Hospital Discourse: Assessing Language Impact on Patients During Patient-Receptionist Encounter

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Abstract

Communication between its employees and staff is central to every established medical facility, whether it is the administration or those directly involved in patient care. Physicians must be experts in the field of verbal and written communication if they are to safely and effectively care for their patients. This work looks mainly at how communication between healthcare receptionists and patients can impact the latter. Miscommunications in a healthcare facility can lead to erroneous diagnoses, detrimental surgical errors, and many other anomalies. The conviction in this research is that, by examining the impact on patients of communication with health personnel, some insights might be revealed as to why complaints persist despite improvements in the health care facilities. The main objective of this work is to assess the impact of communication between hospital receptions and patients in two well-selected hospitals in Yaounde, Cameroon. The method used to collect the data for this work is a questionnaire. Critical Discourse Analysis (CDA) is the theoretical frame, drawing primarily from Teun van Dijk's Socio-Cognitive Approach. Medical discourse plays a role in cultural production and reproduction, and effective intervention in those practices requires insightful assessment of communicative practices in a sociocultural context. Based on the analysis of the corpus under study, we realised or noticed that the manner or ways in which hospital receptionists use language is inappropriate, as seen from the discursive and linguistic strategies emanating from the data. These findings led us to conclude that the language used during receptionists-patients interaction in hospitals is the cause of the persistent complaints. By prioritising clear, jargon-free, and empathetic communication, we can empower patients to take an active role in their healthcare.

Introduction

Historically situated, medical discourse plays a role in cultural production and reproduction, and effective intervention in those practices requires insightful assessment of communicative practices in a sociocultural context. Hodge et al. (1996) affirm that Speech, gestures, postures, and other acts produce meaning in medical interaction. During the physical examination, patients constitute themselves as clinical objects, gazing away with apparent disregard while making their subjectivity a clinical resource. Medical teamwork is coordinated by talk and gestures, and this process begins with the receptionists themselves. Talk can elicit and coordinate physical activities, as when a receptionist or member of staff instructs a patient on how to act or lie.

Medical discourse inspired two streams of works beginning in the 1960s. One US-based, specialized in microanalytic (The Natural History of an interview Project: (Condon and Ogston 1966, Schften 1973). Face-to-face interaction of patients, receptionists, and physicians remains the focus of what emerged as Conversational analysis (CA), mostly within sociology. The qualitative analytic approach of CA reflects ethnomethodology, as developed by Garfinkel (1967), viewing social actors, such as doctors and patients, as constituting a shared world through particular actions, especially talk. Instances of medical discourse are typically circulated to the extent that they are coherently structured; their linguistic expressions and denotative meanings are memorably patterned.

The prerequisite for developing effective interventions to improve communication in medical settings is an adequate understanding of site-particular communicative practices, including the linguistic genres and registers in use and ideologies of communication that shape these practices. Instances of medical discourse typically circulate to the extent that they are coherently structured. That is, their linguistic expressions and denotative meanings are memorably patterned. The anthropological significance of medical discourse becomes clear through acquaintance with its scope of variation, its potential for generating particular kinds of subjects, and the complexities involved in reproducing power and inequality at sites of such discourse work in general (Wilce, 2009).

Research Problem

Well-trained doctors and nurses still do not provide adequate healthcare services for their patients. Most often, the receptionist does not know their role or how to receive patients, nor do they possess good communicative skills, which are essential for improving patients' health. Most of the patients who visit the hospitals, most of the time, do not come with a stable mindset due to the psychological and physical trauma they are facing. The language used by the receptionist does not help patients carry out what is demanded of them. This work assesses the impact of receptionist-patient communication has on the patients.

Theoretical Framework

This work applies Critical Discourse Analysis (CDA), which focuses on "relations between discourse, power, dominance, and social inequality" (Van Dijk, 1993:249). CDA examines how discourse reproduces and maintains these relations of dominance and inequality, as it is concerned with the analysis of the "often opaque relationship" between discourse practices and broader social and cultural structures. CDA practitioners take an "explicit socio-political stance" (ibid., 252). CDA primarily studies how social power, abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context. With such dissident research, critical discourse analysts take an explicit position and thus want to understand, expose, and ultimately resist social inequality (Dijk, 1998:352).

