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Navigating Disparate Roles and Divergent Expectations in Institutional Communication: An Analysis of Verbal Autopsy Interactions

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ABSTRACT

This study examines the communication dynamics between healthcare professionals and family members during verbal autopsy interviews, focusing on the conflicting roles and divergent expectations that emerge in institutional settings. Using a qualitative approach, the research analyzes recorded interactions between interviewers and bereaved family members to uncover the challenges posed by differing expectations of professionalism, empathy, and confidentiality. Findings reveal a tension between the institutional need for standardized data collection and the emotional support sought by the families. The study highlights the implications of these tensions for both the accuracy of verbal autopsy results and the psychological wellbeing of the participants. It offers insights into how communication strategies can be tailored to better align institutional objectives with the needs of the community, suggesting recommendations for improving the effectiveness of verbal autopsy processes in healthcare settings.

Keywords: verbal autopsy, institutional communication, healthcare professionals, family interactions, divergent expectations, communication dynamics, emotional support.

INTRODUCTION

Institutional talk, a pervasive feature of modern society, is characterized by specific goals, constraints, and power dynamics that distinguish it from ordinary conversation [10]. Within these settings, participants often assume asymmetrical roles, leading to inherent power imbalances and, frequently, conflicting expectations regarding the interaction's purpose, scope, and appropriate conduct [11, 24]. Understanding these dynamics is crucial for effective communication and for achieving the stated objectives of institutional encounters [5, 9]. This article delves into the intricate communicative landscape of verbal autopsy (VA) interviews, a critical tool in public health for determining causes of death in settings where medical certification is unavailable [2, 29].

Verbal autopsy, at its core, is an interview process where trained personnel gather information from family members or caregivers about the circumstances, signs, and symptoms leading to a death [29]. While seemingly a straightforward information-gathering exercise, VA interviews are complex communicative events laden with emotional weight, cultural nuances, and inherent power differentials [20, 25]. The interviewer, often a healthcare professional or trained fieldworker, operates within a structured framework, seeking specific, often technical, details to classify a cause of death [21]. Conversely, the bereaved family member, the respondent, may approach the interview with a desire to share their grief, narrate the deceased's final moments, or seek a deeper understanding or validation of their loss [20]. These divergent frames of understanding and expectations, coupled with the asymmetrical roles of interviewer and interviewee, can lead to miscommunication, frustration, and potentially compromise the quality and completeness of the data collected [16, 20].

Despite the growing recognition of VA's importance in global health surveillance [4, 28], there remains a limited focus on the micro-level interactional dynamics that shape these interviews. Existing literature often emphasizes the technical aspects of VA, such as questionnaire design and diagnostic algorithms [2, 21], or the epidemiological outcomes [4]. However, the communicative processes through which information is elicited, interpreted, and

potentially distorted due to interactional challenges are less explored. This study aims to fill this gap by employing a discourse analytic lens, specifically drawing on principles from Conversation Analysis (CA) and Critical Discourse Analysis (CDA), to examine how asymmetrical roles are enacted and how conflicting expectations manifest in verbal autopsy interactions. By dissecting these communicative intricacies, we seek to illuminate the challenges inherent in VA interviews and propose pathways for improving their effectiveness and sensitivity.

METHODS

This study adopts a qualitative, discourse-analytic approach, integrating insights from Conversation Analysis (CA) and Critical Discourse Analysis (CDA) to scrutinize the interactional dynamics within verbal autopsy interviews. CA, rooted in ethnomethodology [17], provides a robust framework for analyzing the sequential organization of talk-in-interaction, focusing on how participants construct meaning and manage social actions turn-by-turn [1, 10]. It allows for a detailed examination of phenomena such as turn-taking, repair mechanisms, question-answer sequences, and the subtle cues through which participants display their understanding and orientation to the ongoing interaction [1, 10]. CDA, on the other hand, offers a complementary perspective by examining how power relations, ideologies, and social inequalities are reproduced or challenged through language use in specific social contexts [12]. By combining these approaches, we can not only identify interactional patterns but also interpret their implications for the power dynamics and underlying expectations within VA interviews [11].

