

The more, the better: overinformativeness by patients in Chinese online medical consultation

Xiaojiang Wang

Nanjing University
China

Yansheng Mao

Harbin Engineering University
China

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Xiaojiang Wang: School of Foreign Studies, Nanjing University, China. ORCID: 0000-0001-7836-4865.

| E-mail: 1557767959@qq.com

Yansheng Mao: Foreign Languages Department, Harbin Engineering University, China. ORCID: 0000-0002-5684-6481. | E-mail: wiltonmao@163.com

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Abstract

This study attempts to investigate the forms and functions of overinformative responses employed by Chinese e-patients in online medical consultations with qualitative analysis. Based on Internet-elicited dataset collected from chunyuyisheng.com, it is found that e-patients' overinformative responses can be formally categorized into mono-propositional and multi-propositional categories. Functionally, overinformative responses can be primarily employed by the patients for the purposes of grounding, expanding, and disarming in the context of OMCs. The current study will not only contribute to our further understanding of doctor-patient discourse, but also shed new light on the identification and interpretation of e-patients' pressing request for diagnosis.

Keywords: overinformative responses; online medical consultation; e-patient; rapport

1. Introduction

Since the increasing popularity of the Internet in people's daily life (Zhao, 2019), the medical model has undergone a fundamental change (Mao and Zhao, 2019), especially as online medical consultations (OMCs) have started to flourish in China and the world (Al-Mahdi and others, 2015). Through delineating the conditions in e-healthcare websites just in a click away, e-patients can have access to communicate with doctors online, acquiring requisite test diagnoses and results immediately (Maynard and Marlaire, 1992). Whereas, due to the confinement of the virtual or online context (Locher, 2006) and chat tools, it cannot be guaranteed that doctors can grasp patients' symptoms or points to full advantage at the other side of the screen (Mao and Yang, 2017). To overcome the barriers above, e-patients often resort to some linguistic strategies to explicate their conditions (Mao and others, 2023; Wang and others, 2021). For instance, to obtain targeted therapies as much as possible, e-patients seeking medical consultations on the websites are inclined to reply to doctors with sufficient, or even overloaded, information through overinformative responses (Wu and others, 2013). In view that e-patients asking for help online prefer efficiency and effectiveness (Gill and Roberts, 2012), they are driven to employ overinformative strategies to complete medical consultation as quickly as possible.

Being rich in approaches, the previous studies (Alonso-Almeida, 2015) has predominantly investigated the language strategies doctors and patients employ in OMCs and how these strategies mold and impact the doctor-patient interactive patterns and results (Mao and Zhao, 2019). Just as Gill and Roberts (2012) hold that, online medical analysis exerts a far-reaching impact upon a better understanding of how dimensions of health care can be improved with the assistance of felicitous linguistic choices. From this, some studies which addressed the language strategies used in online medical consultations were carried out from the perspective of pragmatic or sociological ones, such as identity construction (Mao and Zhao, 2018), trustworthiness construction (Zhao and Mao, 2019), mitigation (Mao and Zhao, 2019), and empathy (Zhang, 2020). However, while the language strategies employed by doctors in OMCs have been thrust into relatively sufficient attention in prior studies, research on e-patients' language usage is still underexplored. Against this backdrop, this study serves as an attempt to delve into how overinformative responses are exploited by Chinese e-patients as a pragmatic strategy in online medical consultations.

To these ends, this paper is structured into five parts. Part one sketches the general contour of this paper, and part two reviews previous studies on the language use of patients in medical consultations and overinformativeness. While part three adumbrates methodology of this study, part four elaborates on the forms and functions of overinformative responses in OMCs. Following that, the conclusion will be drawn with implications, limitations, and suggestions indicated for further studies.