Language Impact on Patients

In the third part of the analysis, we will examine the impact of the language used by the hospital receptionists on the patients. It should be noted that language plays a vital role in communication and on the way, patients adhere to information and directives given by the receptionists and if the language used or how the receptionists communicate with the patients is not clearly defined, it sometimes derails the patients thereby tempering with their healing as well as the level of satisfaction which the patients will obtain based on the services offered in the various hospitals under study. This section will answer the third research question: how does the receptionists' language impact the patients? Concerning answering this research question, we will examine the data obtained from the questionnaires administered in the hospitals under study. To make the work more scientific and presentable, the data have been classified according to the level of satisfaction obtained from the various questions found in the questionnaires. The analysis of the data will be presented in a pie chart where the percentages of impacts will be made visible. Based on the data obtained, the first part of this analysis will be the presentation of the effect the language used by the receptionists has on the patients by the receptionists. These impacts will be presented based on age, range, as well as sex. The sex presented

here is to show that the data is not gender bias. The correspondence was asked to indicate their opinions by choosing either of the options:

- Very good
- Average
- Bad
- Very bad
- Sometimes
- Yes
- No

These responses are represented in the table below, which illustrates the level of impact that the language used by hospital receptionists has on patients, based on the way the receptionists communicate with them, how they understand the terminology used in passing information, their perceptions of the receptionists' attitude, how they feel when interacting with the receptionists, and a range of other factors. An example of the questionnaire can be found in the appendices.

Table 1: GENERAL FREQUENCY TABLE BASED ON THE QUESTIONNAIRE

| QUESTION NUMBER	FREQUENCY			AGE	SEX
	V.G	AVE	BD		
1	31	56	13	16-69yrs	M/F
2	21	17	62	18-75yrs	M/F
4	20	57	23	18-75yrs	M/F
5	10	60	40	18-79yrs	M/F
6	YES	NO	SM	18-85yrs	M/F
	10	45	55		
7	17	23	60	18-85yrs	M/F
9	YES		NO	18-85yrs	M/F
	80		20		

The table above illustrates the number of questions which were administered in the questionnaires, the frequency level of response obtained per question based on the responses, the age range of the patients who answered the questionnaires, and the sex of the patients as well. From the table, question one (1) has a frequency of 31 for the number of patients who answered very well (VG), 56 patients on average (AV), and 13 patients on bad (BD), with an age range of 16- 69 years for males and females.   Question two (2) was no exception as 21 patients were satisfied with the level of language used (VG), 17 patients were on average (AV), while 62 (BD) patients did not like the way language was used. The age range of the patients who answered question two was between 18 and 75 years old, of both sexes. Question four (4) has a frequency of 20 patients who said very well (VG), 57 who said average, and 23 patients who were disgruntled (BD). The age range was 18-75 years old, of both sexes as well. Question five (5) has as frequency 10 patients who said very good (VG) based on the language used by the hospital receptionists, 50 patients

who were on an average (AV) level of satisfaction and 40 patients who attested to the very poor (BD) level of language use, with an age range of 18-79years old patients of box sexes who answered question five on the questionnaires. On question six (6) and seven (7), which is on impact and attitude, of the language, the manner of response was different due to the way the question was set. 5 patients approved the way the language is being used (YES), 55 patients did not approve of the language being used (NO), while 40 patients answered by saying sometimes (SM) with an age range of 18-85 years old. Question seven (7), which has to do with the attitude of the receptionists, 17 patients were satisfied with the attitude (YES), 60 patients were unsatisfied (NO), and 23 patients were indifferent (SM) about the attitude of the receptionists. Concerning question nine (9),, which has just two alternative answers, 80 patients attested (YES) to the fact that the language used is a hindrance to communication. In contrast, 20 patients disagreed with this phenomenal on language being a hindrance.