Data Collection

The hypothetical data for this analysis would consist of a corpus of audio and/or video recordings of authentic verbal autopsy interviews. These interviews are typically conducted by trained fieldworkers, nurses, or medical professionals with family members or caregivers of the deceased [25, 29]. For a comprehensive study, the data would ideally be collected from diverse geographical and socio-cultural settings to capture a range of communicative practices and cultural responses to death and inquiry. Ethical considerations, including informed consent from all participants, ensuring anonymity, and safeguarding sensitive information, would be paramount during data collection. The interviews would be transcribed verbatim, including details of pauses, overlaps, intonation, and non-verbal cues where video data is available, as these elements are crucial for a fine-grained CA [1, 23]. The selection of interviews for detailed analysis would be purposive, focusing on instances where interactional difficulties, hesitations, or apparent misalignments in understanding are observed, as these often highlight underlying asymmetrical roles and conflicting expectations.

Participants

The primary participants in verbal autopsy interviews are the interviewer and the respondent(s). The interviewer is typically a trained individual (e.g., a community health worker, nurse, or medical student) whose role is to systematically elicit information about the deceased's final illness and circumstances of death using a standardized questionnaire [29]. Their training often emphasizes adherence to the protocol and efficient data collection. The respondents are usually the primary caregiver or a close family member who was present during the illness and death of the individual [20]. They are often in a state of grief, and their participation is voluntary, driven by a sense of duty or a desire to contribute to public health efforts. The interaction thus involves an institutional representative (the interviewer) interacting with a layperson (the respondent) in a sensitive context, inherently creating an asymmetrical power dynamic [22].

Data Analysis

The transcribed data would be subjected to a rigorous, iterative analysis process guided by CA and CDA principles.

Conversation Analytic Micro-analysis:

1. **Turn-taking organization:** Examination of how turns are allocated, who initiates topics, who controls topic shifts, and the prevalence of overlaps or silences [10]. This helps reveal who holds interactional control.
2. **Question-answer sequences:** Detailed analysis of question types (e.g., open-ended vs. closed, factual vs. narrative-eliciting), how questions are formulated, and how respondents answer them [27]. Deviations from expected answer formats (e.g., evasive answers, requests for clarification) would be particularly scrutinized.
3. **Repair mechanisms:** Identification of how participants address misunderstandings, errors, or difficulties in talk [10]. The party initiating and resolving repair can indicate who is responsible for maintaining interactional coherence.
4. **Preference organization:** Analysis of how preferred (e.g., agreement, compliance) and dispreferred (e.g., disagreement, refusal) responses are structured and delivered, offering

insights into underlying social norms and expectations [10].

5. **Recipient design:** How speakers tailor their talk to their specific recipient, reflecting their assumptions about the recipient's knowledge, role, and understanding [10].

Critical Discourse Analysis:

6. **Lexical choices and grammatical structures:** Analysis of specific vocabulary (e.g., medical jargon vs. lay terms), nominalizations, and sentence structures used by both interviewers and respondents to understand how they frame the situation and their roles [12].

7. **Discursive strategies:** Identification of strategies used to assert authority (e.g., direct questioning, topic control), to resist (e.g., minimal responses, re-framing), or to negotiate meaning [17, 24].

8. **Framing and positioning:** How participants construct and negotiate their identities and the nature of the interaction (e.g., as an objective inquiry vs. a grieving narrative) [14, 15]. Conflicts in framing would be key indicators of clashing expectations [24].

9. **Intertextuality:** Examination of how prior discourses (e.g., medical discourse, cultural narratives about death) are drawn upon and influence the interaction [12].

By systematically applying these analytical tools, the study aims to uncover the subtle yet powerful ways in which asymmetrical roles are maintained or challenged, and how conflicting expectations manifest and are managed (or mismanaged) in the sequential unfolding of verbal autopsy interviews.

RESULTS

The analysis of verbal autopsy interactions reveals pervasive patterns of asymmetrical roles and frequent manifestations of conflicting expectations, which significantly shape the communicative landscape of these encounters.

Asymmetrical Roles in Interaction

The interviewer consistently assumes and maintains a dominant, institutionally sanctioned role, primarily through control over turn-taking, topic initiation, and question design. This aligns with observations in other institutional settings where professionals guide the interaction [10, 22].

Turn-Taking and Topic Control: Interviewers predominantly initiate turns, often with direct questions, and control topic shifts. For instance, an interviewer might abruptly shift from a respondent's narrative about the deceased's character to a specific symptom checklist question, signaling their adherence to the institutional agenda [10].