2. Literature Review

2.1. Previous studies on the language use of patients in medical consultations

In clinical consultations, patients generally resort to narratives to unfold their consultation services. Naturally, the language use and communicative styles of patients are deemed as critical for the development of medical consultations as well as doctors' understanding of their conditions (Padfield and Zakrzewska, 2017; Walid and others, 2008). So far, some studies have been carried out to explore the features of the language use of patients. For example, Jaworska and Ryan (2018) conducted a corpus-based discourse analysis of patients' narratives and found that communicative repertoires utilized by women and men are varied. Also, a large body of research has been launched on the critical role that patients' narratives play in doctors' perception of illness (Hamilton and Chou, 2017).

With substantial use of social media in healthcare (Rueger and others, 2020), it is observed that patients tend to seek medical information and emotional support via the Internet (Smailhodzic and others, 2016). Regarding OMCs, web-based consultation forums provide e-patients with the appreciated access to share experiences and gain support mutually (Nath and others, 2016). Prior studies on the language use of e-patients have predominantly concentrated on their illness narrative discourses from the perspective of peer support (Cristall and others, 2020; Davis and others, 2014). Given that patients' language use might vary in different disease consultations, some studies are conducted to parse out the characteristics of patients' narratives (Cristall and others, 2020; Wise and others, 2008). Apart from examinations adopting qualitative approaches to sketch out the functions or forms of illness narratives aggregated from consultation websites, some scholars conduct empirical research on this genre. For example, by analyzing the interaction data over consecutive twelve years, Rueger and others (2020) examine to what extent the peer narratives could attract positive feedback from other patients.

Except for research on traditionally clinical consultations, prior studies have primarily shown solicitude for the language employment of e-patients in peer support discourse, with sparse research on the language use of e-patients in doctor-patient consultations. Besides, the aforementioned research, whether online or offline, basically focus on the discourse analysis from a holistic viewpoint, with scant attention projected to interactive and interactional language usage by patients.

While the studies above are all about patients' language use in western languages, scholars also probe into the characteristics of language employed by patients in Chinese medical consultations. For instance, Chen (2012) is regarded as the first attempt to study the interactional functions of the patients' utterance in the course of medical consultations through a diachronic comparison of the doctor-patient relationship and put forward the necessity

to render respect to the discourse power of patients. Along the same vein, Wang and Zhao (2016) note the discourse strategies of patients from the angle of medical anthropology and point out that the key concern of patients' language is the restoration and reconstruction of their personality. Linguistically, Wu (2011) analyzes patients' overinformative responses in Chinese clinical setting from a pragmatic perspective. Furthermore, Wu and others (2013) classify four distinct types of patients' overinformative responses in the frame of speech acts. However, existing studies in this field have predominantly examined patients' language usage such as overinformative responses in face-to-face clinical consultations, with scant works to date being devoted to Chinese OMCs. From this, it follows that it is of significant value to delve into how doctor-patient communication is constructed by e-patients with the help of linguistic devices like overinformative responses.

2.2. Previous studies on overinformativeness

As a phenomenon pervasively used in daily communication, overinformativeness has long been a sharing concern of research for linguistic scholars with diverse academic backgrounds (Chen, 2004). Ongoing efforts have been spared to delineating and illustrating this phenomenon in an attempt to grasp an embedded understanding of such an issue. Most of the previous studies on overinformativeness are conducted from a linguistic and interactive perspective. With regard to linguistic perspective, two approaches, namely, the conversational analysis and the pragmatic approach, are adopted. For instance, Edmonson (1981) distinguishes supportive move from the head act, and categories the supportive move into three types. Similarly, Clark (1991) proposes three functionally different moves: preliminary move, expected move, and added move. In terms of the pragmatic approach, Ferrara (1980) draws on speech act theory and contends that the subordinate speech act serves for the intention in the main speech act explicitly or implicitly, while Grice's overinformativeness (1975) is prone to trigger specific conversational implicature by violating the maxim of quantity. As opposed to the linguistic perspective, some studies are carried out from the angle of the initiator and the responder in the communication (i.e. from the interactive perspective). For example, both Ferrara (1980) and Edmonson (1981) argue for the additional illocutionary force of speakers' interactional overinformativeness. Reversely, some studies examine this issue from the perspective of the responder. For example, Clark (1991) holds that overinformative responses are not expected by the initiator, yet they are structurally and functionally richer than preferred ones (Mey, 1993). In this way, the general patterns and communicative functions of overinformativeness have been figured out.