Table 2: FREQUENCY BASED ON COMMUNICATIVE COMPETENCE

Question Number	Frequency			Age Range	Sex
	VG	AV	BD		
1	31	56	13	16 -69	M/F

**Chart 1: FREQUENCY BASED ON COMMUNICATIVE COMPETENCE**
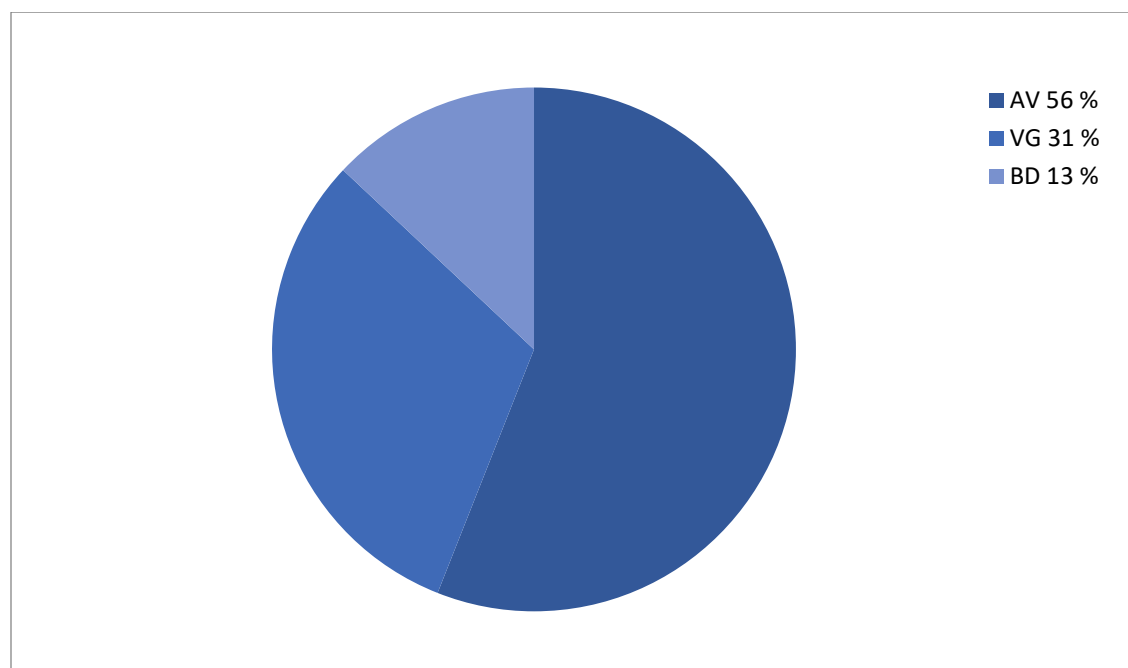
From the above chart, it is clear that patients are generally satisfied with the way receptionists communicate with them when they visit the hospital. This justifies the 56% frequency earlier presented in the table above. This is followed by the 31% satisfactory rate and the 13% disgruntlement rate, respectively.

Table 3: FREQUENCY OF TERMINOLOGIES USED

Question Number	Frequency			Age Range	Sex
	Yes	No	SM		
2	21	17	62	18-75	M/F

The Oxford Advanced Learner's Dictionary (8th edition) defines terminology as the set of technical words or expressions used in a particular subject. Concerning medical discourse, the terminology used by hospital receptionists has to be plain and straightforward, such that even illiterates can understand when directives are being given. Based on the data collected from the questionnaires, 64% of patients used for the study are unsatisfied with the way receptionists make use of medical terminologies without minding if they understand or what is being said or not.

Chart 2: FREQUENCY ON TERMINOLOGY USED
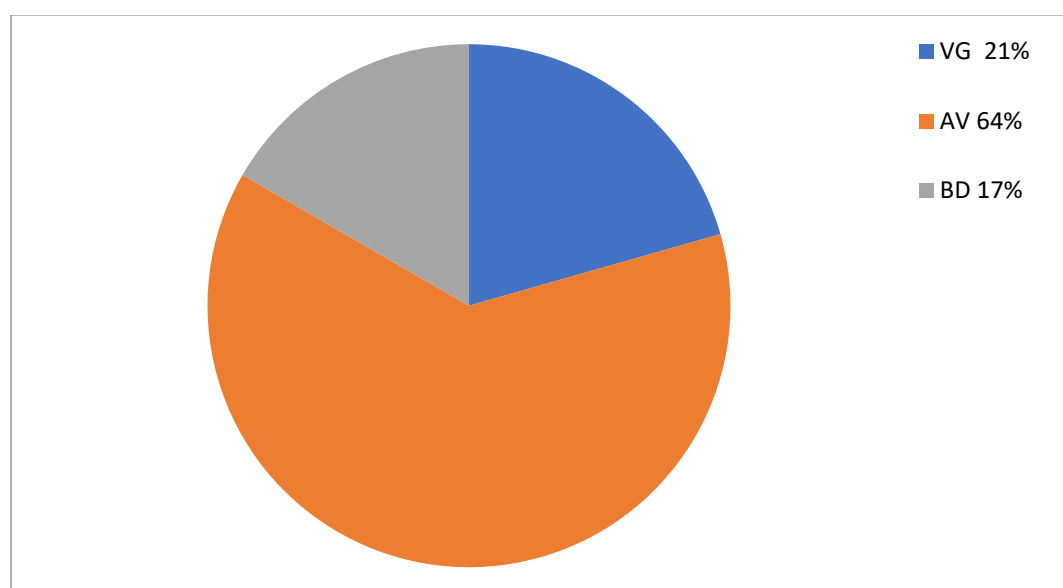
From the chart above, the various frequencies of the patient's satisfactory rate are illustrated. As indicated by the chart, the average level of patients who do not understand the terminology used is most frequent, recorded 64 times, with a percentage of 74%. Patients who understand the terminology used by hospital receptionists recorded 21 occurrences, which gives us 24%, while those who understand nothing about the terminology used by these receptionists recorded 17 occurrences, giving us a percentage of 2%. The least frequent is the percentage of patients who understand nothing at all in terms of the terminology being used by the receptionist.

