak.

Clearly, this aspect of our communication can affect our relationship with others. In the service industry politeness to the client/customer is vital because the income of the said industry comes from the patrons who are the clients/customers seeking their services. In this regard, front counter personnels, who are the first line of people meeting prospective and existing clients/customers, ought to be trained well so that they can provide quality service. Examples are telephonists, sales promoters and hotel staff who are polite and usually greet their prospective customers with respect. It is uncertain if front counter staffs of private hospitals are sent for training but based on the findings of this paper such training is recommended.

Observations show that there has been a sharp decline in good social manners such as service with a smile in many industries particularly during face-to-face interactions. Some support for this suggestion can be traced to a high incidence of complaints made in newspapers about poor services in government agencies. For instance, as Kuang, David, Lau and Ang (2011) have stated, front counter staff in Malaysian government hospitals seldom follow socially acceptable ways of behaviour.

Not only were openings seldom performed with courtesy by front counter Malay staff of government hospitals, the use of closings too were limited. Between the use of openings and closings, which serve as markers of politeness in public transactions, the front counter staffs were found to use more polite closings than openings. In addition, Zhong (2010) indicated that the hotel service staff use address forms such as "Mr." when they start their conversation with the male customers. When they need some information from the customers, they tend to use euphemism in the opening to show their respect. An example for using euphemism is: "Mr, can you please let me see your room card" which sounds more polite and gentle if compared with "Please show me your room card". Politeness in the Malaysian society has been investigated to some extent, but the need for further research with this regard is still felt. Some of the previous works on politeness in Malaysia are introduced here.

AIM

This paper examines the practice of politeness in openings and closings of direct illocutionary speech acts in Malaysian private hospitals. It explores how politeness is conveyed by front counter staff of nine private hospitals in their public transactions with patients. Specifically, this paper aims to ascertain whether or not openings and closings are used and if so, whether they are polite, semi-polite or impolite.

METHODOLOGY

At the initial stage of the study, 15 private hospitals in peninsular Malaysia were identified and surveyed. However, due to the constraints in manpower and finance, only

nine private hospitals from peninsular Malaysia could be accessed and observed: one from the north, one from the south, one from the east coast, and the rest from the west coast of peninsular Malaysia.

Initial visits to these hospitals attempted to seek permission for the purpose of recording the public transactions between staff and patients but it was turned down by the serving staffs. In contrast, they permitted data to be manually recorded. Acting as companions to someone visiting the hospital, transactions between front counter staff with the patients were then observed. These conversations which were short and quick were manually recorded. Their non-verbals were also noted as we used a list of criteria for our observations which consisted of date, time, gender, ethnicity, approximate age, opening and closing (see appendix). "S" refers to staff and "P" refers to patients. Our observations were confined to the admissions clinic, outpatients clinic as well as the payment counter. Our focus was specifically on the way staffs 'open' and 'close' the transactions with patients.

Since the hospitals surveyed in this study are organisations open to the public we considered the transactions between staff and patients as being public and not confidential. To obtain first hand data, the observer stood or sat near the front counter while the staff spoke to the patients. The openings and closings were then recorded into a small notebook. Data were then transcribed, numbered and coded using Sacks, Schegleoff and Jeffersen's (1974) notion of opening and closing. Analysis was then performed by using Brown and Levinson's theory of politeness which focussed on Face Threatening Acts (FTA) i.e. whether the transactions were face threatening or not. Where the speaker shows acknowledgement to the hearer, the face of the hearer is not threatened. Such acknowledgements can be verbal or non-verbal (Kuang, et al 2011). Although Brown and Levinson's theory has been criticised, it nevertheless, had its supporters and has been engaged by others such as Zena, Marlyna and Nor Fariza (2012) who used it as a framework to analyse politeness strategies used by email writers of Arab descent. Likewise, Brown and Levinson's framework has also been employed by postgraduate students in recent years when looking at compliments and other speech acts.

To gauge the degree of 'face threats' experienced by the reasonable or average men/women who visited the hospital, we also closely observed the behaviours and facial expressions of both the staff and patients during the openings and closings of the transactions. In the process of our observations, should we find that the staffs were not using polite openings and closings to the patients, we asked the permission of the patients to do an interview after he/she left the counter.