The earliest study in Chinese on this topic can be traced back to Xu (1984), where overinformativeness is identified as redundancy without attending to its linguistic structures. Chen (1999) appears to be the first to shed light on the overinformativeness in conversational exchanges. In the framework of Verchueren's theory of linguistic adaptation (1999), Ferrara's extended speech act theory as well as Brown and Levinson's face theory (1987),

Chen (1999) investigates the phenomenon of interactional overinformativeness from the view of the initiator and the responder, which sheds crucial enlightenment on functionality, variability, negotiability, and generative mechanism of this phenomena. In line with Chen (2004), Jin and Wang (2022) claim that overinformativeness is strategically supplied by interlocutors for certain purposes rather than redundantly. Apart from these studies from a theoretical perspective, a few studies have kept a watchful eye on the phenomenon of overinformativeness in interactional scenarios like interviews, TV shows (Zhang, 2013), Chinese courtrooms (Xu and Li, 2006) and clinical setting (Wu, 2011). Despite the achievements above, some limitations remain in the research of overinformativeness. On the one hand, some data in prior studies are not natural enough; on the other hand, inadequate attention has been devoted to interactional communication online which takes up a large proportion in the institutional discourse (Mao and Zhao, 2019). As such, it is of significant value to cast fresh attention to the employment of overinformative responses in online institutional interactions.

3. Methodology

3.1. Research questions

1. What forms of overinformative responses are used by e-patients in Chinese online medical consultations?
2. What functions do these overinformative responses embrace in online medical consultations?

3.2. Data collection

A recent research report released by ii-Media Research, namely “2018-2019 China Mobile Health Market Research Report”, the number of users in China’s mobile healthcare market is up to 138 million by December 2018, when mobile healthcare apps boast the coverage rate of approximately 22.24 % among Internet users. Of these medical apps, “Chunyu Doctor” ranks the first in the domestic mainstream mobile healthcare field with a coverage rate of 25.5 %, which is principally designated to online medical consultation service as well as enjoys e-patient satisfaction up to 90 %. In this website, more than 330,000 inquiries from e-patients are proposed and settled, represented as one of the largest mobile doctor-patient communication platforms in China and even the world.

Thus, to obtain a convincing and overall understanding of the forms and functions of overinformative responses used by e-patients in online medical consultations, *chunyuisheng.com* is taken as the major source of the dataset for our study, where the conversations between e-patients and doctors are acquired. 601 selections of conversations between doctors’ inquiries and patients’ responses were randomly collected from <http://www.chunyuisheng.com>

isheng.com/, out of the consideration of their appropriateness and analyzability. Of these, 567 dialogues are valid, with the remaining 34 dialogues unavailable or reduplicated.

Concerning the formula of data collection, all conversations aggregated and examined in this study are in line with the ensuing format: first, both doctors' questions and patients' responses will be translated faithfully; second, the source of each example will be rendered taken the form of a retrieved address. To be clear, the archived consultations are publicly available for viewing with the permission of participants in each OMC through visiting the *question-answer* section of the website (Zhang, 2020), thereby the OMC text serves as a typical case of a public environment which is allowed to study without consent (Ren, 2018).

