

# Asking 'What-about' questions in chronic illness self-management meetings

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## Highlights

- Patients in the Start Insulin meetings asked numerous 'What about' questions
- The single-unit version of the question was prevalent, unlike previous findings
- The question embedded new requests for information in current or prior activities
- The use of 'What about X' reflected adjustments to constraints on information seeking

## **Abstract**

**Objectives:** This study investigates ‘What about’ questions asked by patients in the course of diabetes self-management groups led by nurses, and explores their functions in these empowerment-informed settings.

**Methods:** Conversation Analysis of 24 video-recorded sessions of a Start Insulin Group Programme for patients with type 2 diabetes, in a diabetes centre in the South of England. The groups included 2 to 7 patients and were led by 5 nurses, all of whom had received training in the empowerment approach.

**Results:** The analysis revealed a prevalence of single-unit, ‘What-about X’ questions and found that they were used to embed requests for information in current or just closed activities. The nurses always provided the information, but could ask patients to specify the content of the question and collaborate to the answer.

**Conclusion:** The analysis suggests that the short form of the question may be adapting to the nurses’ restraint in giving recommendations or immediate responses to information seeking-questions.

**Practice implications.** When healthcare communication practices are shaped in observance to a theoretical approach, such as empowerment, it is recommendable that practitioners monitor not only what they do, but also how patients change their habitual forms of speech in response.

## **1. Introduction**

In many sectors of healthcare, practitioners are faced with the contradictory job requirements of having to guide and support patients while avoiding going along with their demands or questions. Analysing the conversation taking place in these contexts can help us identify the effects of these requirements on the interaction between practitioners and patients, and the discourse practices that construct their relationship.

This paper examines conversations between patients and nurses in nurse-led group meetings. The meetings are part of a programme called the Starting-Insulin Group (SIG), designed to support people with Type 2 diabetes in their transition from oral medication to insulin injection. The programme aims to provide the patients with the necessary information for self-management in this new phase of the illness; it includes theoretical knowledge about insulin's physiological effects, and practical information about injections, nutrition and measurements of blood sugar levels. The nurses delivering the programme are trained in the 'empowerment approach' [1,2]; in the sessions, after delivering detailed information, they encourage patients to apply their newly acquired knowledge in working out what to include in their diet and what general lifestyle to adopt.

This study explores the functions of 'What about' questions in relation to the conversational environment created by empowerment-informed communication.

### **1.1 Background**

#### **1.1.1 The principles of empowerment**

Empowerment principles are grounded in pedagogical theories, such as those of John Dewey and Paulo Freire, which promote the active involvement of the learner in the learning

process, the acknowledgment of the learner's experiences and competences, and the development of the individual sense of worth and entitlement. Within healthcare, definitions of empowerment can vary, but increasing patients' competences and enabling self-determination are constant concerns [3]. Patients are regarded as their own health providers, with the healthcare professional's role being about fostering knowledge and skills, and enabling the patient to make informed choices. Research to date suggests that entrusting larger proportions of decision-making and agency to the patients may lead to higher engagement with interventions and more favourable health outcomes [1,4].

Patients with chronic conditions such as diabetes provide the vast majority of their own care and 'cannot surrender the control or responsibility they have for their diabetes self-management no matter how much they wish to do so' [5:278]. The healthcare professionals aim at clarifying patients' values specific to diabetes, assessing the personal assumption of responsibility for diabetes care, and supporting patients in selecting diabetes specific goals. Furthermore, the patients explore the individual barriers and impediments to reach those goals and draw up a plan to accomplish them [6].

Among the 'empowerment tools' to use when in dialogue with patients, specialists mention 'storytelling', 'behavioural language' (i.e. language that prompts patients to action, such as 'list, define, decide') and, most importantly for us, encouraging and exploring questions but not providing many answers: 'Answers stop the process of searching' [7:42]. A discourse analysis study on patients with diabetes proposes that single communication techniques cannot be considered empowering in all circumstances, and that healthcare providers should apply 'interactional sensitivity' [8]. This means tailoring communication to the patient's stage in their illness self-management, but also adapting to what happens moment by moment in conversation with the patient.

