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Ethnography Of Communication in Doctor-Pregnant Woman Conversations in Selected Hospitals in Ibadan, Nigeria

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Abstract
This paper analyses the conversations of doctor-pregnant woman interactions from the perspective of ethnography of communication. The data were collected from randomly selected consultations between doctors and pregnant women from a state-owned and private-owned hospital in Ibadan, Nigeria. The selection of the hospitals was based on a stratified sampling method of the hospitals in Ibadan. The conversations were tape recorded and transcribed. The analyses reveal that the ends of conversations between doctors and pregnant women include the need to safeguard the health of the mother and fetus, ensure a safe delivery, prescribe drugs and reassure the pregnant women about certain abnormalities they experience during the period. The analyses also reveal that doctors control the discourse by asking more questions than the pregnant women and that the typical act sequence of doctor-pregnant woman conversation follows the structure of greetings, diagnosis, inquiry, complaints, clarification, follow-up and treatment. The analysis of the doctor-pregnant woman conversational interaction from the perspective of ethnography of communication reveals how the interactants make sense of the conversations.

Key Words: doctor-pregnant woman conversations, ethnography of communication

1. Introduction

Several studies have been carried out on doctor-patient interactions from the discourse analytic approach and pragmatic approach i.e. e.g. Drass (1982), Heath (1984), Cegala (1997), Drew et al. (2001), Robinson (2001), Ohtaki et al. (2001) Eggly (2002), Manning (2002), Gulich (2003), Campion and Langdon (2004), and Heritage and Robinson (2006). In Nigeria, the existing literature on medical discourse include Odebunmi (2003), Adegbite and Odebunmi (2004), Odebunmi (2005a, 2005b, and 2005c), Faleke (2005) and Odebunmi (2006), Adegbite and Odebunmi (2006) and Taiwo and Salami (2007).

Few studies using these approaches have concentrated on specific classes of patients. Some have looked at elderly patients (Coupland et al. 1994) and cancer patients (Cordella, 2001). Very little work has been done on doctor-

pregnant woman conversational interactions, particularly in the Nigerian context. Most studies on the discourse dwell on the clinical, sociological and professional aspects of antenatal care (e.g. Roter et. al (1999), Gross and Pattison (2001) and Murira et al (2003)). Thus, the nature of doctor-pregnant woman conversational interactions has not been fully explored and may not be effectively determined from the studies, as well as the communicative skills needed by doctors for the interactions. The few works that deal with the linguistic approach to communication in the antenatal clinic, center on the communicative needs of midwives/nurses and pregnant women during health talks e.g. (Salami, 2004 and Taiwo and Salami 2007). Salami (2007) looked at the speech act study of doctor-pregnant woman conversations. Thus, there has been no work which has centered on the analysis of doctor-pregnant woman conversations from the perspective of ethnography of speaking.

The aim of this study is to analyze doctor-pregnant woman conversational interactions from ethnography of communication approach. Fifty recorded conversations between doctors and pregnant women during consultation periods serve as the data for this study. These were collected from selected hospitals in Ibadan, Nigeria. The data were transcribed and Hymes' components of ethnography of communication were used in the analysis of the data.

2. Ethnography of Communication

Ethnography of communication is concerned with the rules of speaking, topics or message forms, with particular settings and activities (Hymes (1964) as cited in Coulthard (1977)). Schiffrin (1994) opines that it is the most integrative of all the approaches to discourse which is based on anthropology and linguistics. It is an approach to discourse that 'seeks to discover and analyze the structures and functions of communicating that organize the use of language in speech situations, speech events and speech acts' Schiffrin (1994: 185)Ethnographers are concerned with the writing of 'rules of speaking' for a particular group of speakers. Such a group is referred to as a speech community 'which shares both linguistic resources and rules for interaction and interpretation.' It is necessary that ethnography of speaking should describe the linguistic options for any speech community. An example has been given of the residents of the Norwegian village of Hemnesberget who speak the standard language, Bokmal and the local dialect, Ranamal (Blom and Gumperz, 1972). In the Yoruba community of Nigeria, English is used for official purposes while the Yoruba language is used informally (Akindele and Adegbite, 1999). Hymes (1964) opines that speech communities have different styles of speaking and it is imperative that an ethnographer should isolate significant speech styles, which speakers can distinguish and use. Such stylistic features would contain stylistic modes accompany the rest of what is done and stylistic structures which is said to define recurrent forms. Hymes (1964) gives the example of the stylistic mode which is

evident in the Wolof tribe of Senegal where there is an 'unrestrained' speech and 'restrained' speech and this is distinguished by paralinguistic features such as low pitched for 'restrained' speech and high pitched for 'unrestrained' speech. Stylistic structures are verbal forms organized in terms of defining principles of development or reoccurrence. This can be seen in the organization of sentences and utterances of larger units such as greetings and farewells; and systematic exploitation of arbitrary linguistic features such as the use of alliteration, rhyme and meter in poems (Coulthard, 1977).