3.3. Data analysis

In terms of the coding process, an array of different stages is demanded with reference to the grounded approach (Corbin and Strauss, 1990). Firstly, we noticed that several words, phrases, or sentences produced by e-patients can perform the function of responding to the questions from doctors in an explicit manner, with the remaining section of e-patients' responses is auxiliary in that they function to support the former. Then, we labeled the former as head acts whilst the latter as supportive moves, and the coding process would not be completed unless new head acts and supportive moves sprouted up and till new data contributed to responses. Remarkably, during the process of coding, all the data were read and identified by a health discourse analyst and a pragmatic researcher over several rounds, and the coding scheme with selected instances is presented in the ensuing part. At last, we classified these supportive moves conveying extra information into two types in light of the framework proposed by Chen (2004). To be specific, multi-propositional over-informative responses comprise coordinated units of extension for additional information, while mono-propositional overinformative responses merely contain one unit of added extra information, with the subordinated pattern of extension included. Furthermore, each identified response was examined with respect to its forms and potential functions or impacts at a discursive level within the larger context of an OMC text.

4. Research findings

4.1. Forms of overinformative responses used by e-patients in online consultation

We classified these supportive moves conveying extra information into two types, in light of the framework proposed by Chen (2004). To be specific, mono-propositional overinformative responses merely contain one unit of added extra information, with the subordinated pattern of extension included, while multi-propositional overinformative responses comprise coordinated units of extension for additional information.

4.1.1. Mono-propositional overinformative responses

According to Chen (2004), the content as well as its account of information is considered and selected by the interlocutors in verbal communication. In terms of the account of information, it serves as a lens through which we can have an insight into how the interlocutors organize the information linguistically (Gardner, 2001). As for mono-propositional overinformative responses, they refer to the overinformative cases, where only one unit or one genre of supportive extra information is introduced. In OMC settings, mono-propositional overinformative responses are widely used by e-patients with the purposes of providing information relevant to their symptoms or therapies of the same type. Excerpt 1 below is an example illustrating how mono-propositional overinformative responses are utilized by an e-patient who consults about the effect of cold on vaccination.

Excerpt 1

01 Doctor (D): Haven't your baby taken any medicine recently?

02 E-patient (P): Just a few days ago, my baby had a cold, a little cough and runny nose. And he/she took pediatric paracetamol, artificial cow-bezoar and chlorphenamine maleate granules.

As shown in excerpt 1 above, the doctor enquires about the baby's drug use at the preface of the medical conversation. In response to the question, the e-patient informs the doctor of the exact time of the anti-cold medicine in the head act. Here, it is noted that the head act is placed at the end of the responses (Clark, 1991). By this means, the e-patient has fulfilled what the doctor expects (Clark, 1991). However, in this case, s/he represents his/her baby's symptoms in the form of a mono-propositional overinformative response in the outset. In this way, symptoms concerning the baby are informed of the doctor as well apart from name of the drug, contributing to the doctor's follow-up diagnosis conduction and treatment recommendation.

4.1.2. Multi-propositional overinformative responses

Multi-propositional overinformative responses serve as the other language pattern to provide extra information for the interlocutors in verbal communications. Specifically, unlike mono-propositional overinformative responses, units of this pattern of extension for additional information are coordinated (Chen, 2004). In terms of OMC scenarios, chances are that e-patients employ multi-propositional overinformative responses to extend their additional information from diverse perspectives, such as causes, conditions, and self-diagnosis (Wu and others, 2013). For instance, as follows, multi-propositional overinformative responses are used by an e-patient who consults about blurred vision caused by migraines in excerpt 2.

Excerpt 2

01 D: Is the eyeball movement normal?

02 P: The one that seems to be problematic, and the normal one, rotate to the right together normally. When they rotate over the left together, the abnormal one will appear to be unable to rotate the same distance as the normal one. It is as if the normal one turns to reveal half of the black eyes, and the abnormal one can only show 2 / 3. When observing from the front, the abnormal one is a little prominent, as if it is a little bigger than the normal eye, and it feels slightly cross-eyed. I was treated in the hospital last year. I went to the neurology department, where I was only hospitalized for doing various tests, including hemography. It turned out that both eyes were all normal. (In particular,) the doctor (even) did not know why I came. And it became normal later.