### 1.1.2 Knowledge and identity in talk

Conversation Analysis studies how speakers' rights and expectations around knowledge are manifested in talk, a research area called 'epistemics' [9]. Turns at talk can claim or cast positions for the speaker or the listener vis-à-vis some piece of knowledge or information. Initiating moves (turns that open a new sequence, like questions) can display expectations about the respondents' knowledge, like, for example, that they possess first-hand information on the matter at hand, or instead that they can just express an opinion [10].

Replies indicate the respondents' alignment or dis-alignment with the identity position cast onto them by these initiating moves [11, see also 12 and 13 this issue].

Within healthcare, communication between patients and practitioners conveys expectations about each side's level of knowledge and control on the illness and its management. Practitioners, for example, may enact at different times the role of expert or of facilitator in knowledge-building, whereas the patients can change between being active participants in their illness management or seeking more direct guidance [14]. Research in healthcare and other settings shows that professionals who work under institutional constraints on not giving advice or direct responses tend to rely on sets of conversational routines – for example, embedding a recommendation in a question to the client [15], to maintain the flow of conversation while complying with the constraints [16, 17, 18]. A possible risk associated with this is a decrease in the flexibility and attunement to the person on the other side, making 'interactional sensitivity' [8] less likely to happen.

### 1.1.3 Forms and functions of 'What-about' questions

'What-about' questions have two main characteristics. Firstly, they depend for their

interpretation on one or more elements from the preceding talk: they are not stand-alone but are formed and replied to as a ‘next-in-a-series’ [19:209]. This aspect allows the speaker to reintroduce content that emerged earlier in the interaction. In the only other study on this type of question, which examined conversations from radio phone-in programmes [20], the radio interviewers were shown to use it to build continuity across speakers and topics, for example, asking an interviewee to comment on something that had been said by a previous one, or linking a new topic to the more general problem under discussion.

Secondly, ‘What about’ questions propose something for the respondent to consider, with the option of elaborating on it<sup>1</sup>. In order to describe how this works, we need to distinguish between the single-unit versus the two-unit form of the ‘What about’ question. When the question comprises two (or more) units, or parts, the second one typically specifies what the terms of the questions are, i.e. what the incipient respondent is expected to say *about* the topic. The majority of cases from the radio phone-in study were of this kind<sup>2</sup>: for example, in the question ‘What about Phil Gramm, do you think he represents an extreme point of view?’, the first part including ‘What about’ linked it to earlier talk, while the second part clarified what the link was (the interviewee’s previous statement that ‘Americans don’t want extremes’) and what the respondent was being invited to comment on (to evaluate Phil Gramm in relation to being extreme or not).

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<sup>1</sup> Roth and Olsher also note this property, which they describe in the following terms: ‘the grammatical construction of this interrogative form *directs attention* to the nominal object of *about* as a matter for comment by the addressed interviewee, much as a hunting dog’s stance directs attention to the presence and place of game’. [20: p.20, italics orig.].

<sup>2</sup> Out of 32 ‘What about’ questions found in approximately 20 hours of recordings, 20 were made up of at least two units.

‘What about’ questions can also end after naming their object, as in ‘What about processed meat’ (from our data, Extract 3). This single-unit form, in the absence of a verb or any other specification, does not convey what the relevant terms of the question are, and thus depends entirely on the preceding talk to function as a full question. Although there are no studies dealing specifically with the short form, we know that tying procedures, i.e. ways of creating new turns that depend on previous ones, place an expectation on the respondent to perform on the new item the same action that had been performed previously [21]. This makes single unit ‘What about’ questions carriers of different types of action, which have in common a basic request to produce some form of description about the object they introduce.