Hymes also suggests the categories of speech events and speech act. Speech events are the largest units for which one can discover linguistic structures and these occur in speech situations which are non-verbal contexts. Several speech events can occur successively or simultaneously in the same speech situation e.g. different and distinct conversations in a party. Speech acts are functional units which are similar to Austin's speech acts such as requests and commands and they derive their meaning from the speech community's rules for interpretation. Speech events are comprised of one or more than one speech act. Rules of speaking are written for speech events and speech acts.

The components of speech events can be found in the acronym SPEAKING. The **Setting**, which is the specific place and time that a speech event takes place. For example, certain ritual rites have to take place at the shrine in a Yoruba village in Nigeria. Hymes notes that the setting can affect the style of speaking. For example, Yoruba person may want to speak with a British intonation in an office and with a Yoruba intonation with friends. **Participants** include the speakers, listeners, addressers, hearers or the audience. Hymes gives the example of a ritual insult, which requires an addresser, an addressee and the audience whose function is to evaluate each contribution. Hymes adds that certain participant roles can be filled by anyone e.g. a general audience and in some others by a specific audience of a particular age. status sex, etc. In some localities, one has to be of a certain age to undergo circumcision rites. **Ends** refers to the purposes and goals for which a speech event has been constituted and this is what distinguishes speech events when they have the same setting and participants. **Act** sequence refers to the message forms and content. This also includes the issue of topic and topic change. For example, a change in topic could lead to a change in the style of speaking where a topic could determine whether a speaker should speak in English of Pidgin English. **Key** involves the tone, manner or spirit with which an event or act is performed. The tone can be mocking, serious or perfunctory. Hymes believes that a key could be in conflict with the overt content of an act. The signaling of a key may be non-verbal e.g. a wink, smile or gesture as well as speech units such as aspiration and vowel length which cab be used for emphasis in English. **Instrument** refers to the channel or choice of transmission of a message which can be verbal or non-verbal. The channel can determine the audience e.g. the audience of a seminar class will be

different from that of a television. **Norms** refers to the specific proprieties which are attached to speaking It also includes the interpretation of norms within cultural belief systems. **Genre** refers to the textual categories in the text.

3. Analysis and Findings

The speech situation in doctor-pregnant woman conversations is the consultation between the doctor and the pregnant woman. The speech event includes the activities that occur in the conversation. The activity that goes on is the conversation itself and medical examination carried out by DR on PW. However, since the examination does not include verbal communication, the conversations alone will be analyzed and these are achieved through various institutional acts and these include diagnosis, follow-up and prescription.

Setting

The setting of doctor-pregnant woman conversations is the consulting room of the doctor. In private hospitals, there is a specific day of the week when the doctor attends to the pregnant women and this is usually after their antenatal health talk. In state-owned hospitals, antenatal clinics hold every weekday.

Participants

This includes the doctor (DR) as the addresser and the pregnant woman (PW) as the addressee. DR is a qualified medical practitioner who specializes in treating PW while the pregnant women are from different works of life, religious social and educational backgrounds. Here, the doctor controls the discourse by asking more questions in order to determine the time of conception or ask about the symptoms. This is depicted in the example below:

Example 1

DR: How are you?
PW: Fine.
DR: Are you just registering today?
PW: Yes sir.
DR: When did you see your last period? Can I see your small card?
PW: March.
DR: March what?
PW: March 10.
DR: When it started or ended?
PW: That was when it started.
DR: And when did it end?
PW: It ended on the 14th.

In this example, DR opens the discourse by greeting PW first. This is to show her

that she is welcome. Evidently, this is the first time that PW is seeing the doctor, thus, he asks the question, 'Are you just registering today?' In other to determine the time of conception, he asks about the last time she had her period. The doctor, through his medical knowledge, will know when she conceived. At the same time, he asks for her small hospital card where he can write down the dates for injections, tests, screens and appointments. In other to be sure about the time, he further asks if the time she gave was the start or end of her last period.

