Pilot study: Politeness Strategies in selected Doctor-Patient Interactions in Ibadan Private Hospitals

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***Abstract*: The professional side and social side of medical discourse have been recognized by scholars. Scholarship in the Nigerian Medical Context has geared towards the professional side until recently that the social side is given attention. Earlier researches that have investigated politeness within the Nigerian context of medical discuss have not given primacy to private hospital. This paper is a pilot study to investigate how Politeness Strategies are deployed in Doctor-Patient interactions in private hospitals in Ibadan. With specific objectives of investigating how doctors employ politeness strategies in eliciting information from patients; investigating the kind of face wants of patients in doctor-patients interactions; examining the asymmetry between doctors and patients. It was been discovered that doctors mostly make use of bald on-record strategies with older patients and more of positive politeness strategies with children. Patients, employ positive politeness strategy and negative politeness as demanded by the emerging context of interaction.**

***Keywords*: Medical Discourse, Politeness, Strategies, Private Hospital, Ibadan**

I. INTRODUCTION

According to Brown and Yule (1983), there are two basic functions, language performs, and they are transactional and interactional functions. The function is transactional when language is used to convey information, and it is interactional when language is used as a means of social relation maintenance.

Yule (1995:59) furthers that "much of what we say...is determined by our social relationships". Language is used among people, in different societies, institutions and contexts. This is where language and discourse becomes intertwined. According to Roy (2000), "Discourse is the language as it is actually uttered by people engaged in social interaction to accomplish a goal." A particular focus on language use, discourse as function.

Johnston and Schembri (2007) further that "Discourse…has coherent meaning for someone who knows the language…language in use, and how context determines meaning." In discourse, there are linguistic choices made by interactants to ensure a smooth conversation. Such linguistic choices to be examined in this study, is politeness strategies. Yule (1996) opines that in conversations, there are variables considered by people "whether consciously or sub-consciously, that help them determine the form that their speech will take".

The form of politeness might differ from one culture to another and the ways an institution determines what is obtainable within its structures. Such given in this study, is that of doctor-patient interactions, where patients get involved in so as to get the best medical attention, and doctors will need to as a lot of question to elicit information as well as give instructions to patients.

Linguistic politeness across cultures may not be expressed by a unique lexical term, but there are specific ways of expressing such a context. Linguistic politeness could be explained as a universal of human social interaction across cultures. It would be one factor in which forms of human interaction could be interpreted and described as instances of politeness and in which terms of linguistic usage in any language community could be observed and analyzed as helping to construct and produce politeness. This study is devoted to show how the politeness phenomenon, is realized in doctor-patients interactions in private hospitals.

II. SITUATING RESEARCH

Odebunmi (2011) classifies Studies in medical discourse into two categories: the scientific and the social. He explains that "in its scientific angle, medicine deals with diagnoses and treatment of diseases, while in its social slant, it builds a relationship between the doctor and his/her clients through communication." Given the social context, and the interpersonal nature of communication, scientific (professional) dimension of the medical discourse has to cooperate with the social dimension for effective and efficient communicative results. The professionalism of the doctor fuses with social affordances, realities and expectations. In line with Coupland (1994:9) position on the relationship between institutional frames and socio-relational frame Odebunmi (2013:102) on the doctors-patients interaction in Southwestern Nigeria, asserts that "clients and doctors in Southwestern Nigerian hospitals relate at hierarchic and non-hierarchic levels during consultations, depending on the activity in process and the level of social bonding between them."

What is considered polite varies from culture to culture. Usually participants are aware of the existence of norms of politeness. In different social situations, one is obligated to adjust use of words to fit the occasion. To ensure smooth communication and to also consider emotional attitudes doctors within the Nigerian hospital context try to be polite

during consultations with patients. In the same vein, patients in their attempt to get the best of healthcare, try to be polite.