The analysis revealed the presence of numerous ‘What about’ questions in the Start Insulin Group sessions, with the prevalence of the short form over the longer one, contrary to what was observed in the previous study<sup>3</sup>. Also, they tended to be more frequent in the second of the sessions the Programme included, when empowerment techniques were more consistently used<sup>4</sup>. We focus on single unit ‘What about’ questions asked by patients, and investigate the different functions they fulfil within these interactions.

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<sup>3</sup> We found 41 ‘What about’ questions over 1121 questions in total. 31 were single-unit, and 9 two-units or more (the remaining two could not be classified because of being incomplete).

<sup>4</sup> 12 ‘What about’ questions were asked in the course of the ten ‘first meetings’ that were recorded, of which 7 were single-unit. 27 were asked in the course of the fourteen recorded ‘second meetings’, of which 24 were single-unit. First and second sessions were of comparable length.

## **1. Methods**

The study draws on a corpus of video-recorded nurse-led educational group sessions; patients had Type 2 diabetes and were starting insulin in a diabetes centre in the South of England. All the patients had received a referral from a consultant to replace medication with insulin therapy; before enrolling on the course, the patients had met a nurse individually to learn the basics of the therapy change, and were given a booklet with information on Type 2 diabetes. The Starting Insulin Group (SIG) programme included two group sessions after this initial encounter; in the first session patients were provided information on insulin management (i.e. injection skills and insulin adjustment), measurement of blood sugar levels, and diet. Approximately two weeks later, in the second and final session, the patients reported the results of their experience with injecting insulin and had the opportunity to clarify any doubts they had in the process. The discussion also covered in more detail the effects of different food components on blood sugar levels, and how to manage injections in relation to food intake.

The Starting Insulin Group programme was offered by five nurses, who took turns to run the group sessions. They varied in age from 30 to 48 years, and had different levels of training and experience, with time spent working in diabetes ranging from 3 to 20 years. They also varied in the proportion of their working time devoted to educational activities, from 8 to 204 hours per year. For some of them, therefore, it was a daily job, while others were more involved in clinics and only delivered this particular programme. Nonetheless, they had all received training in the empowerment approach, which included eliciting experience-based knowledge from the patients and refraining from answering questions immediately by trying to feed questions back to the patients.

The video recordings covered 10 first group and 14 second group sessions delivered over a period of 14 months (in 2006-7). The sessions lasted between 77 and 133 minutes,



5. PT1: [(getting rid) of these foo:ds=isn't it really
6. that will kee:p it down.
7. (.) ((NUR nods slightly and turns toward the flipchart))
8. PT1: or [we're talking about- bringin it down.
9. PT2: → [What about- when the wea- <the weather.>
10. (1.8) ((nurse raise eyebrows, then nods slowly))
11. PT2: → ((softly spoken)) 'cause when:: I am on holiday:, (.)
12. → my: sugars tend to be: a little bit lower.
13. (.6)
14. NUR: ((nods)) tch (.).hh 'ye:ah
15. [(cos)
16. PT2: → [Or is that my imagination,
17. NUR: → No:, it's not your imagination=the:re's-
18. [a couple of things.
19. PT1: [STRE:ss is one isn't it?
20. NUR: Yeah. and what does stress do:,,
21. (.3) ((writes 'stress' on flipchart))
22. NUR: Sends it up.
23. PT1: Yeah.
24. NUR: Quite often stress will send it up.
25. → and when you are away on holiday you are less stressed.
26. PT1: Yeah. or control it.
27. NUR: So things are a bit better.
28. NUR: → Or the other thing is, you are more active
29. ((Nurse goes on discussing the effects of holiday activities and of different weather conditions on the blood sugar levels))

At the beginning of this fragment, the nurse resumes the listing of 'things that bring your sugar level down' that she had started a little earlier, and reads aloud the only item

(‘exercise’) identified and written on the flipchart up to that point. Patient 1 proposes something that the nurse verbally accepts but does not write down (lines 5-6), so the patient himself revisits his proposal (line 8). Simultaneously to this sequel, Patient 2 asks the ‘What about’ question (line 9). At first it seems she is going to name a certain type of weather (‘when the wea-’), but then settles on ‘<the weather.>’ in general. The selection of the broader definition is a cue that the question may be inclining toward proposing a new topic rather than proposing a specific list candidate.