In other cases, he asks questions about the symptoms that PW has. This is presented in the excerpt below:

Example 2

DR: How are you?
PW: Fine sir.
DR: How your body? Can I see your small card? Ok you are starting your injection today. Hope there is no complaint at all?
PW: It is paining me.
DR: In your lower abdomen?
PW: Yes.
DR: Hen, that is the sign that the baby is growing. Hen, before you were pregnant, your womb was small and not as big as this. Now that there is a baby, your tummy will be expanding like a balloon. You will feel little pain. As it is expanding, it will pain you. If the pain is too much, just use Panadol. Go and lie down. I want to examine you.

In this example, DR also opens the discourse and inquires about her health. He also informs her that she would take her first injection that day. This he is able to say since he has looked at her card and has verified the date for her injection. Thus, PW gives her complaint. Here, she just says that it is hurting her without telling DR where exactly she is having the pains. She believes that DR should know that anything that is causing her to have pains must be related to her pregnancy. Her belief is right because DR asks her, 'In your lower abdomen?' When she answers in the affirmative, DR assures her that this is a normal occurrence during pregnancy. It is because of the medical skill and knowledge that PW accepts this answer. If other person gives that answer, she may query the answer. Thus, it is in few cases that PW asks questions for clarification.

Ends

The aims and goals for the conversations between DR and PW are many. The primary goal is to ensure the safety of the mother and fetus. The first purpose is to know the time of conception and an example has been presented in example 1 above. Another significant goal is to inquire about the ailments and symptoms that PW has. This is presented in the example below:

Example 3

DR: What is your complaint?
PW: I can't sleep and I feel pains all over.
DR: You can't sleep and you are having pains? Are you having labor pains?
PW: I only feel pains in my tummy?
DR: Do you know how it feels when you have labor pains?
PW: Yes, I have had it before.
DR: Did you sleep well?
PW: Yes I slept well.
DR: Go and buy these drugs.

In this example, DR asks PW the complaints that she has. This is necessary so that he can know which particular kind of drug or advice he needs to give her. Here, DR asks a series of open questions so that PW will be able to freely express herself. In other to be sure of what is wrong with PW, he asks a closed question, 'Are you having labor pains?' and goes on to ask if she had had labor pains before. Thus he is sure that she is not labor. It is evident that PW is near her scheduled date for delivery. At the end, DR is able to prescribe the needed drugs.

The aim of the consultation between DR and PW is also to know the drugs and prescribe drugs for PW as PW can only take drugs prescribed by DR due to her condition.

Example 4

DR: Which drugs do you have?
PW: I have Folic acid. I also have the drugs that you gave me.
DR: What of the blood tonic?
PW: I still have that. But should I continue to use the blood tonic?
DR: Ha, you will continue to use it till you deliver.

In example above, DR inquires about the drug that PW is using. This is to ensure that PW is using the drugs that she ought to be using. Since this is a drug that she can use, he goes ahead to ask if she is using her blood tonic because it is normal and essential that PW uses these drugs. Another example is presented below:

Example 5

DR: What is your complaint?
PW: I have headache. It would happen for two days. When I sleep, I have muscle pains and it's so hard. This occurs often.
DR: Which side does it hurt you?
PW: The pain is on this side and sometimes it shifts to this side.

DR: Go and buy these drugs.
PW: Yes sir.

Here, after DR is aware of the ailment that PW has, he prescribes the drugs that she needs. Since there is a prescription paper, where he writes the names and prescription of the drugs, the names of these drugs are not mentioned. Another important aim is for DR to reassure PW about any abnormality that she recognizes during the pregnancy period.

Example 6

DR: Hope there is no complaint?
PW: Not at all.... It's just that I have some pains here.
DR: You have abdominal pain?
PW: Yes
DR: That's a good sign. Though it is not comfortable, it is a sign that your baby is growing.

Another significant goal of meeting is to correct her of any wrong notion that PW has. This is presented in the example below:

Example 7

PW: I still have that. But should I continue to use the blood tonic?
DR: Ha, you will continue to use it till you deliver.
PW: I thought that when you carried out the scan on the baby...
DR: No, blood tonic does not make the baby big. It is Bournvita, Milo and all those things that make the baby big.
PW: Ok.