This was done impromptu because the patients were strangers and we did not apply any particular structure for the interview. In total, we interviewed 19 patients. Their ages were around 35-60 years old. Most of them were females with 12 being Chinese, 4 being Malays and 3 being Indians. We only asked how they feel as in "what were your feelings if the front counter staff did not begin or end the conversation in a polite manner?" We spent 10-15 minutes interviewing each patient on different occasions of our visits. Their feedbacks were manually recorded in a notebook for comparison purposes. These responses were then used to verify our analysis. Of the 158 instances, it was found that only 56 of the openings and 70 of the closings were conducive for analysis. The rest were either incomplete or the responses could not be verified. All these openings and

closings were then numbered as they occurred before being coded and categorised. Non-English utterances were translated.

FRAMEWORK FOR ANALYSIS

To analyse the transactions each opening and closing was evaluated based on the contrast drawn between a "non-polite, informal" register and a "polite, formal" register with an intermediate "semi-polite, semi-formal" level (Fox, 2005). Openings refer to any instance of a conversation that is being initiated and in this context, polite openings are those expressed in the form of greetings (good morning, good afternoon, hello, hi, how are you) and may include address forms (Sir/Madam, Mr./Miss). A semi-polite opening would be in the form of an enquiry (Yes? Can I help you?). Other forms such as smiles, positive facial expressions and eye contact which encourage interaction were also considered as semi-polite (non-verbal). In contrast, a rude interrogative like "what?" or "your name?" is deemed impolite.

An impolite non-verbal opening involves a transaction that is performed in a robotic manner without any eye contact. Closings are utterances made by speakers as a move towards ending a conversation. In most contexts closings involve using formulaic expressions like "thank you", "welcome", and "please come again" and they are deemed as polite. Semi-polite closings are those actions, which are accompanied by some friendly words like "okay" followed by a nod or smile with eye contact. Non-verbal closings conducted without any exchange of words but with friendly facial expressions such as a smile, a nod, lingering eye contact or just a wave of a hand signifying "good bye" are treated as semi-polite. Impolite closings are those that do not take the 'face' of patients into consideration and are therefore offensive to the hearer and they can come in the form of directives. Brown and Levinson's (1987) notion of "face threatening acts" (FTA) was applied as the determinant in deciding whether the openings or closings were polite since FTA affects both speakers and hearers. In a public transaction where a hearer's face has been threatened and the person is made to feel disrespected, rejected, or unaccepted because of what the speaker says, it is most likely that such an event would create negative emotions in the hearer. Such an utterance is considered impolite.

DATA ANALYSIS

This paper will discuss the findings by highlighting openings and closings which are polite (mitigating face threat), semi-polite (some degree of face threat) and impolite (face threatening). In the tables provided, staff was coded as 'S', and patient as 'P'. Turns in the table refer to the utterances collected. For the general notion of politeness in openings and closings, the total percentage would encompass both polite and impolite transactions.

OPENINGS

The total instances of openings are provided and Table 1 illustrates the frequency of occurrences. They show that impolite verbal openings dominate the utterances.

TABLE 1. Openings identified from front counter staff serving in private hospitals

Categories of verbal openings			Categories of non-verbal openings		
Polite verbal openings	3	4.6%	Polite non-verbal openings	Nil	Nil
Semi-polite verbal openings	19	29.2%	Semi-polite non-verbal openings	4	6.2%
Impolite verbal openings	34	52.3%	Impolite non-verbal openings	5	7.7%
Total	**56**	**86.1%**	**Total**	**9**	**13.9%**

As Table 1 illustrates, more than three quarters of the openings were verbal and this implies that front counter staff and patients do employ words as an exchange of communication. This suggests that as a tool of communication, words are important. Data also show that 60% of these openings were impolite suggesting that front counter staff were not concerned about putting politeness first in 'greeting' their patients who need to pay for their services.

Although we do not have the statistics to support our claim, the responses we drew from the interview reveal that the patients have mixed feelings about this kind of situation. They may not like the way the front counter staff approach them but they do not take any action to address the situation. It seems as if these patients accept these as norms of behaviour. To a small extent, a few patients think that making a complaint about such lack of politeness is time consuming and also a waste of time. They feel that their own health is at stake and they would rather focus on their own condition.

POLITE VERBAL OPENINGS

As Table 1 has shown, polite verbal openings are rare and only three instances out of 65 were located. Table 2 provides the examples.