Understanding the notion of politeness, dictates what may be allowed in the interactions between the doctor and the patient. This is in line with Coiera's (2008:181) formal and informal structures use of the communication systems to make rooms for the communication need. A communication system involves people, the messages they wish to convey, the technologies that mediate conversations, and the organizational structures that define and constrain the conversations that are allowed to occur.

Doctors employ strategies to make patients stay focused and on track to give the required information, Doctors would interrupt and as well engage politeness as much as possible so as not to make the patient feel bad (Waitzkin1989). Odebunmi (2013) explains that "very few studies have been devoted exclusively to politeness in doctor-client interaction".

Although some of the earlier researches on politeness in medical discourse have dealt with politeness strategies at a macro level, none has actually focused on private hospitals to examine how politeness strategies are uniquely deployed. Politeness face want is universal, whatever the societies, context and cultures, but politeness strategies vary according to different societies, Context and cultures.

This study "Politeness Strategies in selected Doctor-Patient interactions in Ibadan Private Hospitals" will examine the aforementioned proposition. Ibadan is located in the South West of Nigeria, a region known for cultural values and preference to politeness. According to Odebunmi (2013:102), "…a typical Yoruba client likes their face maintained throughout the sequential stages of an encounter; they orient to politeness cues and expect the doctor to do the same…."

Similarly, patients in private hospitals pay exclusively for medical services, as such; they demand some level of politeness from doctors. Hence, this study will consider what approaches are used by doctors to ensure that they maintain the patients' face as well as carry out their institutional duties.

Earlier studies on politeness strategies in doctor-patient interaction within the Nigerian context have focused on orthodox and traditional medical setting. This study clears a path for the study in privately owned medical hospital.

Medical Institution

It has been decided to view doctor-patient communication as an example of institutional discourse. As such it manifests all three basic characteristics of institutional discourse. It is predominantly directed towards accomplishing its goal, or purpose, which is for the doctor to gain relevant information, make a diagnosis and help the patient. Then, both the participants have their differentiated, pre-inscribed institutional roles, which results in an asymmetry. This asymmetry is the third of the characteristics. It is manifested in an unequal distribution of turn types. An emphasis is put on questions and their initiating, because it is a field in which a profound change has occurred quite recently (Petra Králová 2012)

The National Auslan Interpreter Booking & Payment Service identifies the features of Medical Discourse to be: building of trust and collaborative relationship, information exchange, clarification, physical examination, questioning, persuasion, reassurance and humour.

Medical Discourse in Nigeria

Studies in medical discourse started many years ago with the focus on the doctor-patient relationship (Coiera 2008:181). It is not new to the Nigerian scholarship space as Odebunmi (2006:24) stresses "Works on medical discourse in Nigeria have concentrated on the register, linguistics and pragmatics of the discourse, for example Ogunbode (1991), Oloruntoba Oju (1996), Alabi (1996), Odebunmi (2003) and Adegbite and Odebunmi (2003)."

Adegbite and Odebunmi (2006) in their work on the discourse tact in doctor-patient interaction in South Western, they indicate the discourse role of the doctor to elicit information and give direction, as the patient responds with information to assist the doctor to ascertain the medical challenges and needs. Odebunmi (2006) "examines the pragmatic roles that locutionary acts play in understanding the communication between doctors and patients in Southwestern Nigeria." He identified that the medical practitioner sometimes intentionally put the patients in the dark with the lexical items in order to conceal some information. Odebunmi (2011) stressed two levels of concealment; the referential and the pragmatic. In his earlier works, Akin Odebunmi (who is notable for his contribution to medical discourse within the Nigerian context) had worked on the professional tier of the medical discourse, as he has examined pragmatic features and the goal of diagnosis and treatment of disease.