In this example, PW has a wrong notion about the use of blood tonics. She assumes that since blood tonic makes one to put on some weight (since the blood level increases) the baby will also gain some weight. DR corrects her by informing her that it is only beverages and not the blood tonic that makes the baby too big for delivery.

Act Sequence

A typical act sequence of doctor-pregnant woman conversation follows the structure of greetings, diagnosis, inquiry, complaints, clarification, follow-up and treatment. An example is presented below to illustrate this:

Example 8

DR: How are you?
PW: Fine sir

DR: How is your body?
PW: We thank God
DR: Hope there is no complaint?
PW: Not at all…. It's just that I have some pains here.
DR: You have abdominal pain?
PW: Yes
DR: That's a good sign. Though it is not comfortable, it is a sign that your baby is growing.
PW: Okay, yesterday it was tight.
DR: That's where your womb is expanding to accommodate your baby. But it allows you to sleep?
PW: Yes sir.
DR: Can I see your small card? What you need to do is the Ultrascan in January. Go and lie down
(Observation)
DR: So come back on the 7th of… 7th of December. That is two weeks from now
PW: Okay sir.
DR: You still have Folic acid? You are not vomiting?
PW: No, but I feel like delivering, but it is not serious if I take my food at the right time.
DR: Ok, you can bear it.
PW: Yes sir
DR: What of your Folic acid and Daraprim?
PW: I still have some
DR: What tonic do you take?
PW: Actefan
DR: That is good. So greet your husband.
PW: Ok. Bye sir
DR: It's Ok

In the example above, DR opens the discourse by greeting PW and she promptly replies by greeting him in return. This is the pre-interview stage in the consultation. This shows the transactional function of language in hospital interaction (see Odebunmi, 2006). DR starts diagnosing by inquiring about the complaint or ailment that PW has by saying, 'Hope there is no complaint?' This is where the interview itself starts and where the transactional stage of the interaction starts. This question is open-ended so that PW can freely express herself and she can inform DR about her complaints. DR seeks clarification of what PW says by asking, 'You have abdominal pain?' This question is close-ended so that PW can give a specific answer. Collins (1983) opines that doctors may paraphrase patients' statements by using fewer and newer words, in order to

clarify issues. Such word should be simple, precise and culturally relevant. The question, 'You have abdominal pain?' is simple and precise in other to clarify what PW is saying. Thereafter, DR assures her that it is a normal occurrence to have such pains during pregnancy. The assurance that PW gets from DR makes her to feel relaxed and further talk about her experience of the illness.

Follow-up occurs when DR informs PW about her next appointment. Doctor-pregnant consultation is distinct in the sense that contact between DR and PW is throughout the pregnancy period. Thus, most of the visits are follow-up visits. After the initial visit when conception is confirmed all other visits are follow-up visits. From here, treatment starts when DR inquires if PW is still using the drug – Folic acid. This is still a form of follow-up because there has been an earlier contact between DR and PW; however it deals with the issue of treatment. The post-interview stage starts as DR closes the interview with greetings. This also shows the interactional function of language. Thus, one can see that the topics discussed in the conversations are medical and are done to ensure a good health for both the mother and the fetus. DR also effectively manages the topics and there is a smooth transition from diagnosis to follow-up and to treatment.

Key

The tone in which the conversations are made in doctor-pregnant interactions are perfunctory and formal. They are perfunctory in the area of greetings where the interactants greet one another. It is also formal in the sense that the reasons for PW in seeing the doctor are serious as they concern the health of the mother and they fetus.

Example 9

PW: Good morning.
DR: How are you? When did you see your last period?
PW: 15th June.

In the example above, the tone is perfunctory and formal. Here, PW greets DR and he responds, immediately going over to the business of the day. There is scarcely any time for jokes as there are many women waiting to see DR.

Instrument

The interaction between DR and PW is verbal as it consists of series of questions and answers. There are few cases of non-verbal communication where PW points to the area that is paining her.

Norms

Norms address how interactants treat each other's responses and it also

includes the interpretation of norms within cultural belief systems. There are certain cultural beliefs that guide the interpretation and interaction between DR and PW. Some of these beliefs are shared while others are independent and these are dependent on the context of the discourse. The beliefs shared by the doctors and pregnant women are based on earlier consultations; and the routine of hospitals and nature of the illness that surrounds the pregnancy period.