TABLE 2. Examples of polite verbal openings

Turns	Transactions
13	S: *Ya kak*? (English: Yes, sister, can I help you?)
	P: *Nah*. (points to something on the card)
71	S: Hello, is it ...... (*unclear*)? I just want this back. (shows a sample)
	P: (Gives two papers to S)
109	S: *Encik, ada IC tak*? (English: Sir, do you have your identity card with you?)
	P: *Ada*. (English: I do) (gives the identity card)

These instances were considered polite because the staff (S) addressed the patient (P) appropriately with a '*kak*' (sister) and '*Encik*' (Mr.) respectively. These are signs of showing respect to the patients as well as saving their face. In the Malay context, '*kak*' can be applied to unrelated people because, when used, it denotes respect for someone older than oneself. In addition, "hello" in the form of greetings is also considered as a polite verbal opening as shown in turn 71 of Table 2. In government hospitals where many of the staff and the patients are Malay Muslim verbal greetings such as "*Assalamualaikum*" and "*Mualaikumsalam*" are commonly used (Kuang et al, 2011), but since the front counter staff and the patients in the private hospitals are generally non-Muslims, these greetings were not commonly used in this context.

SEMI-POLITE VERBAL OPENINGS

Openings which consist of positive enquiring expressions like "yes?" or "*ya?*" were considered as semi-polite. There were a total of 19 instances in our data and some are illustrated in Table 3. One of the reasons for such a categorization is due to the degree of respect the interlocutor might be able to sense from these non-verbal expressions or enquiries.

TABLE 3. Examples of semi-polite verbal openings

Turns	Transactions
8	S: *Ya? Pernah mai?* (English: Yes? Been here before?)
	P: (Nods.)
20	S: *Teck See… mari mari* (English: come here) (smiles)
	P: *Oh sudah kena mai?* (English: Oh, I have to come again?)
38	S: Want tea? (offers a tray with cups of tea)
	P: (Takes one) Thank you.
39	S: Chinese tea? (offers a tray with cups of tea)
	P: (Shakes head)
42	S: Yes? (smiles)
	P: Speech therapist.

As can be seen there were some degree of 'friendliness' and, in our view, politeness is shown through the "*ya*" and "yes" as shown in turns 8 and 42. Turn 20 shows the staff calling the patient's name and smiling. Although this is considered as a semi-polite act, it still denotes warmth and friendliness from the staff towards the client. In turns 38 and 39, the staff begins the interaction with a question by asking the patients if he/she wanted to drink tea. Inquiry to offer refreshment is regarded as a semi-polite opening because patients are still not acknowledged by their names, titles or appropriate address forms like Sir or Madam first. Such an occurrence is rarely seen in government hospitals, since they do not offer refreshments to their clients. Our data show that there were no instances of polite non-verbal openings but four instances of semi-polite non-verbal openings were located and they are discussed below.

SEMI-POLITE NON-VERBAL OPENINGS

This category of openings occurs without any exchange of words. The staff member serving the patient would however, demonstrate non-verbal gestures such as a nod and a smile. Examples are presented in Table 4.

TABLE 4. Examples of semi-polite non-verbal openings

Turns	Transactions
2	S: (Nods as if asking 'yes?')
	P: *Yau Wen Hin* (Saying his name)
10	S: (Smiles)
	P: *Tumpang tanya… pukul berapa ada* doctor (English: Excuse me, what time will the doctor be in?)
16	S: (Smiles)
	P: *Ada* appointment. (English: I have an appointment). (Passes identity card)

IMPOLITE VERBAL OPENINGS

Leech (1983) suggests a cost-benefit scale. He indicates that when the speaker is impolite, there is a higher cost for the hearer whose face is threatened and negative feelings may set in. In this paper, there were 34 instances of such occasions where the openings were direct and bald on record in Brown and Levinson's term. The serving staff were asking direct questions as well as giving directives to the patients. Some examples are illustrated in Table 5.