Odebunmi (2013) gives prominence greetings and politeness in medical discourse. According to him, "The findings indicate that institutional and cultural (dis)alignments occur in respect of adjacency and non-adjacency pair greetings…within the affordances of the cultural, institutional and situational context…" Earlier researches have not given primacy to private hospitals within the Nigerian Context, of medical discourse. . In his review, Odebunmi writes:

Prominent among these studies are Adegbite and Odebunmi (2010) and Odebunmi (2005) which appeal respectively to Leech's (1983) politeness maxims and Brown and Levinson's (1987) face work. Odebunmi (2005) observes that interactions between doctors and clients in orthodox medical practice in Nigeria lean on Leech's tact, generosity, approbation, sympathy and Pollyanna maxims/principles, and Brown and Levinson's bald on record acts, positive politeness and negative politeness. Adegbite and Odebunmi (2010) analyze the deployment of face strategies in orthodox and traditional medical practices in Southwestern Nigeria. They compare the

deployment of bald on record acts, positive politeness, negative politeness and off-record politeness in the orthodox and traditional medical settings. Several of these studies have analyzed interactants' orientation to politeness in the hospital; hardly anyone at the international level and in the particular context of the Nigerian hospital has focused on how cultural and institutional orientations of clients and doctors, at the greeting stage, clash in terms of face and politeness.

Previous studies have explored politeness strategies in orthodox and traditional medicine in southwestern Nigeria. This present study extends the investigation to private hospitals in the same region for a specific and holistic observation.

III. THEORETICAL FRAMEWORK

This study relies on the theoretical orientation of Brown and Levinson's Theory of Politeness. The theory of Politeness was first formulated in 1978 by Penelope Brown and Stephen Levinson. They further extended it in 1987. According to Vilkki (2006:324) Brown and Levinson's Theory of Politeness "has been the most influential framework of politeness so far, and it provides an important basis for the discussion of the notions of politeness and face.

It is possible to treat politeness as a fixed concept, as in the idea of 'polite social behavior', or etiquette, within a culture. Some of these might include being tactful, generous, modest, and sympathetic toward others. Let us assume that participants in an interaction are generally aware that such norms and principles exist in the society at large. Within an interaction, however, there is a more narrowly specified type of politeness at work. In order to describe it, we need the concept of face. (Yule 1996:60)

According to Odebunmi (2009:5), "…Brown and Levinson (1987) built their theory of politeness on the concept of face, itself originating from the notion of deference and politeness in the Far East, where a good deal of importance is attached to losing or gaining face."

Concept of Face

The sociologist Erving Goffman introduced the concept of "face" in sociology in 1955. The term *face* may be defined as the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact. Face is an image of self delineated in terms of approved social attributes. Goffman (1955:213).

"When people are involved in conversations, they individually consider variables, whether consciously or sub-consciously, that help them determine the form that their speech will take. In 1955, Goffman called these variables "face", and defined it as "the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact" (Yule 1996)."

Brown & Levinson's theory represents the face-saving view, as it builds on Goffman's (1967) notion of face and on English folk term, which ties face up with notions of being embarrassed or humiliated, or 'losing face'.

Face is something that is emotionally invested, and that can be lost, maintained, or enhanced, and must be constantly attended to in interaction. In general, people cooperate (and assume each other's cooperation) in maintaining face in interaction, such cooperation being based on the mutual vulnerability of face.

Brown and Levinson (1978:66) define face as "the public self-image that every member wants to claim for himself" They further divide face into two separate, but related aspects – positive face and negative face. (Yule 1996). Face wants are people's expectations concerning their public self-image, one generally assumes these wants will be respected.

As a technical term, face means the public self-image of a person. It refers to that emotional and social sense of self that everyone has and expects everyone else to recognize. Politeness, in and interaction, can then be defined as a means employed to show awareness of another person's face. In this sense, politeness can be accomplished in situations of social distance and closeness. Showing awareness for another person's face when that other seems socially the equivalent awareness when the other is socially close is often described in terms of friendliness, camaradie, or solidarity. (Yule 1996:60)

Brown & Levinson state that every individual has two types of face, positive and negative. They define positive face as the individual's desire that her/his wants be appreciated in social interaction, and negative face as the individual's desire for freedom of action and freedom from imposition.