The consultations between DR and PW are sometimes based on earlier consultations. Thus, there is always a shared belief between DR and PW about earlier consultations. Thus, certain names are omitted as the interactants communicate on shared background knowledge. This occurs in follow-up consultations when DR asks about the level of healing of a drug. This can be seen in example 10 below. Here, DR and PW know the drugs they are talking about.

Example 10

DR: Hope the drug is not itching you?

This is a follow-up consultation. DR has already prescribed a drug for PW and he wants to know the effect of the drug on her. DR knows that the drug has the ability to cause itching. PW knows that the drug causes itching so she uses Piritin before taking the drug.

In another example, DR is asking whether PW is still using the drugs that she has collected. If she is still taking her drugs, there is no need to prescribe another set of drugs for her. There is a shared belief that PW knows the drugs that DR is talking about. Thus, DR does not give the names of the drugs.

DR also expects that pregnant women, especially those who are having the second or third issue, to know some drugs that they are expected to use. Thus, DR sometimes does not prescribe but goes ahead to ask them the drugs they are using. Hence, he asks, 'What tonic are you using?' and she replies, 'Actefan'. This can be seen in example 11.

Example 11

DR: What tonic are you using?
PW: Actefan

The independent contextual beliefs of the doctor depend on his medical training and knowledge. Based on technical training and knowledge, DR knows when PW is in labour. Thus, when PW gives some information, he immediately tells her to proceed to the antenatal ward to meet the nurses there, who will prepare her for delivery. An example is presented:

Example 12

DR: What is it?

PW: Nothing
DR: It is the way that you are holding your tummy.
PW: My leg is paining me.
DR: What is your complaint? Do you have your luggage here?
PW: Yes
DR: Go to the antenatal ward. They will give you the drugs that will increase the labor pains. After the labor pains increase, you can move to the labor room.

The independent contextual beliefs of the pregnant woman depend on the pregnant woman's perspective of the doctor and the pregnant woman's feeling of discomfort. There is a contextual belief of PW based on PW's perspective of DR. She believes that the hospital is a place where one can get relief and DR is seen as one who can solve a problem, and who is expected to keep well the secrets kept with him. Thus, PW is free to expose her intimate secrets to him. In the example below, we have:

Example 13

PW: Hen, Doctor, that thing that I told you about, that you said I should use Detol with, is still coming out.
DR: Did you sit in warm water? Is it increasing or reducing?

The matter under discussion is a sensitive one and PW does not come out to say exactly what is wrong since there is a shared belief that both of them understand what she is saying. Also, PW makes complaints based on her experience of the illness surrounding pregnancy and feelings of discomfort. In example 15, when DR asks her a question, 'What is your complaint?' she replies,

Example14

PW: I came here two weeks ago. You gave me some drugs and I used them but some of the symptoms are still there.

Here, PW has feelings of discomfort which prompt her to talk about what is happening to her. She knows that the information she gives him will help him in treating her. This can also be seen in example xx when PW complains about pains. She knows that she cannot use any drug in her condition. Thus, any feeling of discomfort will bring her to DR.

Genre

The genre in doctor-pregnant woman conversational interactions is a hybrid speech event containing both interviews and conversations . This is because it depends on a series of questions and answers. However, certain parts

are conversational in nature. Here, we have mainly greetings.

Example 15

PW: Good morning.
DR: How are you?
PW: Fine.
DR: How is your body?
PW: Fine.

Since this is a second language situation, this may not follow strictly the way native speakers of English greet. The doctor does not reply 'Good morning' to the greeting of the pregnant woman. Rather. he asks 'how are you.' This of course elicits the perfunctory reply 'Fine.'

4. Conclusion

The analyses reveal that the ends of conversations between doctors and pregnant women include the need to safeguard the health of the mother and fetus, ensure a safe delivery, prescribe drugs and reassure the pregnant women about certain abnormalities they experience during the period. The analyses also reveal that doctors control the discourse by asking more questions than the pregnant women and that the typical act sequence of doctor-pregnant woman conversation follows the structure of greetings, diagnosis, inquiry, complaints, clarification, follow-up and treatment. The study also reveals that the cultural beliefs that guide the communication between the doctors and the pregnant women are anchored on shared and independent contextual beliefs of both the doctors and the pregnant women. An ethnographic approach to the study of doctor-pregnant woman conversational interactions reflects the culture and knowledge of the interactants as well as to reveal the speech acts used in the conversations.

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