Table 4: FREQUENCY BASED ON RECEPTIONISTS' ATTITUDE.

| Question Number	Frequency			Age Range	Sex
	GD	BD	AV		
4	20	57	23	18-75	M/F

Chaiken (1993, p. 1) defines attitude as a psychological tendency expressed by evaluating a particular entity with some degree of favour or disfavour. It involves the expression of an evaluate judgment about a person's view. It evaluates something or someone, a predisposition or a tendency to respond positively or negatively towards a specific idea, object, person, or situation.

Most of the patients in the hospitals complain about the attitude of the Receptionists.

Attitude is defined as a person's view and evaluation of something or someone, a predisposition or tendency to respond positively or negatively towards a particular idea, object, person, or situation. Most patients in hospitals complain about the attitude of the receptionists, stating that they are unwelcoming in their demeanour, as they sigh, frown, groan, and sometimes shout at the patients. Their behaviour when addressing patients is perceived as disrespectful.

The statistics from the table above show that question four pertains to the way patients perceive the attitude of the receptionists when they visit the hospital. A hundred (100) patients responded to this section of the question, and 20 patients were satisfied with the receptionists' attitude, while 57 patients were unsatisfied with their manner of approach and attitude, and 23 patients reported an average level of satisfaction based on the data obtained.

Chart 3: FREQUENCY BASED ON RECEPTIONISTS' ATTITUDE
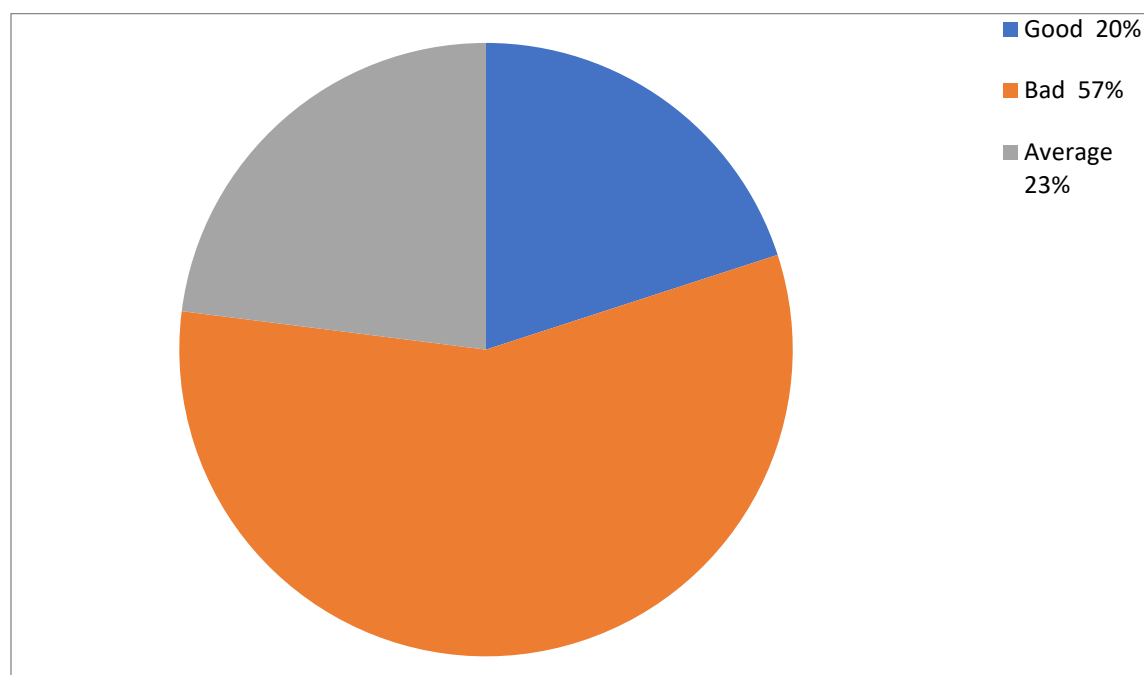