TABLE 5. Examples of impolite verbal openings

Turns	Transactions
11	S: *Nama*? (English: Name?)
	P: …… (*unclear*)
18	S: *Tunggu sat*. (English: Wait a minute.) (S is looking at the card shown by P)
	P: *Awat lambat ni*. (English: Why are you taking so long?)
73	S: This one you eat twice a day, for Monday and Thursday. (No opening is applied here and instead the staff gives a direct instruction).
	P: Oh, Okay.
89	S: You, *mai sini*. (English: come here.)
	P: (approaches counter)
103	S: *Nei kiu meh meng*? (English: What is your name?)
	P: ...... (*unclear*)
105	S: *Dah pernah datang ke*? (English: Been here before?)
	P: *Tak pernah*. (English: Never.)
115	S: *Pernah datang tak*? (English: Have you been here before?)
	P: *Pernah*. (English: Yes.)
118	S: *Nombor telefon rumah*? (English: Your home telephone number?)
	P: ...... (*unclear*)

In turns 11, 103 and 118 the staff member asked for information (name and phone number) directly without any greetings or address forms. In turns 105 and 115 the clients were asked about their previous visits.

In turn 73 the staff member provided instructions on how and when the medicine has to be taken and in all these instances, there was no address form. In turns 18 and 89, the staff member asked the patient to "wait for a minute" and "come here" without using the "please" marker, and this is considered as impolite. Our interviews with some of the patients indicate that they view these kinds of transactions as impolite as their "face" was threatened and they felt that they had not been treated with respect.

IMPOLITE NON-VERBAL OPENINGS

We found a total of five instances in this category where the staff member's communication was unwelcoming i.e. no smiles, nods or eye contact. The transactions were performed in a robotic manner. This practice is face threatening to any patient since they are the "pay masters". Hence, such transactions were considered intimidating as they conveyed a lack of respect for the patients involved. We are not certain why this occurs and an interview with the staff would be able to shed light on this. However, as we note the overwhelming duties of these front counter staff, we attribute this lack of politeness to

their job routine and their short time span in serving patients who come in endlessly. Table 6 illustrates some examples.

TABLE 6. Examples of impolite non-verbal openings

Turns	Transactions
7	S: (Takes number from P. Looks at the computer screens.)
	S: *Empat puluh sembilan tujuh kupang*.
	P: (Gives credit card.)
17	S: (Looks at P as P approaches.)
	P: *Sini daftar kah*? (English: Register here?)
29	S: (Looks up as P approaches counter.)
	P: (Passes identity card to S.)
87	S: (Takes a card from P and gives P an appointment.)
	P: (Leaves.)

CLOSINGS

Table 7 provides the overall findings on the closings which have been put into six categories.

TABLE 7. Closings identified from front counter staff serving in private hospitals

Categories of verbal closings			Categories of non-verbal closings		
Polite verbal closings	30	32.3%	Polite non-verbal closings	3	3.2%
Semi-polite verbal closings	14	15.0%	Semi-polite non-verbal closings	14	15.0%
Impolite verbal closings	26	28.0%	Impolite non-verbal closings	6	6.5%
Total	**70**	**75.3%**	**Total**	**23**	**24.7%**

Like the percentage of the openings, Table 7 indicates that more than 75% of the closings were done verbally and this again supports the claim that words are an important aspect of communication. In contrast to openings, we note that more of these closings i.e. 47.3% were polite when compared to the impolite closings.

Although we do not have the statistics to support this observation, we found, from our observations that endings seem to be a formulaic exchange where one person provides something and the other unconsciously says "thank you". These instances of closings appear to be generated in an involuntary manner where people say "thank you" and "welcome" in a mindless way especially during busy moments of their work routine. Thus, when a speaker says "thank you", the hearer involuntarily is inclined to say, "welcome" or to show acknowledgement with a smile or just a nod of the head.

POLITE VERBAL CLOSINGS

TABLE 8. Illustrates some examples of polite verbal closings

Turns	Transactions
32	S2: Please sit there. She will come down to take you to her office.
	P: Okay, thank you.
	S2: (Smiles.)
36	S: Okay, please go to the first cubicle… there… there… number one (points). I see you there.