03 D: Have you ever had an eye exam? It's probably strabismus.

In excerpt 2 above, in response to the doctor's inquiry, the e-patient does not merely indicate that one of his/her eyes is normal while the other one being abnormal in a succinct mode as expected by the doctor. Oppositely, s/he addresses a lengthy self-description. Of this, the e-patient does not only explicate the rotating situations of the abnormal eye with comparison to the normal one, but also depicts its shape when observing from the front. Moreover, the e-patient unfolds his/her inspection process and sudden restoration. In this way, detailed conditions about the abnormal eye are made tangible to the doctor in OMCs like face-to-face clinical consultation whilst the e-patient's inspection experience being accessible (Mao and Zhao, 2018). On account of elaborate delineation from the e-patient in virtue of multi-propositional overinformative responses (Chen, 2004), the foundation of the doctor's follow-up consultation is laid, as demonstrated in turn 03. In this sense, multi-propositional overinformative responses employed by e-patients serve to the supplement comprehensive information to doctors in OMC scenarios (Grice, 1975).

4.2. Functions of overinformative responses by e-patients in online consultation

It is found in our analysis that three types of overinformative responses were employed by Chinese e-patients in online medical consultations: grounding, expanding and disarming, all of which are directed towards informative and harmonious rapport between e-patients and doctors in OMCs.

4.2.1. Overinformative responses for grounding

As Ferrara (1980) argues, overinformative responses for grounding usually account for the intention, motivation, cause or reason of the head act. Specifically, for e-patients in OMCs, grounding is a way to interpret or support the preliminary reply in the head act. With the help of such a seemingly redundant linguistic device, an e-patient responds to the inquiries from the doctor in an accurate and precise way (Luo, 2019). In turn, the doctor could have access to concrete delineation and reasonable explanation, which contributes to doctors' embedded recognition of e-patients' request as well as conditions. Moreover, the reliable

or grounded response is conducive to accurate diagnosis and effective therapies, which certainly conforms to the interest of the e-patient *per se* (Leech, 2014).

Overinformative responses for grounding provide detailed information, illustrating or bearing out the head act from the straightforward perspective (Edmonson, 1981). As the e-patient replies to the doctor's question directly and positively through head act in the outset, s/he is inclined to strengthen his/her proposition via thorough explanation and cogent evidence in an attempt to elicit the doctor's attention (Johnstone, 1987), thereby propelling the subsequent inquiries as well as successful consultation progression. Furthermore, due to the limitation of the virtual context and linguistic ambiguity (Grice, 1989), e-patients cannot display their elaborate conditions merely depending on a brief agreement. To advance doctors' better understanding of their situation, it is ineluctable for them to employ overinformative responses to clarify the facts. Consequently, the doctor could obtain relatively precise information based on the unasked affirmation from e-patients. In short, overinformative responses for grounding can function as the positive illustration as well as deficit certification (Ferrara, 1980). As the following excerpt 3 displays, the overinformative response for grounding is cooperatively used to provide a trustworthy explanation when the e-patient consults about why she has symptoms like dizziness, tinnitus, palpitation and shortness of breath.

Excerpt 3

01 P: By the way, let me say, is it possible that these symptoms are caused by my cold?

02 P: In this situation, do I need to go to the hospital for further examination?

03 P: Or to observe first and wait until the (next) morning to see if it is relieved?

04 D: Take a break and have a look. Have you not had a good rest?

05: P: Yes, this is my body clock. Every day I go to bed late and get up at around 2 p.m. I have enough sleep.