The chart shows a preponderance of the number of patients who dislike the attitude of the receptionists. This is backed by a 57% frequency on the chart above. Another act that we come across is that of those who are satisfied with the attitude of the receptionists when they visit the hospital. This gives us a 20% satisfactory rate while those (patients) who were on averagely satisfied with the attitude of the receptionists have a percentage of 23. From the analysis of the chart above, it is evident that the attitude of the receptionists, as seen or noticed by the patients, is a problem, as 57% of patients are dissatisfied with the attitude of the receptionists, as seen on the chart above.

Table 5: FREQUENCY BASED ON LANGUAGE ETHICS

Question Number	Frequency			Age Range	Sex
	Yes	No	Sm		
5	10	60	40	16-85	M/F

Language ethics consider the ways to advance our understanding of the human communalities of moral and linguistic capacities, as well as the challenges of linguistic differences and societal interdependence. This is related to the way language is used in communication. Choosing the right words at the right time is of great importance in communication. The wrong choice of words will lead to incomprehension and misunderstanding between the participants.

The table above shows the frequency of occurrences of individual responses based on the language used by hospital receptionists. Row one shows the question number. Row two indicates the number of times the question was answered based on each response given where 10 patients, were satisfied (Yes) with the way the language is used, 60 patients were unsatisfied (No) with the language used by the hospital receptionists and 40 patients attested to the fact that their satisfactory rate usually alternates (Sm) depending on how the patients attend to them (which is based on the language used) when they visit the hospital. The age range of participants who answered question five (5) comprised patients from 16 to 85 years old of both sexes (male and female).

Chart 4: FREQUENCY OF LANGUAGE ETHICS
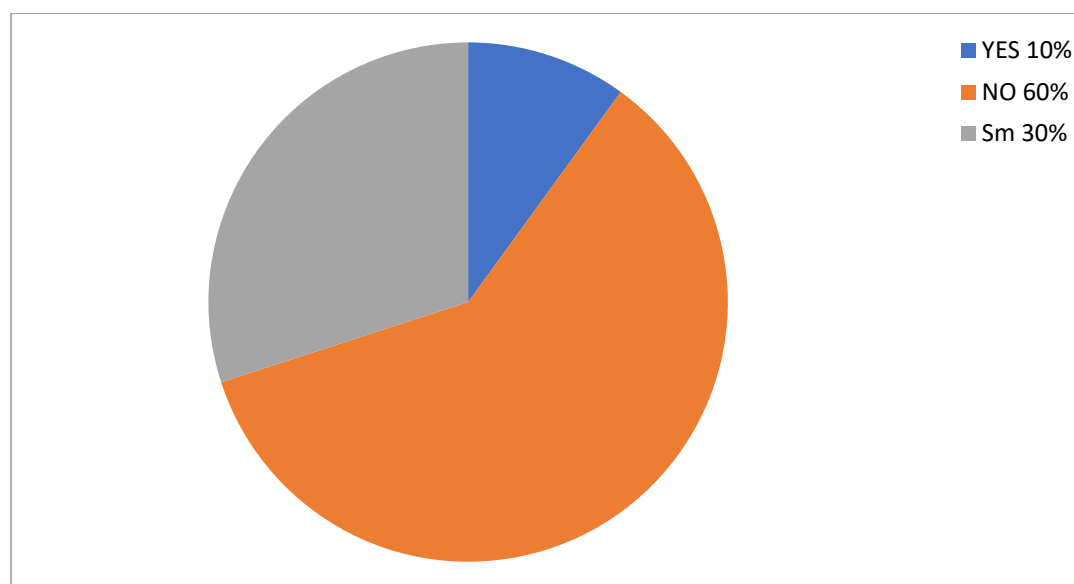
The chart shows that the unsatisfactory act of the language used accounts for more than half the total number of patients' responses. This is evident from the 60% frequency on the chart. The fluctuation in the level of satisfaction by some patients comes in second with a frequency of 30%. In contrast, the lowest level, which happens to be the satisfactory rate, accounts for the 10% frequency rate, as seen on the chart above.