	P:	Okay. (leaves)
42	P:	Thank you. (smiles)
	S:	Welcome. (smiles)
62	P:	Thank you very much. (smiles)
	S:	Merry Christmas! (smiles)
	P:	(smiles) Thank you.
64	P:	Okay, thank you.
	S:	Bye.
67	P:	...... (*unclear*)
	S:	Okay, thank you. Bye-bye.
71	P:	Okay.
	S:	Thank you. Merry Christmas! (smiles)
86	P:	*Terima kasih*. (English: Thank you)
	S:	*Sama-sama*. (English: Welcome)
105	S:	*Nah, terima kasih ya*. (English: Here, thank you.) (smiles) *Pergi ke depan sana, pusing kiri dan ambil darah kat sana*. (English: Go over to the front, turn left and then take your blood over there.)
	P:	Okay.
108	P:	(Gives the money and waits.)
	S:	Okay, thank you. (gives the receipt and smiles)

As the data illustrate, the staff showed respect to the patients in their closings. With such respect shown, patients were made to feel appreciated and so face threat was minimized or non-existent. With reference to the data shown, it can be seen from the various turns that "thank you" was offered to patients (see turns 67, 71, 105 and 108) and "*sama-sama*" which means "same-same", or "you are welcome" were given as responses in turns 42 and 86. In turn 32, a patient was "invited" to take a seat, and data show that the staff used the "please" marker in turns 32 and 36. In turns 62 and 71, the serving staff even conveyed festive greetings (Merry Christmas). Further, staff members were also saying "bye" or "bye-bye" to patients before they left the hospital (see turns 64 and 67). These findings indicate that the staffs were more courteous and they also appear to abide by the social norms expected of service providers in their closings.Despite the fact that the patronage of patients was important in service industries, we note that polite verbal closings were sometimes initiated by the patients/clients. For instance, the patients expressed thanks to the front counter staff first, and the staff replied "you're welcome" or conveyed festive greetings after that (see turns 42, 62 and 86).

POLITE NON-VERBAL CLOSINGS

Polite non-verbal closings were expressed through smiles and nods. In our observations, we found that the turns show that patients were the ones who said "thank you" first before their responses were reciprocated by the serving staff.

SEMI-POLITE VERBAL CLOSINGS

As Table 9 shows, only 15% of the data were semi-polite verbal closings.

TABLE 9. Examples of semi-polite verbal closings

Turns	Transactions
3	P: Oh, *terima kasih noh*. (English: Oh, thank you very much.)
	S: *Aah…* (smiles)
91	P: Okay, thank you *ah*.
	S: Okay. (nods)
110	P: Okay, all right, thank you. (smiles)
	S: *Pergi sana ya*. (English: Go that side.) (S points to the information counter)

Sacks and Schegloff (1974) argue that closings can be preceded by possible pre-closings such as "okay" or "alright". The pre-closing may lead to a terminal exchange. It may also be an indication that a topic is being closed. In such situations, the staffs were merely applying the tag "okay" as a way of closing the transaction as shown but in turn 3 the staff smiled and used a local particle "*aah*" which could be interpreted as "okay". In turn 110, the transaction was closed via a request to proceed to another counter ending with the Malay "*ya*" (yes) which removed the harshness of the directive. The closings "*aah*", "okay" and "*ya*" were used in the Malaysian setting and were considered as semi-polite closings.

SEMI-POLITE NON-VERBAL CLOSINGS

There were some instances of wordless closings which were accompanied by nods or smiles, and these were considered as semi-polite. Table 10 provides some examples.

TABLE 10. Examples of semi-polite non-verbal closings

Turns	Transactions
30	P: *Ahh.. terima kasih* (English: *Ahh*, thank you.)
	S: (Smiles)
45	P: Thank you *ah*.
	S: (Smiles)
72	P: Thank you.
	S: (Nods)
107	P: Thank you. (smiles)
	S: (Nods)

As in the case of other non-verbal categories, the examples illustrated here were also limited.

IMPOLITE VERBAL CLOSINGS

As mentioned earlier, impolite closings were direct and articulated as directives without any attempt to soften the speech acts. They thus appear to be what Brown and Levinson (1987) term as "bald on record". As the face threat to the patient is high such transactions were considered impolite. Examples are presented in Table 11.

TABLE 11. Examples of impolite verbal closings

Turns	Transactions
2	S: *Nombor sepuluh, tunggu*. (English: Number ten, wait.)
	P: *Ya*. (leaves) (Yes.)
11	S: *Mai, mai mai. Duduk sini* (English: Come, come, come. Sit here.)
	P: (Continues writing, when done, passes paper to P. Both P and lady then leave)
15	S: *Ni… hah…tu.* (English: This…huh…that.) (points)
	P: Okay. (leaves)
22	S: *Pi kat cashier sana…* (English: go over there.)
	P: Okay. (smiles)
24	S: Okay, *tunggu sana.* (English: Okay, wait over there.) (points to a spot.)
	P1: Okay. (leaves with P2)
29	S: *Pi tunggu kat sebelah.* (English: Go and wait there.) (S points)
	P: (Leaves)
56	S: Go to that counter. (S points to another counter)
	P: Okay.
94	P: (Looks at the bill) Okay, thank you. (returns the bill)
	S: *Ambillah, nanti datang bayar.* (English: Take it, come to pay after that.)