Face Threatening Act

Face threatening acts when a person says something that represents a threat to another individual's expectations regarding self-image (Yule 1996: 61). According to Vilkki (2006:325), Brown and Levinson's theory assumes that most speech acts, for example requests, offers and compliments, inherently threaten either the hearer's or the speaker's face-wants, and that politeness is involved in redressing those face threatening acts (FTA).

Negative face is threatened when, an act inherently damages the face of the addressee or the speaker by acting in opposition to the wants and desires of the other; Positive face is threatened when the speaker does not care about his hearer's feelings, wants, or does not want what the other wants.

Face Saving Acts

Face saving acts is performed when the speaker says something that lessens the possible threat that comes from the interpretation of some action (Yule 1996: 61)

Politeness Strategies

Brown and Levinson's politeness theory, regards politeness phenomena as linguistic strategies in order to redress face-threatening acts. They identified four strategies used in

achieving politeness; Bald on-record Strategy, Positive Politeness Strategy, the Negative politeness strategy, Off-record indirect strategy. The data will be examined through these strategies framework.

IV. METHOD

3 consultative sessions in a private family hospital in Ibadan were recorded for the pilot study. The recordings were transcribed from video to texts. The transcripts were examined for face and politeness strategies, the occurrences of the politeness features were systematically explained. And data was analysed using the four politeness strategies highlighted by Brown and Levinson. This study covers three transcribed doctor-patient conversations in a private family hospital. The verbal consents of patients were obtained and doctors approved the researcher's presence.

Presentation of Data

I shall present the summaries of the doctor-patient conversations and as well present the conversations. Both the children and the parents who come in with them to the consultation room will hereby be referred to as patients.

Interaction 1

The interaction takes place between a female doctor and a middle-aged man who comes in with her daughter who has a knee sore. The language employed is English. The daughter didn't say anything, she refused to respond whenever asked a question by the doctor, but the father gave the needed information in her stead. The doctor after making observations, instructed that a test be carried out. The father came back to inform the doctor that he is not with his ATM card and asked for a possibility of carrying out the test the following week, the doctor advises that it be done the same day.

Henceforth, in the transcript, Doctor will be 'D', Father 'F', and Daughter 'C'

1. F: Good morning ma
2. D: Good morning, have your sit
3. D: What is the problem?
4. F: She has a sore on her knee
5. D: When did it start?
6. F: About four days ago?
7. D: (mentions the daughter's name) how are you?
8. C: (No response)
9. D: (goes through the case note) what is her genotype?
10. F: (quietly) SS
11. D: Talk louder
12. F: SS
13. D: Where is her mother?
14. F: She has gone to work
15. D: Where is she working?
16. F: In a hotel
17. D: Does she sleep over at work?
18. F: No
19. D: So she comes home every night?
20. F: Yes
21. D: Okay, she will do a test.(writes a test prescription and hands it over to the father) Can she
22. Walk?
23. F: Yes (he leaves the consultation room with the daughter).
24. F: (he comes in with his daughter, some minutes later while the doctor was attending to
25. another patient) Sorry ma, can we do the test next week, I discovered my ATM card is
26. not with me and I have no money here.
27. D: She has to do the test today
28. F: Can I go and come back by three?
29. D: Why not, we don't close here.
30. F: Okay, thank you (the father leaves with his daughter).

Interaction 2

The interaction takes place between a female doctor and a middle-aged woman who comes in with her daughter who has fever. The language employed is English. The daughter didn't say anything. The mother gave the needed information in her stead. The doctor after going through her case file, noticed that the child had been attended to, the previous week, the mother confirmed and said the child tested negative to malaria and has since not improved.

