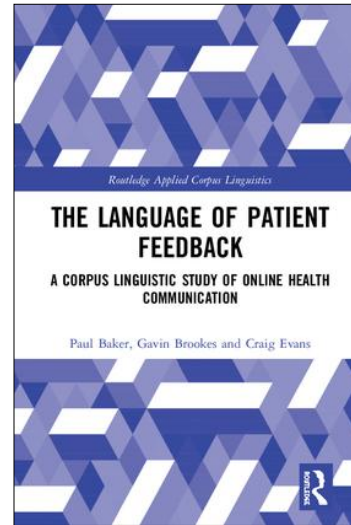


Paul Baker, Gavin Brookes, and Craig Evans, **The Language of Patient Feedback: A Corpus Linguistic Study of Online Health Communication**, Abingdon, UK: Routledge, 2019, \$101.05 (hardcover).

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Language use has been, for a couple of decades, a key issue in healthcare communication research. As part of the inquiries into this topic, *The Language of Patient Feedback: A Corpus Linguistic Study of Online Health Communication*, by Paul Baker, Gavin Brookes, and Craig Evans, examines the language patterns of online health communication. This volume relies on 29 million words of online patient feedback and 11 million words of responses to the feedback from medical service providers to address issues like why nurses, doctors, dentists, and receptionists are associated with distinct types of feedback; how medical staff respond to comments; and what this reveals about underlying institutional ideologies and practices.



This book consists of eight chapters. Chapter 1 sets the scene for their analysis by providing a brief historical overview of the National Health Service (NHS) in the United Kingdom and the social and political events related to healthcare over the period during which the feedback was collected. It is also concerned about the vast data of approximately 40 million words and the methodological issues for analyzing these data. Apart from the computational techniques from corpus linguistics that uses specialist computer programs to study linguistic patterns in large collections of naturally occurring language (McEnery & Wilson, 2001), one thing worth of mention is that the book authors also worked closely with representatives from the NHS over the course of their project.

Each of the following six chapters examines a different aspect of patient feedback, except for chapter 7 that analyzes providers' responses. Chapter 2 provides a general look at the corpus of patient comments with focuses on key aspects of patient concern and reasons for positive and negative feedback. The specific issues include: the frequent themes of positive and negative feedback; the complaints that patients often make; the types of concerns that are presented as the most urgent issues; and the types of concerns that make the patients seek to change medical service provider. One key finding is that a tendency for feedback is based on staff members' interpersonal skills more than any other area of concerns. This suggests that improving interpersonal skills of staff is likely to be the key feature for medical service providers in terms of addressing the areas of criticism (p. 70).

Chapter 3 deals with a subset of the patient feedback about general practice (GP) surgeries, accounting for around half of comments. It focuses on whether the quantitative scale ratings (from one to five) are linked to certain unique forms of language, writing style, or discourse. The analysis shows the structural and linguistic features associated with different types of feedback. For example, patients who left the best feedback were largely to base their decision on numerous positive visits than patients who regularly left the worst feedback after a single bad experience. Comments with a rating of four or five tend to be shorter on average than those with ratings of one, two, or three. It is implied that numerical scales may be misleading without a fuller qualitative analysis of free text responses.

The analysis in chapter 4 is concerned about the ways in which feedback varies in accordance with the specific provider and type of staff member under evaluation. To examine distinctive language specifically, this chapter uses different subsets of the corpus: first a sub-corpus of comments on specific types of staff member and second a sub-corpus of feedback according to the area of provision. An interesting finding is that surgeons and dentists are likely to receive extremely positive comments, both in terms of quantity (i.e., the proportion of positive versus negative words used in relation to them) and quality (i.e., the types of words used about them). However, as the authors noted (p. 131), language that patients use to talk about different types of NHS staff is much governed by their expectations about the types and the manner of health services provided.

In chapters 5 and 6, patients' age and gender have been taken into account, respectively, to investigate whether these sociodemographic aspects would impact their evaluation of NHS. Chapter 5 deals with the patient feedback of different age groups. The analyses show that patients of different ages have different expectations and representations of their healthcare experiences. One of the interesting results is that standards of treatment, as reasons for positive comments, are offered by people most often in their 20s but less often in older age groups, particularly in their 60s (7%).

Chapter 6 attempts to examine whether males and females differ with regard to the type of feedback and the language they use. Besides corpus-based approach, a close reading was also adopted in dealing with 200 pieces of randomly chosen feedback—100 cases for male self-identifiers and the other 100 for female self-identifiers. A tendency for men and women to use different linguistic styles in their feedback is found specifically. Above all, some transgender patients have also been considered, though with small data of 15 cases. The initial conclusion is that sensitivity around one's gender identity is of vital concern to transgender people providing feedback about healthcare communication.

The final analysis chapter, chapter 7, focuses on NHS providers' responses. The linguistic analysis based on 11.5 million words feedback indicates that medical service providers regularly offer the same responses to different patients, which risk alienating patients who happen to read the responses, especially when the stock texts are used in an inappropriate context. The analysis of 50 keywords in the unique responses shows two general patterns. One serves an explanatory function and the other represents the theme of appointments. In terms of language style, however, it is found that impersonal language use is widespread among NHS staff's feedback, which causes a dilemma for staff. They use impersonal language to respond to patients' concerns, and at the same time they maintain a professional style while responding to a huge number of similar comments.

In the conclusive chapter 8, the book offers a summary of its empirical, theoretical, and practical insights with implications for researchers interested in healthcare communication, and more importantly for medical service providers and governing bodies who contribute for improving healthcare. This final chapter also provides the possible limitations of the study, especially in terms of the methodological issues. It finally concludes that at the most general level there is more of positive than negative feedback on medical services in the United Kingdom, despite their data offering a mixed picture of evaluation.

The merits of this fantastic book are twofold. First and foremost, it is one of the very few books, if not the first one, that relies on such a huge corpus of 40 million words of online healthcare communication. The corpus-based discourse analysis helps identify the linguistic patterns in healthcare communication. This empirical approach to a large extent offers an effective response to the criticisms that discourse analysis cannot avoid the personal bias of the analyst (Widdowson, 2004, p. 102). Also importantly, corpus approach allows repetitive studies to verify or falsify the research results, which makes the research more scientific. Second, this book provides a practical research guideline even though the book authors did not intend to write it as a textbook. The research designs presented in the six analysis chapters are very impressive. The step-by-step procedure offers a detailed description of how to do a corpus-based communication study which is very helpful, especially for those novice researchers and the "outsiders" of corpus linguistics.

However, feedback on medical service takes place in social context. Linguistic analysis relying on computer software cannot provide a full picture of human evaluation. As Vasquez (2014, p. 26) recommends, it is beneficial for analysts to consider the wider contexts in which the evaluation is conducted. A combination of corpus-based quantitative examination of linguistic patterns with qualitative analysis by a socially and linguistically informed human analyst would achieve the goal. For example, "just fine" as an ironic joke might be interpreted as a positive evaluation. In such case, the interference of human analyst becomes necessary. Additionally, this research would be improved if interviews can be conducted with those medical service providers to find out how they feel about different aspects of their role and by analyzing those poor comments that the patients provide.

Overall, this interesting and thought-provoking book is an excellent guideline for those who are interested in healthcare communication, discourse analysis, and even for NHS practitioners. It certainly proves an inspiring guide for a further surge of interest in a new dimension of communication studies.

References

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