The nurse’s uptake of the question consists of slow nods, possibly encouraging the patient to say more; anyhow ‘weather’ is not written on the flipchart (line 6). Patient 2 then gives the reason behind her mentioning the weather, describing how she feels on holidays (lines 11-12). She adds this part in a soft voice, and her observation on the behaviour of her sugar levels is not expressed in certain terms (*tend* to be a *little bit* lower). This time the nurse both nods and agrees verbally, but only after a gap, and sounding rather tentative (lines 13-4). At this point Patient 2 adds a line doubting the validity of her proposal (line 16), *de facto* prompting the nurse to say more. The nurse complies, providing an extended explanation about the different ways in which being on holiday or in warmer temperatures might impact blood sugar levels. It is worth noting that Patient 2, when adding increments to the initial single-unit ‘What about’, does not narrow down her inquiry into a more specific question, but backs the question up (or down), thus leaving untouched the initial request to deal with the topic at large.

To summarise, a ‘What about’ question may be a resource to introduce, as part of a current activity, a topic a patient may need more information on, keeping with the general theme but at the same time carving a space within the activity for an instructional aside<sup>5</sup>.

### 3.2 'What about' questions requesting information by extending a previous topic

'What about' questions can also introduce an object which is similar or related to something just discussed, as a verification that the description or explanation just given holds for the new object as well. Differently from the previous example, in which a new topic was offered in relation to the general activity under way, here we have an 'extension on the same topic' type of question. The next two examples illustrate this use.

In Extract 2 the nurse tells the group about the sugar content in bread, in numbers of spoons of sugar. This information generates some discussion and comments, after which a patient asks about a different type of bread.

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Extract 2. Karen SIG2 2.2007 [1:34:48]

1. NUR:           How many sugar cubes or equivalent
2.                   do you think are i:n the brea:d.
3.                   (2.7)
4. PT1:           I think it's quite high=three?
5.                   (1.3) ((NUR raises right palm upward twice))

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<sup>5</sup> Some 'What about' question during listing got a more straightforward acceptance, but the response would still come with some form of description attached, such as Pt: 'What about stress', Nur: 'Yes stress is a good one' in compliance with the invitation-to- elaborate component.

6. NUR: 'Up  
7. PT2: Five?  
8. NUR: Uh: if it's a thin slice, yeah five.  
9. if it's a thick slice probably:,  
10 PT2: Eight?  
11 NUR: Seven,  
12 PT1: Say that agai:n?  
13 S:↑even? t↑easpoon? of s:ugar  
14 PT2: Yeah.  
15 NUR: Sugar lumps. sugar cubes.  
16 PT1: In a slice of bread?  
17 PT2: Yeah,

[1.35.11 - 1.37.06: *the group comments on this information and the nurse asks them to discuss how they could reduce an hypothetical peak in blood sugar levels after breakfast*)

18 NUR: [So [is th:at perhaps now-  
19 PT1: [Hehehehe  
20 NUR: helping you understand  
21 why:: your sugar levels m:ay still be  
22 all o:ver the [place *((moves over to poster))*  
23 PT1: [Well now I know the answer now  
24 NUR: Righ='okay.  
25 PT1: *((turns to PT2))* I thought you- I thought I'd eat toast  
26 [I'd be a'right  
27 PT2: [Yeah  
28 PT1: B't as I say I'd- [( ) went from about nine  
29 PT3: → [What about Ryvita,  
30 PT1: up to twentytwo.  
31 NUR: → *((walks toward PT3))* What abo:ut [it.  
32 PT3: [Ryvita.  
33 NUR: → Yeah what about it.