Table 6: FREQUENCY OF LANGUAGE IMPACT ON THE PATIENTS

Question Number	Frequency			Age Range	Sex
	Yes	No	SM		
6	5	55	40	18-85years	M/F

Language can bring people or a group of people together, as well as it can cause conflict or separation. The language used by hospital receptionists must embody love, compassion, a show of positive emotion, and a host of other emotions. The right choice of words used by hospital receptionists will not only help the patients in understanding what ids demanded of them but it will also show or reveal the social values that this receptionist has on their patients who will in the result to an excellent level of satisfaction that these patients will have thereby boosting not only the morals or standard of the receptionists but that of the hospitals as well with the positive feedback which will be given by the patients wherever they may find themselves when asked as about the services offered by the hospitals under study.

In the above corpus of 100 respondents, we observe that the number of patients affected by the level of impact the language used by hospital receptionists has on them represented the highest frequency level. This accounts for the frequency rate of 55 as seen on the table. The second level of impact was those who sometimes felt the effect and sometimes did not, which brought about a frequency rate of 40, as found in the table. The lowest level was among patients who had no worries about the language used, as shown in the table, accounting for a frequency rate of five (5). The age range of those who answered question 6 was 18-85 years for males and females.

Chart 5: FREQUENCY OF THE LANGUAGE IMPACT ON THE PATIENTS
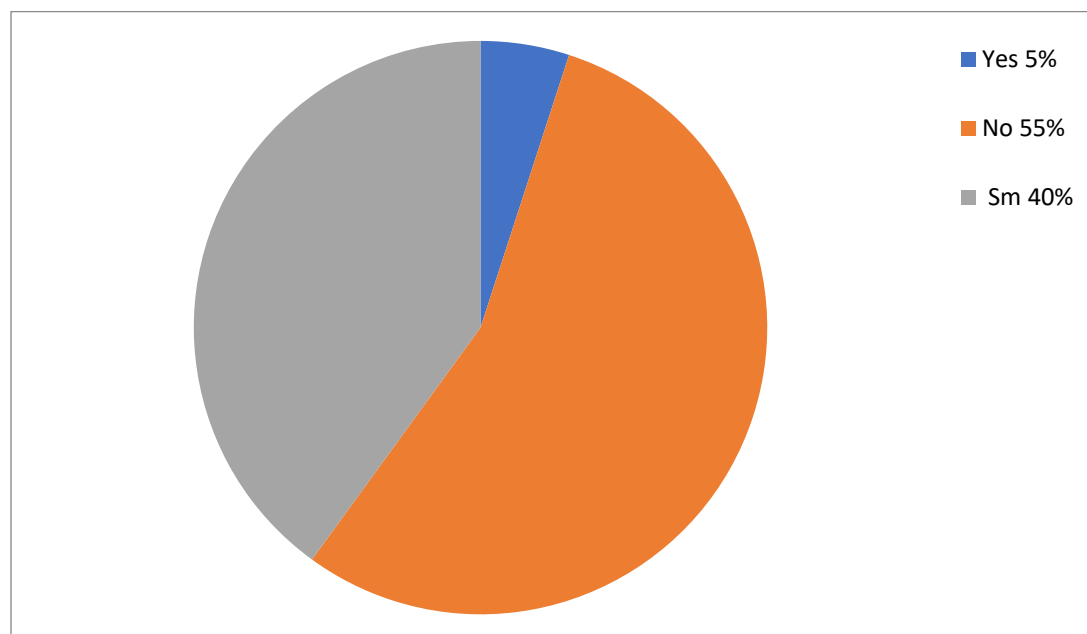
From the chart above, it is clear that the level of impact that the language used by hospital receptionists when interacting with these patients is of great concern. This accounts for the 55% frequency rate of dissatisfaction (impact) as seen on the chart, which the language used has on the patients. This is followed by a 40% frequency rate of patients

who believe that the language used is not random and has an impact on them. In comparison, 5% of the patients have no disgruntlement about the language used, thereby asserting that the language used has no effect on the.