Data indicate that the staffs were impolite and probably not conscious that their closings could be considered as intimidating to patients. In turn 2, the staff did not even acknowledge the patient as a person but as a number. This is considered impolite because most people like to be known or called by their names. This particular transaction is face threatening to an individual who prefers to be acknowledged by names. However, our interview with one patient indicates that he/she did not mind this very much. According to Brown and Levinson (1987), the seriousness of a face-threatening act that is caused by inappropriate behaviour can be assessed. The factors that influence face-threatening behaviour or action involve the power which the addressee has over the speaker. In turns 11, 22, 24, 29, 56 and 94, the staff gave abrupt directives to the "pay master" or patient, such as directing them to sit, wait, go to the counter or take something out. These directives were also considered face threatening and thus impolite. The directives given display the staff's authority or power. In those turns, the staff did not use the "please" marker and had overlooked or ignored the "face" of the patients. In addition, through observation, we found that there are staff members who ended the conversation in a non-appropriate tone using expressions such as "this ... huh ... that" as shown in turn 15. Through interviews, it was revealed that some of the patients were uncomfortable with the impolite behaviour of the directing staff, and there were also patients who wished to file complaints to higher authorities. In addition, there were also some interviewees who stated that they were familiar with the discourteous behaviour of the staff.

IMPOLITE NON-VERBAL CLOSINGS

"Impolite means minus-valued politeness" says Ide et al (1992, p. 281) and Fraser & Nolen (1981, p.96) add that "The speaker becomes impolite just in cases where he violates one or more of the contractual terms". In this paper, there were six such instances of impolite non-verbal closings. Such transactions were performed by front counter staff without any eye contact or gesture of friendliness. Three examples of this kind of transaction are presented in Table 12.

TABLE 12. Examples of impolite non-verbal closings

Turns	Transactions
53	S: (Collects money and gives receipt)
	P: (Takes receipt and leaves)
61	P: (Gives the money)
	S: (Collects the money, then give the balance without saying anything. Gives the receipt but looks at the computer, not at the people she is serving)
88	P: *Nak tengok* doctor. (English: I want to see the doctor.)
	S: (Did not say anything, just points to the place)

According to patients who were willing to be interviewed, the attitude of staff who do not smile and show warmth makes them feel as if they were dealing with a machine, instead of a person. As Table 13 illustrates, nearly half or 44.94% of the total instances of openings and closings enacted by front counter staff of private hospitals were deemed to be impolite with slightly less than a quarter or 22.78% of openings and closings considered polite.

TABLE 13. Percentage of polite, semi-polite and impolite openings and closings

Categories	Total (Percentage)
Polite openings and closings	36 (22.78%)
Semi-polite openings and closings	51 (32.28%)
Impolite openings and closings	71 (44.94%)
Total	**158 (100%)**

Based on the comparison of openings and closings shown in Table 13, it can be seen that staff members were more prone to displaying politeness during closings and these were demonstrated linguistically, such as "thank you" or "you're welcome" and "bye". It can also be seen that polite closings were not always initiated by the serving staff but by the patients. Based on the results of this study, it can be can be deduced that politeness is more likely to emerge in closings but less in openings. Even though an exchange of money was involved for such services, it appears that front counter staffs of private hospitals tend to overlook the use of polite markers in their initial meeting with patients but may engage more polite markers in their closings.