34 PT3: → Well has that got sugar in it? [(or anything  
35 NUR: [Right=okay=  
36 =what it's ma:de fro:m,  
37 PT1: [Well-  
38 PT3: [I suppose it's made [from ( )  
39 PT1: [No ry:e innit,  
40 rye [wheat. rye gra:ss.  
41 NUR: [Yeah. so it will have some but it's gonna be: (.)  
42 le:ss [than this. ((points on chart to figure of sugar units for normal bread))  
43 PT1: [Less.

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After the nurse has revealed the number of spoons of sugar in a slice of bread, she invites the group to consider how they might manage their sugar intake in the morning (lines omitted). She then asks Patient 1 whether the discussion helped him understand the trends in his blood sugar levels around breakfast (lines 18-22). Patient 1 answers her, then addresses some comments to another group member (lines 25-30). The question 'What about Ryvita' by Patient 3 (line 29) arrives at the trailing-off of the commentary between Patients 1 and 2. The nurse answers it with a 'counter' [19], i.e. asking the same question back. When a counter is created from a 'What about' question, the result is a request to specify its 'aboutness', i.e. what the speaker is actually asking. Patient 3 reformulates the question in terms of Ryvita's sugar content (line 34). The nurse then guides Patient 3 through the steps that can help her find the answer, with other patients getting involved, then offers a conclusive response.

Even though the nurse's reply reflects the orientation, prevalent in second sessions, to let the patient find their own answers, it also appears that the 'What about' question did not establish an immediate link with the previous topic, and the patient was asked to articulate the terms of her question. In fact, the relevant part of the previous discussion

was rather far back, when the nurse had given the number of spoons of sugar in a slice of bread. The discussion had then moved on to related matters, so both the time elapsed and the development of the topic may have made the question less obviously attached to the activity of explaining bread sugar content. A sequence coming from the same meeting shows a different outcome for a similar type of ‘What about’ question.

In Extract 3, the patients have been invited to mention foods that do not contain sugar, and have just been evaluating the sugar content of foods in the protein group. The nurse has accepted ‘meat’ and described it as a non-sugar food. A patient then asks ‘What about pro:cessed meat.’ This is thus another example of a request for an expansion on the same topic, but it is delivered immediately after the description that is relevant to the newly proposed item. The question gets an answer at the first possible opportunity.

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Extract 3. Karen SIG2 2.2007 [1:25:05]

1. NUR: [Mea:t,
2. [(writes ‘meat’ on the flip chart then turns back to face the group)) (2.2)
3. NUR: That’s not got any sugar [in i:t,
4. NUR: [(turns to flipchart again
5. NUR: (.9) ((draws a line under [the last entries))
6. PT1: → [What about pro:cessed meat.
7. PT2: Ah: [( ) (add to it)
8. NUR: → [If they’ve a:dded- yeah.
9. → they might as well have added >sugar to it<=
10. =but if you’re [bu::ying,

11. *[(swipes hand on flipchart under the word 'meat')]*
12. PT1: >(We're talking)< fre:sh meat.
- 13 NUR: Yeah.
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After a patient has proposed meat (not shown), the nurse repeats the word, writes 'meat' on the flipchart and adds the description 'That's not got any sugar in i:t,'; she then turns again to the chart and draws a line under 'meat'. As she draws, Patient 1 asks 'What about pro:cessed meat.' The nurse answers in the next turn, in parallel with an almost inaudible comment by Patient 2. In her response, the nurse mentions possible sugar content in processed meat and refers back to 'meat' by touching the flipchart; Patient 1 displays his understanding ('>(We're talking)< fre:sh meat.') in line 12, which the nurse confirms.

This fragment suggests the possibility that a 'What about' question that extends a previous topic by introducing a closely related matter may be dealt with rapidly, with reference to what has just been said, if slotted in right after the part that it is re- invoking. However, the link to the previous topic may weaken as the distance from the relevant lines increases, making the question more likely to be treated as a new of inquiry and therefore involve the patient in the response.

In general, the advantage of introducing the new object with 'What about' is that, if there is anything else that could be said about the item, the question makes space for it to happen<sup>6</sup>.