Henceforth, in the transcript, Doctor will be 'D', Mother 'M', and Daughter 'C'

1. D: Good morning
2. M: Good morning
3. D: What's wrong with her?
4. M: She has been having temperature
5. D: (going through the case file) But you were here recently?
6. M: yes, they told us to do malaria test, and the tested negative. We were given some drugs
7. but she has not improved.
8. D: (instructed an attendant to give her an instrument to check the child's mouth) I will check
9. her mouth now, I need you to hold her back close to your chest, hold her two hands with
10. one hand, hold her head with the other hand and put her legs in between yours. (the child
11. struggles, and started crying). She is stronger than you.
12. D: (After the examination) She has inflammation on the tongue. She will be tested for
13. malaria again, and if she still test negative, she will only be placed on antibiotics for the
14. inflammation (writes test note and gives to the mother).
15. M: Thank you ma.
16. D: Next patient

Interaction 3

The interaction takes place between a female doctor and a middle-aged man who comes in with her daughter who has a abdominal pain. The language employed is English. The daughter spoke for herself, and mother made some input. The doctor after making observations instructed that a test be carried out.

Henceforth, in the transcript, Doctor will be 'D', Mother 'M', and Daughter 'C'

1. M: good morning ma
2. D: good morning,
3. D: What's the problem?
4. M: Stomach pain (signals to the child to explain)
5. C: My stomach use to pain me.
6. D: How old are you?
7. C: 10 years old
8. D: You are in what class?
9. C: JSS 1
10. D: Why are you rushing? You want to become a doctor?
11. C: No
12. D: What do you want to become?
13. C: A journalist?
14. D: Journalist? Is your dad a journalist?
15. C: No
16. D: So, where did the idea come from?
17. C: From nobody
18. D: So, which part of journalism? You want to be on TV or you want to be writing?
19. C: I have not decided
20. D: so you even know you can make a choice?
21. D: (after going through the case file, she addressed the mother) You were here recently for the same complaint?
22. M: That was in January. (addressing the child) was it not January?
23. C: Yes
24. D: (to the child) how does the pain comes, is it like a sharp knife pain or like something is twisting in your stomach?
25. C: hmmm..it is like someone gives me blow in my stomach.
26. D: okay, sharp pain, you will make a good journalist with your description.
27. D: What part of the stomach
28. C: The abdomen area
29. D: Okay, let me examine you, lie on that bed.
30. D: (after examining the child, turns to the mother) did you notice the rashes on her forehead, and do you think it has something to do with the pain.
31. M: I used to have on my face before, but since hers started, mine went.
32. D: Don't worry, yours has nothing to do with hers
33. D: She may be reacting to something, like an allergy
34. D: Has she been eating well
35. M: Yes, she can finish the whole house even with the stomach
36. D: (to the child) What is your best food
37. C: Rice
38. D: Since she likes rice, we can't say she should stop eating rice. One might need to include fibre and vegetable in her diet.
39. D: She may also be reacting to some foods, affecting her intestinal walls. She may need to stop eating processed food, since we cannot identify the cause for the reaction.
40. M: Okay ma
41. D: (writes on the test sheet) let her do this test and come back.
42. M: okay ma, thanks ma (she leaves with her child)

V. FINDINGS AND DISCUSSION

Generally, within the medical settings, patients maintain a positive face, during their interactions with doctors. This is not farfetched from the fact that they come to be examined and they know that Doctors would require information for diagnoses.

Bald-on records Strategy

The bald on-record does nothing to minimize threats to the hearer's face (directly without regard to the face of listener- usually in a subordinate-supervisor relationship). The Bald on strategy is employed the most on doctor-patients interactions. Doctors often ask direct questions and give direct instructions to patients. In most instances, the asymmetry between doctor and the patients is evident through this strategy.

In the first interaction, because of the nature of question and answer pattern of medical consultation, doctors are not interested in minimizing threat to the face of the patients, they ask series of questions that will help the diagnostic stage and in turn help the patient to get well. Patients however, give the doctors the license by wearing a positive face, because the information being elicited will in turn yield a result of better health.

In interaction 1, the doctor in line 2-3 asked straight way what the situation of the patient is, immediately after the salutations. The patient has to respond as such - 'She has a sore on her knee'. This indicates that the doctor has no interest in establishing any other relationship with the patient, and she just goes straight to business. Further questions in lines (3-4) went in that order, of questioning to know what the patient's ailment is.