DISCUSSION AND CONCLUSION

This study is qualitative in nature as it seeks to provide some evidence of conversational data of front counter staff serving their patients in nine private hospitals at the beginning and the closing of each transaction. Brown and Levinson's (1987) notion of face threatening acts (FTA) and local Malaysian versions of what constitute as polite were used as reference in our data. Our analysis of the public transactions which comprise 56 openings and 70 closings indicate that FTA emerged more in the openings of the transactions. During openings, serving staffs were not greeting the patients in the way it was expected of most service industries. This phenomenon which was observed of private hospitals front counter staff serving patients may indicate that the services of Malaysian private hospitals is still lacking in finesse and may not make a good impression on locals as well as tourists who are expected to come to Malaysia by virtue of the health tourism it promotes. However, as the nature of the transaction of the front

counter staff was to get information before proceeding to the next step, it would appear that they have succeeded in doing so at the expense of politeness. When a comparison of these openings were made to other service industries like hotels and shopping malls where a product is being promoted, it clearly shows that the front counter staff of Malaysian private hospitals were less professional in their services. This lack is attributed to the absence of normal polite greetings such as "good morning", "hello", or the use of appropriate address forms. Nonetheless, this lack was made up for via some non-verbal gestures such as smiles and nods of heads. It is also noted that Malaysian private hospital staffs serving at front counters tend to proceed with their transactions in a direct manner. Data indicate that most of these transactions were what Brown and Levinson (1987) would describe as "bald on record" as shown in the examples, "S: *Nama* (Name?)" of "S: *Tunggu sat* (Wait a minute)" which impinge on the hearer's 'face'. If one goes by what Lakoff (1973) says of personal interactions which puts "politeness" above anything else, then it can be said that the staff of the front counters serving in those nine private hospitals have not performed their duties which is to prevent "friction". Thus, Lakoff's (1973) maxim has been violated in most of these transactions.

Further, the notion put forward by Leech (1983) who states that the purpose of politeness is to establish and maintain comity is also not common in hospital front counter transactions. This study did not consider all of Leech's six maxims of tact, generosity, approbation, modesty, agreement maxim, and sympathy but it seems clear that Brown and Levinson's politeness strategy of direct and bald on record is a common feature in the openings analysed. However, it should be mentioned that this study only focuses on front counter staff of nine private hospitals in Malaysia. In that regard, our findings cannot be seen as conclusive and so cannot be generalized. More research in this aspect of study needs to be conducted and in particular interviews with the front counter staff would be most relevant so as to be able to understand what goes on behind their directness and lack of politeness used in openings.

As a summary, we would like to mention that our set of data show that the frequency of expected politeness, as in the form of respectful openings, was rather small in comparison to impolite openings. This shows that even though patients pay for being treated at private hospitals it does not guarantee that they will be addressed and acknowledged politely by the service providers. There could be many reasons for such a phenomenon, which may include necessity to serve large numbers of patients, working in a challenging environment as well as the personality of the various individuals. We are aware that the practice of using politeness in public transactions is necessary and that showing due respect to patients is a very important factor in developing the private sector. This is because most private organizations can only survive by keeping clients contented as their services can be spread by way of mouth, thereby attracting more clients. Since the front counter services in Malaysian private hospitals showed less politeness to patients, such behaviour may cause individual organizations to lose clients and fail in their greater duty of care to the community. Therefore, we recommend that the following steps be taken to emphasise the use of markers of politeness in service industries:

1. Provide training to staff via courses or workshops;
2. Emphasize service with a smile;
3. Focus on the needs so as to make patients feel valued and appreciated;

4. Give honorariums or incentives to staff who get the highest number of votes from patients for being courteous.

These reforms should take place at an early stage where the staff are educated and trained to fill the service positions. The social communication abilities obtained through training should be assessed, evaluated and emphasized constantly by service industries. The results of this study may be used by researchers interested in social communication, curriculum designers and practitioners. It can particularly serve as a recommendation for communication skills to be taught and implemented in service industries. This study focused only on politeness practiced in transaction openings and closings by the staff in selected private hospitals, thus it may not be able to provide a comprehensive picture of the politeness phenomenon of service staff in general or government hospitals in Malaysia. We recommend that research in this area continue to assess the status of politeness in openings and closings transactions used in post offices, clinics, banks, hotels and other service industries. In addition other counter staff employed in EPF, immigration department, universities, public transport (taxi, express bus, LRT etc.) counters should be assessed on the politeness markers used with clients. To sum up, more attention should be given to the politeness issue in service industries in Malaysia from the early stages of education and the use of politeness markers in service industries should be constantly assessed.

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APPENDIX

Public Transactions of Staff and Patients

Hospital:			
Department:			
Date:			
Time:			
		Opening	**Closing**
Gender : Ethnicity: Approximate age:	S:		
Gender: Ethnicity: Approximate age:	P:		

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