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<sup>6</sup> An indication that 'What about' question may aim at more general comments is the 'Well' with which Patient 3 starts her reformulation of the Ryvita question. The 'Well' preface signals that the reformulated version may not exactly reflect the original question [22, 23].

### 3.3 ‘What about’ questions requesting information and advice as the reproduction of a former activity

Our last example concerns the use of ‘What about’ questions to request substantial information and advice on a new topic, on the basis of such an activity having just been performed on a different subject. In Extract 4, again from a second session, ‘eating’ is proposed as a topic just after the nurse has given a long explanation on ‘drinking’. The request of repeating for ‘eating’ what had been done for ‘drinking’ is at least one possible interpretation of the question, via its back-link to a possible relevant previous action and the rule that whatever had been done with it is done again on the new element. However, contrary to information on ‘drinking’, dietary information had been covered extensively in both the previous and current sessions.

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Extract 4. Adele SIG2 08.2007 [01:00:19]

1. NUR: Alcohol okay I don't think we touched on alcohol  
2. last time at all did we?

3. PT1: No.

4. NUR: We'd saved it for today=didn't we?

[01:00:27-01:06:04] ((6 minutes of detailed explanation))

5. NUR: Its not just diabetes and an hypo. Yeah.

6. (.8) ((NUR turns to flipchart))

7. NUR: °Yeah.

8. PT2: → Bu[:t

9. NUR: [Because your liver it's your

10. [sa:fety backup.

11. PT1: [Mhmh

12. (1.7) ((NUR looks at PT2, steps toward him))

13. PT2: → >What about ea:ting then, (.) Adele.

14. (.2)

15. NUR: Eating? like what?

16. PT2: → Well, what-what shouldn't we defininitely e:at.

17. (0.7)

18. PT2: >If you know what I mean.<

19. (.9)

20. PT2: [Say for an evening meal,

21. NUR: [Generally? ↓°Generally?°

22. (.)

23. NUR: or (.2)

24. PT2: Y::[eah. [Generally.

25. NUR: [in a specific [ti:me.

26. NUR: Just generally?

27. PT2: ↓Yeah:.

28. NUR: .h (.3) ((turns toward flipchart))

29. PT2: A:ll vegetable are all right ↓>aren't they<>,

30. (.4) ((Nurse turns to look at PT2 again))

31. NUR: ↑↑Yeah. ((turns toward flipchart))

32. (.3)

33. NUR: Yeah you've got=you've [got a few:

34. PT2: [Vegetable::s

35. NUR: 'Yeah'

36. PT2: Mea:t,

After one of the patients mentioned drinking (not shown), the nurse recalls that the topic had not been treated in the previous meeting with this group (lines 1-4). She then goes on (lines omitted) to explain the physiological effects of alcohol, the effects of different types of drinks

(including the suggestion to avoid sweet wines or spirits), and what to eat in the evening to prevent sugar ‘lows’ if one had drunk a large amount of alcohol. When it seems that the topic has reached a closure (lines 5-7), Patient 2 starts talking (line 8), but the nurse issues at the same time a new turn addressed to Patient 1, so he drops the sentence after ‘But’. When the nurse has finished and turns to him, Patient 2 asks ‘>What about ea:ting then, (.) Adele.’ The timing of Patient 2’s initial attempt, at the first possible opportunity after the closure of the ‘drinking’ discussion, offer some evidence that the ‘What about’ question is oriented to the whole activity just finished<sup>7</sup>, as does the ‘then’ at the end.

The nurse replies with a request to clarify (‘Eating? Like what?’), which Patient 2 answers with ‘Well, what-what shouldn’t we definitely e:at’, i.e. reformulating the ‘What about’ question as a request for advice about foods to be avoided. As in the case of Ryvita before, the ‘Well’ at turn beginning may indicate a not perfect correspondence with the questions originally asked (see note 6), which might have had a broader aim; however, Patient 2 indicates one possible direction for answering it. The pause that follows shows some sort of hindrance to proceed on the side of the nurse. Patient 2 adds ‘>If you know what I mean.<’, which does not add information about the nature of the question but, as we discussed in Extract 1, seems to have more of the function of pursuing a response. After an even longer pause (line 19), Patient 2 adds a specification ‘Say for an evening meal,’). Simultaneously to this the nurse asks whether he means

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<sup>7</sup> Despite the nurse referring to her explanations as being about ‘alcohol’, Patient 2 referred to the topic using the word ‘drinking’ several times, which makes a more obvious pair with ‘eating’.