1. *Example:*
    - **Respondent:** "He was a very strong man, always working in the fields, never complained until that last week..."
    - **Interviewer:** "Yes, I understand. Now, can you tell me if he had a fever in the days leading up to his death? [Question from VA form]"

This demonstrates the interviewer's gatekeeping role, steering the conversation back to the pre-defined questionnaire structure, thereby limiting the respondent's opportunity for extended narrative contributions [13].

Question-Answer Sequences: The interaction is heavily structured around interviewer-initiated question-answer pairs, where the interviewer's questions are typically closed-ended, fact-seeking, and designed to elicit specific pieces of information required by the VA questionnaire [27].

2. Example: "Did he have difficulty breathing?" "Was there any swelling?" "How many days was he sick?"

Respondents are thus positioned as information providers, with their contributions often constrained to brief, factual answers. While interviewers may occasionally use open-ended prompts, these are frequently followed by more specific, directive questions if the initial response deviates from the required data format. This contrasts sharply with ordinary conversation where participants have more equitable rights to ask questions and introduce topics [10].

Linguistic Features and Formal Register: Interviewers often employ a more formal, detached register, utilizing medical or quasi-medical terminology, even when simplifying it for lay understanding [22]. This linguistic choice reinforces their professional identity and the institutional nature of the interaction. Respondents, conversely, tend to use more colloquial language, often interspersed with emotional expressions or personal anecdotes.

3. **Example:** An interviewer might ask about "respiratory distress" while a respondent describes "gasping for air."

This linguistic asymmetry underscores the power differential and the differing epistemological frameworks at play: the interviewer seeking clinical signs, the

respondent describing lived experience [22].

Conflicting Expectations and Their Manifestations

The analysis reveals a fundamental clash between the interviewer's institutional objective of precise cause-of-death ascertainment and the respondent's potential desire for a more holistic, emotionally resonant interaction. This conflict, while often subtle, manifests in various interactional troubles.
Information-Seeking vs. Narrative-Sharing: Interviewers are primarily driven by the need to gather specific, quantifiable data points to feed into diagnostic algorithms [21, 29]. Their questions are designed to extract these facts. Respondents, however, often approach the interview with a desire to narrate the story of the deceased's illness and death, to share their grief, or to provide context that they deem important, even if it falls outside the questionnaire's scope [20].

- ***Manifestation:*** Respondents may offer lengthy, unsolicited narratives that interviewers gently (or sometimes abruptly) redirect back to the questionnaire's specific prompts. This can be perceived by the respondent as a lack of interest or empathy, even if unintended by the interviewer.
- **Example:** A respondent might begin detailing the deceased's life history, only to be interrupted by the interviewer asking, "And specifically, what were the symptoms in the last 24 hours?" This reflects a clash between a 'story-telling frame' and an 'information-extraction frame' [14, 15, 24].

Emotional Expression vs. Factual Detachment: The VA interview, by its very nature, takes place in a highly emotional context for the respondent. Expressions of grief, sadness, or even anger are common [19]. Interviewers, while trained to be empathetic, are also tasked with maintaining a degree of professional detachment to ensure objectivity and adherence to protocol.

- **Manifestation:** Interviewers may offer minimal receipt tokens (e.g., "Mhm," "I see") during emotional disclosures, or quickly pivot back to factual questions, rather than providing extended emotional support or validation [22]. This can lead to respondents feeling unheard or that their emotional experience is secondary to the data collection.

Understanding of "Cause of Death": The institutional understanding of "cause of death" is often a biomedical one, focusing on a specific disease or condition [29]. Respondents, however, may have a broader, more holistic, or culturally informed understanding that includes spiritual, social, or environmental factors [20].

- **Manifestation:** When asked about the "cause of death," respondents might offer explanations like "it was God's will," "he was just weak," or "it was due to bad luck," which do not fit the biomedical categories required by the VA instrument. Interviewers then face the challenge of re-phrasing or probing to extract the biomedical signs and symptoms, which can lead to frustration on both sides and potentially incomplete or inaccurate data. This highlights a fundamental difference in framing the event [14, 15].

These conflicting expectations often result in interactional friction, including repeated questions, hesitant or evasive answers from respondents, and instances where the interviewer has to explicitly re-state the purpose of the interview or re-direct the conversation. While interviewers strive for efficiency and accuracy, the underlying tension from these disparate roles and expectations can impede the natural flow of information and potentially impact the quality of the verbal autopsy data [20].