Table 7: FREQUENCY BASED ON POSITIVE ATTITUDE

Question Number	Frequency			Age Range	Sex
	Yes	No	Sm		
7	17	23	60	18- 85	M/F

One of the characteristics that attracts people to engage in conversations and how this conversation turns out, or the prolongation or longevity of the conversation, depends on the attitude of the two parties involved. Kinesics, which happens to be "the physical expressions like waving, touching, and slouching," are all forms of non-verbal communication and are part of body language, which happens to play a vital role in the way receptionists interact and communicate with the patients. Question six asks patients if they feel a sense of assurance when talking with receptionists, considering kinesics based on participant observation in answering this question.

In the above data, 17 patients reported no issues with the receptionists' attitude based on how they are received upon entering the hospital. Twenty-three patients responded with a 'No', which indicates that the receptionists do not receive them well. The highest frequency accounts for those who attest that the receptionists are sometimes welcoming but other times act differently towards them. The age range of the patients who answered question 7 ranged from 18 to 85 years, with a greater number of males compared to females.

Chart 6: FREQUENCY BASED ON POSITIVE ATTITUDE
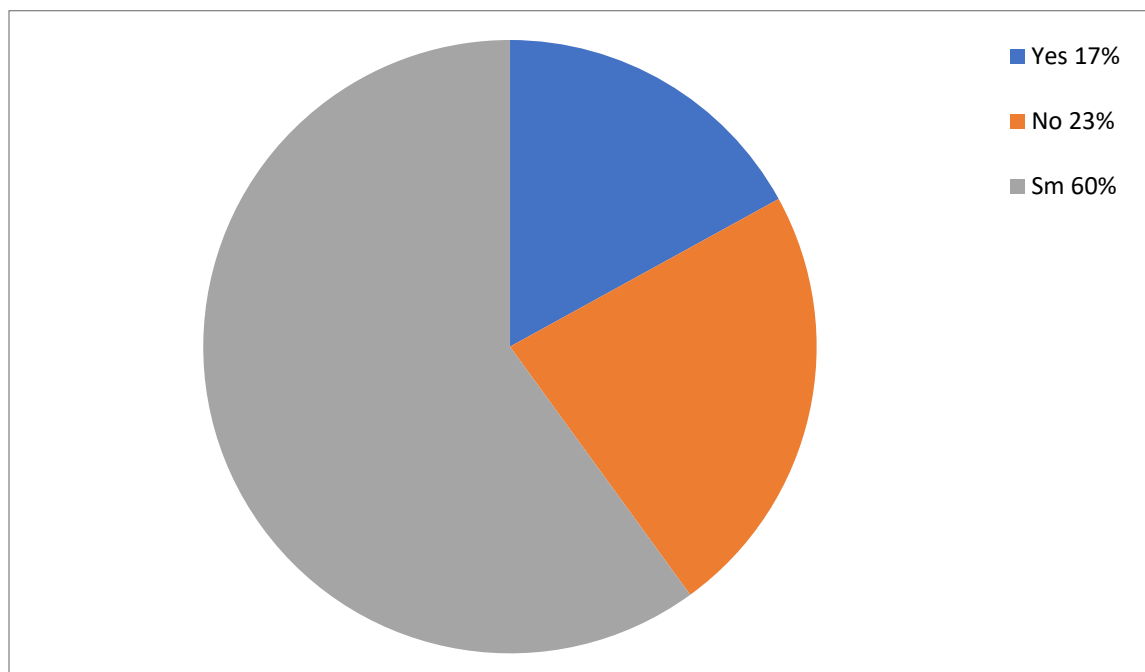
According to the chart, the highest frequency rate, 60%, indicates that a significant number of patients feel that the receptive nature of the receptionists varies depending on their mood. Meanwhile, 17% of the patients see nothing wrong with the way receptionists receive them as soon as they step into the hospital. 23% of the patients are unsatisfied

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with the way receptionists receive them as soon as they step their feet into the hospitals under study. The negative attitude towards their job is said to be one of the reasons for the patients' unsatisfactory rate, as seen in the percentages recorded in the chart.