‘generally’ or ‘in a specific ti:me.’. After the patient confirms that he was asking about eating in general, the nurse turns to the flipchart and seems to be beginning to say something, however Patient 2 starts volunteering examples of foods that are ‘all right’. In the following (not shown), the nurse and patients revise notions about food, and Patient 2 will ask twice about foods that are ‘definite no-nos’ (see Appendix b), showing an ongoing concern for getting direct recommendations (the nurse’s consistent response to that is that there are no ‘no-nos’, and the patients should find out what works for them).

Despite the ambiguity that we just observed, generated by using a single-unit ‘What about’ question for such a wide ‘catch’<sup>8</sup>, it may be argued that this format was suited to the situation as it facilitated placing a request for information that may not have been appropriate at that stage of the group workings. The fact that the patient in began displaying knowledge and collaborating to build the response adds evidence to the patient’s sensitivity to the demands of the situation.

## **4. Discussion and Conclusions**

### **4.1 Discussion**

We have described patients’ use of ‘What about’ questions in educational group meetings for the self-management of chronic illness. Existing research touches only very

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<sup>8</sup> Another case of ‘What about’ questions requesting to perform again a prolonged activity was found when the discussion on a patient’s blood sugar levels was interrupted at the start because of another patient presenting his own readings; when the nurse finished commenting on those the first patient said ‘What about mine then’ [Julie 03.2007]. Notice how ‘then’ is used here, as in Extract 4, to strengthen the link to the past sequence.

briefly on the format we have examined, namely single-unit, ‘What about + object’ questions, which are characterised by the fact that they carry minimal information for establishing the framework of a relevant response.

We have shown that in activities such as list construction, in which patients are expected to display received knowledge, placing a contribution with a ‘What about’ question equals inviting the healthcare provider to give information about the topic, rather than just confirming its correctness. At the same time, without specifying what type of information is being asked, the question leaves it to the respondent to determine the extent of the elaboration.

We also found a second use of the question, the request for information about a new element in relation to something just said on a related topic, seemingly to verify whether what had been said with regard to one could also apply to the other. We have shown that, when the question was placed in close proximity to the relevant previous talk, it obtained an immediate response which built on to that, whereas, when more distant from the description or explanation it was set against, it was answered with a demand to specify the content of the question and to collaborate with the response.

Finally, we have shown that the question could be used to request information and recommendations of a kind that the nurses would not typically issue in those sessions. This was done by presenting the request as a re-edition of an information-and- advice activity carried out on a different subject.

Given that the multi-unit format of the question, which includes a specification about what is being asked, has been found prevalent in at least one different setting [19], it may be hypothesised that the short form is more frequent in the Start Insulin Group meetings precisely because *it does not include that specification*: when certain types of inquiry may be perceived as inappropriate, a question carrying minimal indications of its purpose could be a fitting solution. Borrowing a description used with regard to

‘withholding’ practices on the side of professionals, this may be a case of language forms that can do ‘some of the work of an action without such actions being done *on record*’ [15:23]. Because of that, and because they leave scope for the respondent as to how to deal with them, single-unit ‘What about’ questions can be seen as adaptations of generally available conversational resources to the contingencies of the communication implemented in the Start Insulin Group meetings.

## 4.2 Conclusions

Nurses offering illness self-management programmes have typically a limited time to pass on information while also teaching patients how to apply it in their everyday life. Patients are therefore involved in knowledge building and are solicited to figure out as much as possible the answers to their own questions, what in the empowerment literature is called the ‘activated patient’ [4], while the nurses reduce progressively dispensing information to take on the role of facilitators. The single unit ‘What about’ question may be seen as minimising the challenge to the identity positions that are proposed for both nurses and patients in these sessions, while at the same time opening opportunities for information-giving.