In lines 9 – 12 the patient's father tries to maintain a negative face, but the doctor reinforced the bald on-on record approach and to ensure that the patient gives the desired answer. The father wants wanted to be discreet about the genotype of the child, because he felt guilty and the doctor might rebuke him for going ahead to marry the mother of the child despite knowing his own genotype. But the doctor needed the information and instructed him to be more audible.

In Interaction 2, the doctor in line 3, immediately indicates that she meant business and not interested in any other kind of relationship. The conversation was filled with other questions targeted towards diagnosing the child. In the above excerpt, the doctor also gives instruction to the patient, without seeking the permission of the mother. The mother obliged because the medical institution affords that, and the asymmetry between doctors and patients is suggested.

Positive Politeness Strategy

The politeness strategy shows one recognizes the hearer has a desire to be respected. It also confirms that the relationship is friendly and expresses good reciprocity. At the opening of each interaction, patients greet the doctor and sometimes make use of the honorifics "ma". Greeting is a positive politeness strategy to express respect, and also to establish peaceful relationship.

F: Good morning ma

D: Good morning, have your sit

(Interaction 1)

D: Good morning

M: Good morning

(Interaction 2)

M: good morning ma

D: good morning,

(Interaction 3)

In each of the interactions above, the doctors also oblige the patients by accommodating the positive politeness strategy and in turn respond to maintain the positive face of the patient, to indicate that the patient is well received.

Doctors, sometimes to use the positive politeness strategy when addressing children during consultation, they try to establish a friendly relationship with them, so that they can be free to express themselves.

D: (mentions the daughter's name) how are you?

C: (No response)

D: (goes through the case note) What is her genotype?

(Interaction 1 lines 7 to 9)

In the excerpt above, the doctor tries to establish a relationship with the child, but the doctor honours the negative face maintained by the child, instead of reinforcing her question, she decides to continue asking the father the necessary question.

The positive politeness strategy is prevalent in the third Interaction as the child wears a positive face and the doctor establishes a bond with her.

D: How old are you?

C: ten years old

(Interaction 3)

D: Journalist? Is your dad a journalist?

C: No

D: So, where did the idea come from?

C: From nobody

(Interaction 3)

In the conversations above, the doctor asked questions that are not even relevant to the ailment, just to create some level of bonding with the child.

Negative Politeness Strategy

The Negative politeness strategy recognizes the hearer's face. It recognizes that you are in some way imposing on them, for the hearer has the right not to be disturbed. This occurred just once in all the interactions, and it is coming from the patient in the first interaction.

F: (he comes in with his daughter, some minutes later while the doctor was attending to another patient) Sorry ma, can we do the test next week, I discovered my ATM card is not with me and I have no money here.

In the excerpt above, the father's session with the doctor has ended and another patient is with the doctor. He respected the right of the doctor not to be disturbed while clerking another patient, so he used the word "sorry" and the honorific "ma" to deploy a negative politeness strategy.

Off-Record Indirect Strategy

The main purpose of the off-record indirect strategy is to take pressure off one's self. One tries to avoid the direct face threatening Act of asking something. The doctors, once in a while have indirect ways of giving patients instructions. One of these instances is found in interaction 3.

D: Since she likes rice, we can't say she should stop eating rice. One might need to include fibre and vegetable in her diet.

In the excerpt above, the doctor understood the negative face of the child when it comes to her choice of food, but she has to indirectly instruct the mother to add some other supplements to her meal. And the use of "one" indirectly implies that she is saying the mother should.

VI. CONCLUSION

Politeness strategies employed in doctor-patient interactions in Ibadan private hospital have been examined. Brown and Levinson's framework of politeness has been deployed in carrying out this study, and it has been discovered that doctors mostly make use of bald on-record strategies with older patients and more of positive politeness strategies with

children. Patients, employ positive politeness strategy and negative politeness when the need arises. This work adds to the literature on the study of politeness in medical discourse and also a platform to understand politeness between doctor and patient in the Nigeria Private hospital.

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