DISCUSSION

The findings of this discourse analysis underscore the significant impact of asymmetrical roles and conflicting expectations on the communicative dynamics of verbal autopsy interviews. The interviewer, as a representative of an institution, consistently exerts interactional control, guiding the conversation towards the pre-defined objectives of the VA questionnaire [10, 27]. This power differential is evident in their control over turn-taking, topic management, and the prevalence of closed-ended, fact-seeking questions. Such patterns are consistent with research on institutional talk, where professionals often maintain discursive dominance to achieve specific organizational goals [10, 22].
However, this institutional imperative often clashes with the respondent's frame of understanding and their emotional state. While interviewers aim for objective data collection, respondents may seek an opportunity for narrative expression, emotional processing, or a broader, non-biomedical explanation of death [20]. This divergence creates a communicative tension, where the interviewer's pursuit of specific facts can inadvertently marginalize the respondent's lived experience and emotional needs. This aligns with observations in other healthcare contexts where the clinical agenda can overshadow the patient's holistic concerns [9, 22]. The linguistic choices made by both parties further highlight this asymmetry; the formal register of the interviewer contrasts with the more personal and emotional language of the respondent,

reflecting their disparate roles and orientations to the interaction [22].

The implications of these conflicting expectations are profound. When respondents' attempts to narrate or contextualize are consistently redirected, it can lead to a sense of being unheard or misunderstood, potentially impacting their willingness to provide detailed information or even their perception of the interview's legitimacy [7, 24]. Furthermore, the institutional framing of "cause of death" as a purely biomedical event can create a barrier when respondents operate from a more holistic or culturally informed understanding. This disjuncture necessitates careful navigation by interviewers, who must balance the need for structured data collection with the sensitivity required in a bereavement context [25]. Miscommunication arising from these clashes can lead to incomplete or inaccurate data, thereby compromising the reliability of verbal autopsy as a public health tool [20].

This study highlights the need for a more nuanced understanding of verbal autopsy as a communicative event, rather than merely a data collection exercise. While the standardized questionnaire is essential for comparability, the interactional processes through which it is administered are equally critical. The findings suggest that current VA training protocols might benefit from a greater emphasis on communication skills that acknowledge and address these inherent asymmetries and potential expectation clashes. This could involve training interviewers in more flexible probing techniques, active listening, and strategies for validating emotional expressions without losing sight of the interview's primary objective. Drawing on principles from critical ethnography and applied sociolinguistics [6, 5], training could equip interviewers to better navigate the complex interplay of institutional roles, personal narratives, and cultural understandings.

Limitations

This analysis is based on a theoretical framework applied to hypothetical interactions, rather than actual empirical data. While drawing on established discourse analytic principles and existing literature on institutional talk and verbal autopsy, the absence of real-world transcripts means that specific interactional sequences and their immediate consequences could not be analyzed in detail. Future research should involve rigorous empirical studies using actual recorded VA interviews to validate and expand upon these observations. Additionally, the study did not account for variations across different cultural contexts, which could significantly influence the communication dynamics in VA interviews.

Future Research

Future research should prioritize empirical studies utilizing recorded verbal autopsy interviews from diverse cultural settings. This would allow for a detailed, turn-by-turn analysis of how asymmetrical roles are enacted and how conflicting expectations are managed or mismanaged in real-time interactions. Specific areas for investigation include:

- The impact of interviewer training on communicative effectiveness and data quality.
- Cross-cultural comparisons of VA interactions to identify culturally specific communicative challenges and strategies.
- The development and testing of communication interventions designed to mitigate the effects of asymmetrical roles and conflicting expectations in VA interviews.
- Longitudinal studies examining the long-term impact of VA interviews on bereaved family members.

CONCLUSION

Verbal autopsy interviews, while vital for public health, are complex communicative events characterized by inherent asymmetrical roles and often conflicting expectations between interviewers and respondents. This analysis, drawing on discourse analytic principles, reveals how interviewers' institutional goals of factual data collection can clash with respondents' desires for narrative expression and emotional processing. These interactional tensions, if unaddressed, can compromise the quality of the data and the overall effectiveness of the VA process. By recognizing and understanding these communicative intricacies, there is an opportunity to enhance interviewer training, foster more empathetic and effective communication strategies, and ultimately improve the reliability and sensitivity of verbal autopsy as a critical public health tool. Moving forward, a greater emphasis on the human interaction at the heart of verbal autopsy is essential to ensure both scientific rigor and compassionate engagement.

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