## 4.3 Practice Implications

The presence of single-unit ‘What about’ questions may indicate that some queries are not perceived as fully legitimate within the healthcare conversation, so that patients present them in a minimal form. This may result in ambiguity or requests that are only half

expressed. When altering their usual way of talking on the basis of a given theoretical approach, such as empowerment, it is recommendable that practitioners monitor not only what type of communicative practices they themselves put in place to implement the approach, but also how patients change theirs in reaction, and whether the situation allows them to fully manifest problems and doubts. Upon the identification of recurrent ‘What about’ questions of the types we have described, nurses or practitioners could remind or explain anew to the patients what are the principles and the goals of their way of shaping the healthcare conversation.

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## APPENDIX A

### TRANSCRIPTION SYMBOLS

The transcription used in this paper is the standard for Conversation Analysis work and is based on Jefferson, 2004 [24]

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Participants in the interaction are referred to with an abbreviated name:

NUR: nurse, PT1: Patient 1 and so on

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→	Lines which are most relevant for the analysis.
Mea::t	Colon(s): extended or stretched sound
<u>Fresh</u>	Underline: emphasis.
(.)	Micropause, pause of less than two tenths of seconds
(1.2)	Timed Pause: Intervals occurring within and between same or different speaker's utterances in tenths of seconds.
(( ))	Double Parentheses: contextual information or voice quality. (we're) ( )
( )	Single Parentheses: uncertain transcription, or, if empty, non hearable speech.
Yeah.	Period: Falling vocal pitch.
Yeah?	Question mark: rising vocal pitch.
HE DID	Caps: Marked loudness compared to surrounding talk.
[ /	Square bracket: Marks the beginning point at which current talk is overlapped by another speaker's talk. In italics mark simultaneous onset of movements or gestures with talk of same or other speaker
↓↑	Vertical arrows: pitch resets; marked rising and falling shifts in intonation.
=	Equal sign: latching of contiguous words or utterances
°Well	Centigrade symbol: a passage of talk noticeably softer than surrounding talk.
> <, < >	Less Than/Greater Than Signs: portions of an utterance delivered at a pace noticeably quicker (> <) or slower than surrounding talk.
But-	Hyphen: Halting, abrupt cut off of sound or word.
.hhh:	Audible inbreaths
h h:	Audible outbreaths as in laughter or sighing

## APPENDIX B

### Exchange taking place shortly after Extract 4

Adele SIG2 08.2007 [01:11:15]

- NUR: Things that are more st- more squishy, (.) in liquid say, are going to have a quicker absorption than those that are more: hum (.) <textured>,  
PT2: Yeah.  
NUR: remaining more like their normal self in-  
liquid. PT1: °Yeah. ((*nods*))  
(.3) ((*NUR turns toward flipchart*))  
NUR: Right?  
PT2: → What's the- what's the definite no-nos  
(.8)  
NUR: Well, [nothing is-  
PT2: → [Icing sugar?  
NUR: Nothing is really. it just depends >what happens to  
your blood< suga:rs.  
PT1: °Yeah:°  
NUR: °Yeah?°  
PT2: → [Chocolate?  
NUR: [Because- but icing sugar- how often would you eat i:cing  
sugar by the packet,  
PT2: No you don't do you  
NUR: No you wouldn't would you  
you'd have it in or on other things  
and then it's all mixed up and: [diluted in  
your tummy isn' it?  
PT2: [What about condensed milk  
PT1: Condensed milk is very sweet  
NUR: Condensed milk is very [sweet  
PT2: → I mean that's-  
that's a no=no  
NUR: But nothing is a definite no=no. all you need to do is have  
it- test your blood sugar have it >or whatever you do with it< and  
text two hours later.  
PT2: Yeah