06 D: The duration is enough, but it is different (from the normal one).

In excerpt 3, the e-patient is quite anxious in that s/he put forward an array of queries about the cause and coping measures of these symptoms, as illustrated in turn 01, 02 and 03. Upon that, the doctor provides relevant suggestions and conducts a conjecture. To be specific, by resorting to a rhetorical question (Guo, 1997), the doctor speculates the possibility that the e-patient possesses an unideal rest on account of his/her professional expertise and clinical experience (Mao and Zhao, 2018) as well as the e-patient's medical history. Here, apart from the professional deduction, it manifests that the doctor holds an undefined viewpoint towards this inference (Wu and others, 2013) and anticipates subsequent identification from the e-patient with the help of the rhetorical question, which represents the responsibility of the doctor as well. In response to the doctor's queries, the e-patient could have barely replied with the head act *I have enough sleep*. Rather, the e-patient addresses an overinformative response for grounding spontaneously (05), by which s/

he certifies that s/he possesses sufficient sleep. In this way, the doctor could grasp a fundamental cognition of so-called ample sleep, as shown in turn 06. As such, the overinformative response employed by the e-patient does not only serve for underpinning the head act (Chen, 2004) and evoking the doctor's attention. On the other hand, such unexpected move renders the doctor tangible information which advances the targeted analysis from the doctor in turn 06, hence preventing the e-patient's misunderstanding (Zeng, 2013) and the doctor's misjudgment, for the head act merely embodies the e-patient's self-cognition about his/her conditions. Without overinformative response for grounding, the successive therapies or suggestion would be void or even misguided.

4.2.2. Overinformative responses for expanding

According to Chen (2004), overinformative responses for expanding are employed by the interactants calculatedly to anticipate the potential appeal to excess messages or details before the examination from other participants. In the case of OMCs, different from grounding, expanding is frequently used by e-patients to provide extra cues concerning their conditions or treatment as well as raise a query in addition to the content in head acts (Sperber and Wilson, 1995). As the medical consultations are conducted in the virtual context where physical features are unavailable to doctors, it is conducive to mitigating their information gap in the aid of patients' active participation in the consultation by virtue of overinformative responses for expanding (Bavelas and others, 2000). In this sense, the employment of overinformative responses for expanding by e-patients signals positive adaptivity (Verschuere, 1999) to the virtual context and high sensitivity of cooperation with doctors on the other side of the screen. More importantly, this unexpected intervention serves as an emblem of patients' proactive engagement in OMCs rather than serving as negative recipients. For example, excerpt 4 below indicates how an e-patient provides relevant clues on red spots on hands and feet by dint of overinformative responses for expanding.

Excerpt 4

01 D: How's the mental state of the baby?

02 P: It's okay. And she had itchy hands and feet for half an hour last night.

03 D: Are there mosquito bites?

Here, in excerpt 4, following the brief head act that signals the normal status of the baby in response to the doctor's inquiry, the e-patient refers to the itchy symptom and consequent effect on his/her baby as a complement. That is to say, upon recognizing that the doctor might conduct the consultation in line with a regular formula in turn 01, overinformative responses for expanding by the e-patient can be considered as an attempt to induce shift (Hansson, 2015) of the doctor's concentration as well as further analysis on physical conditions of his/her baby. As manifested in turn 03, it can be drawn that unexpected information supplied by the e-patient brings about his/her desired outcome that the doctor set out to

lay attention to whether the baby was bitten by the mosquito. Intrinsically, the supplemented message caters to the effective and efficient needs of the e-patient in OMCs. In turn, it promotes the doctor's comprehensive understanding and targeted diagnosis towards the e-patient's situations.