Table 8: FREQUENCY OF LANGUAGE AFFECTING COMMUNICATION

Question Number	Frequency		Age Range	Sex
	Yes	**No**		
9	70	30	18-85 years	M/F

For every language used in communication, there must be a chain of understanding between the two interlocutors. Without this link, there will not be a smooth flow of communication, as one party will not be able to understand what the other party is saying if the language being used is not mutually understandable by both parties.

According to the table, 70 patients believe that language is a hindrance to communication, while 30 patients disagree, stating that language is not a hindrance to communication.

Chart 7: FREQUENCY OF LANGUAGE AFFECTING COMMUNICATION
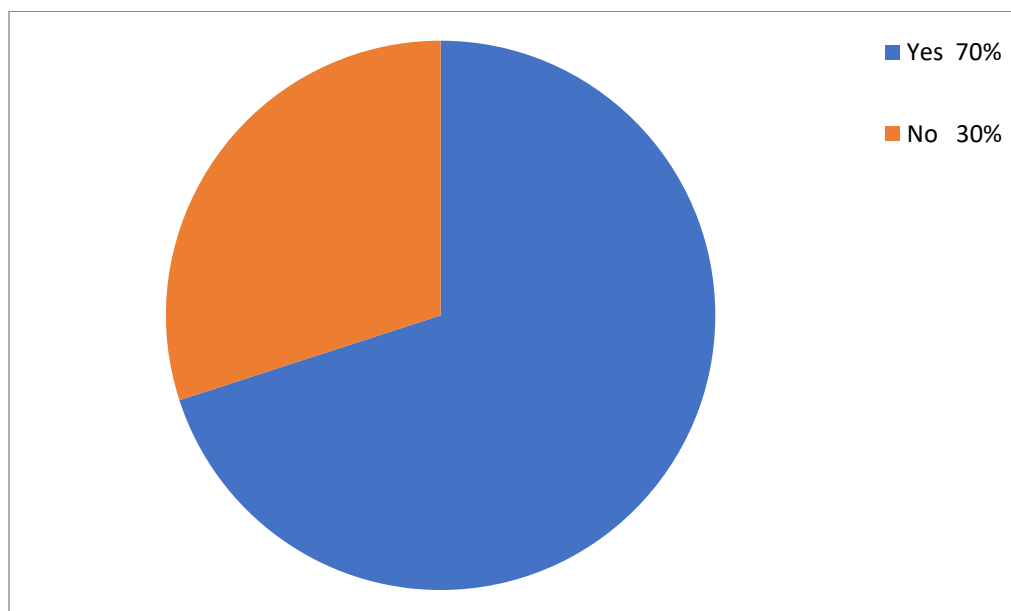
The chart above shows that 70% of the patients think that language is a hindrance to communication, while 30% of the patients do not see language as a hindrance to communication. Cameroon, being a bilingual country, requires that all workers be bilingual. Cases have arisen where workers turn to shout or neglect their customers or clients because they speak a language that they seem not to be familiar with. This is particularly true of some private, exceptionally owned hospitals, which, due to financial constraints, employ people who are fluent in only one of the national languages, thereby leading to verbal conflicts between receptionists and patients, or workers and their clients, due to unintelligibility in the language used.

Conclusion

This study has examined the use of language by hospital receptionists in some hospitals in Yaounde. It presented the discourses based on the frequency of distribution on tables and charts to ease the clarification of the data. The analysis of the discourses and linguistic strategies revealed that receptionists are responsible for patients' complaints based on the language used and the choice of words. Still, this blame can be shared to a lesser extent with the patients as they sometimes cause any dissatisfaction they might complain about due to their inattentiveness and a host of other factors put together, as revealed in the corpus. The receptionists sometimes forget about their important role in the patients' health, especially when they visit the hospital for whatever reason. Consequently, the study uncovers that language also happens to be a barrier to the level of satisfaction these patients and the receptionists might have in dealing with the patients**.**

Based on the analysis made from the data under study, it is evident that receptionists do not have a good mastery of the language used, especially when receiving patients in the hospital. This assertion is supported by the discourse analysis, which utilizes tables and pie charts. We examined the discourse at different levels to better understand its nature. Also, we looked at the linguistic strategies used in the data to show how the receptionists manipulate words and the effects of the language on the patients.

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