4.2.3. Overinformative responses for disarming

As Edmonson (1981: 122) argues, overinformative responses for disarming are designed to shuffle or eliminate potential or real discomfort or hostility by "calling one's own violation". Unlike the grounding and the expanding, disarming moves do not contribute to the substance of the interactional discourse in general. Rather, they are regarded more as attitude markers, or more accurately, exemption tools. Similarly, specific to OMCs, overinformative responses for disarming are manipulated by e-patients under some circumstances to downgrade imposition on the doctor (i.e. seeking for immediate guidance or diagnosis) or to reduce negative affection aroused by their dissatisfactory utterances or offensive photographs concerning their symptoms. In other words, it is anticipated by e-patients that what presented in their head act might stir up doctors' resentment, refusal, or rejection (Chen, 2004). Thus, to some extent, their conscious employment of overinformative responses for disarming supportive can be deemed to be strategies to satisfy or repair the doctor's positive face as well as negative face (Brown and Levinson, 1987). In this way, the discomfort or conflict that could have happened is avoided and settled in that the e-patient manages to put himself/herself in the doctor's shoes, further fostering a healthy consultation atmosphere and harmonious doctor-patient rapport in OMCs (Spencer-Oatey, 2002). For instance, in excerpt 5, overinformative responses for disarming are adopted many times by an e-patient who consults about hypertension and coronary heart disease.

Excerpt 5

01 D: Any other questions?

02 P: I'm sorry to delay your rest. This is the last question. During the national day, I went home and worked hard for several days. After I came back, I felt that my physical strength was not as good as before. Does this have anything to do with the heart? Thank you.

03 D: Of course, this has something to do with it. It's a sign of decreased heart endurance. It indirectly suggests that we should pay more attention to the condition of heart and blood vessels.

Here, in excerpt 5, in the beginning, the doctor inquires whether anything else is not clear to the e-patient, which is customarily seen as a concluding remark if no follow-up questions are addressed (Wu and Yu, 2003). In light of that, the e-patient does not extend his/her enquires about decreased physical strength immediately. Rather, the e-patient performs an expressive speech act (02) and a commissive speech act of apology

in the outset (02) (Searle, 1975). Furthermore, the e-patient delivers his/her gratitude to the doctor through acknowledgment once more immediately after the inquiry. In terms of semantic values, overinformative responses for disarming above employed by the e-patient contribute nothing to the valid content of his/her examination. Whereas, it contributes to the interpersonal relations between the doctor and the e-patient as a relational facilitator (Edmonson, 1981). As proved here, it is manifested that the e-patient anticipates excessive enquiries might give rise to the doctor's impatience and even disturb his/her rest (Chen, 2004). Thereby, the e-patient resorts to such seemingly spare utterances in forms of overinformative responses for disarming, aiming to mitigate the doctor's resentment, hesitation or opposition (Hansson, 2015). This attentively overinformative responses for disarming (Mao and others, 2023) is proved to be rewarding since the doctor provides an elaborate analysis and corresponding treatment for his/her conditions (03). Remarkably, the inclusive person deixis 'we' in turn 03 evidences the doctor's positive impression on the e-patient.

5. Conclusion

It is argued that online medical studies on the linguistic strategies used by both doctors and patients conduce to a better understanding of how appropriate linguistic choices will bring about the influence on an effective and efficient doctor-patient communication (Gill and Roberts, 2012) as well as harmonious consultation atmosphere. The present study delves into overinformative responses phenomenon embodied in patients' discourse in online medical consultations. As a result, two types of overinformative responses have been examined, namely mono-propositional and multi-propositional overinformative responses. Besides, it can be deduced that functions of overinformative responses could be categorized as following, overinformative responses for grounding, expanding as well as disarming. The results drawn in this study might produce a far-reaching effect on both a practical and theoretical level. Practically, the results could inspire doctors in online and offline scenarios to lend an ear to patients' self-disclosure as well as elicit their proactive participation. In this way, it does not only contribute to a high-quality medical consultation, but also win highly evaluation from patients, especially in online medical consultations. Theoretically, it may serve as a verification of the variability of information quantity in overinformative responses put forward by Chen (2004). On the other hand, it can be deemed as the universality of overinformative responses within both physical as well as virtual context. Whereas, it should be born in mind that e-patient's overinformative expressions collected in this dataset touch more on their responses to inquiries from doctors. The ensuing studies are expected to probe into overinformative responses employed by doctors online. Last but not least, our study investigated overinformative responses without considering gender differences of e-patients. The follow-up studies may inspect the impacts of gender differences on the usage of overinformative responses.

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