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A Discourse-Pragmatic Study of Selected Doctor- Patient Interaction in Selected Hospital Departments in Owerri Municipal

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Abstract

Mediated communication or mediated interaction refers to communication carried out with the use of information communication technology. A few studies have been carried out on doctor-patient interaction, focusing on politeness strategies and discourse tacts, especially in southwestern Nigeria. However, not much attention has been paid to doctor-patient interaction in medical facilities in the Eastern part of Nigeria. This paper therefore explores doctor-patient interaction in selected hospital departments in Owerri municipal, Imo State, Nigeria, from the pragma-discursive perspective. Recorded interactions between doctors and patients were got from different departments in the medical facilities. A total of ten interactions were recorded and reference was made to eight. Data were subjected to Harvey, Schegloff and Jefferson's model of Conversational Analysis (CA). At the end of the analysis, it was discovered that speakers took their turns mainly by nomination except in few cases where they self-select after their turns. It was also possible for interactants to identify the transition relevant places where the next speaker takes over, although there are few cases of overlapping. The study concludes that doctor-patient interactions in the hospital, though institutional centered conversation are sequentially organized and directed towards carrying out official tasks such as diagnosing illness and proffering treatment.

Keywords: Discourse-Pragmatic Study, Selected Doctor-Patient Interaction, Selected Hospital Departments, Owerri Municipal, Treatment

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Introduction

Conversation Analysis (C A) is an ethno-methodological approach to the study of discourse that investigates the sequential organization of talk as a way of accessing participants' understanding of and collaborative means of organizing natural forms of social interaction. It was developed by Haevey Sacks and his colleagues, Emmanuel Schegloff and Gail Jefferson between the late 1960s

and early 1970s. These scholars concentrated on the study of 'naturally-occurring talk- interactions,' the sequential ordering of conversations, the rules, patterns and structures in the relations between actions participants engage in as they interact.' The theory is aimed at determining the methods and resources that the interacting participants use and rely on to make interactional contributions and make sense of the contributions of others. The theory uses video or audio-recording technology in the collection of data as they occur naturally. Such material according to sacks, (1984:26) 'had a single virtue, it could be replayed, transcribed and studied extensively- however long it might take and the tape-recorded materials contains what exactly happened.' Thus, the transcript is seen as a 'representation' of the data while the tape recording is a 'reproduction' of a determinate social event. It is a descriptive theory with implication for the study of interpersonal communication especially, face-to-face interactions. C A has been applied in sociology, anthropology, linguistics, speech communication, discourse analysis and psychology and especially to a wide variety of talk which range from telephone conversations, consultations in doctor's office, family dinner time talk, television interviews with celebrities or politicians. All conversation analysis research is based on the analysis of tape recordings of naturally-occurring behavior. The term 'naturally-occurring behavior' refers to behavior that would have taken place whether or not the researcher intended to record it. (Hutchby,2019:4)

Related Reviews

Ezeifeke (2018:10) explains that conversation analysis is distinct from discourse analysis in focus and method because it focuses on naturally occurring talk in interaction and does not include written texts or larger sociocultural phenomena, that it studies the very structure of interaction itself with emphasis on what is as against what ought to be in a conversation. She went further to explain that CA focuses on three dimensions of talk in interaction which are action, intersubjective understanding and structure. Such actions as opening and closing rituals, turn-taking with participants constructing and allocating turns, repairs which has to do with dealing with problems of hearing, speaking and understanding, among other actions. Intersubjective understanding according to this source has to do with understanding of the preceding turn taken by a current speaker because a speaker's turn has to be understood to elicit a desired response. The structure has to do with the organization of the human social action, which, according to Ezeifeke, are rules of turn-taking such as turn construction component, turn allocation component; sequence

organization such as adjacency pairs, expansion sequences; and preference organization, which could be preferred sequence or dispreferred sequence. The source also explained that repair organization is necessary in conversation because it helps interactants to manage problems that could arise from speaking, hearing or understanding. The author concluded with an illustration of analysis of a conversation between close friends using transcription notations.

There are related studies on Doctor-patient/client interaction especially those that are related to linguistics studies. In their study on ‘face threats in conversational interaction in orthodox and traditional medicine among the Yoruba in South Western Nigeria’, Adegbite and Odebunmi, conclude that medical communication among the Yoruba is characterized by both positive politeness and bald-on-record acts. Positive politeness seeks to minimize the threat to the hearer’s positive face. It is used to make the hearer feel good and to protect the hearer’s positive face by expressing friendliness while Bald on-record strategy does not attempt to minimize the threat to the hearer’s face. It is a direct way of saying things without any minimization to the imposition, in a direct, clear, unambiguous and concise way (Adegbite, & Odebunmi, 2006). They concluded that positive politeness is predominantly used in Yoruba traditional medicines while the bald on-record is used more in orthodox medicine because of the cultural differences and divergence in medical professional ethics of practice. They also added that while Yoruba traditional medicine is characterized by social familiarity between participants and indirectness in communication, clients are sometimes scared by the social distance and bluntness in communication in orthodox medicine.

Similarly, AdewaleKazeem, and Taofeek in their study on ‘Politeness and Discourse Functions in Doctor-Patient verbal Interactions at University college hospital, Ibadan’ aim at discovering the specific face-threatening acts and politeness maxims employed to enhance diagnostic communication, using a synthesis of Brown and Levinson’s politeness theory and Leech’s politeness maxims. Their findings show that the various politeness elements perform a number of communicative functions. For instance, they state that Face threatening Acts with redress connects unwholesome health practices, Face threatening Act without redress tactfully obtains medical data for diagnosis, Tact maxim expresses compassion, Generosity maxim offers advice, sympathy maxim offers guidance while the ethical positivity tendency opens up talk.(Adewale, K & Taofeek, O. 2018) In his paper ‘Code-selection at first meetings: A pragmatic analysis of Doctor-client interactions at first meetings in Nigerian hospitals’ Odebunmi examines the generic structure of the interactions at first meetings in Nigerian hospitals and the pragmatic features and functions

of the codes used by doctors and clients at the different units of the generic structure. He made use of audio recordings from selected state government owned hospitals and private hospitals in South-West Nigeria. His analysis was based on theoretical perspectives from code selection (and mixing/switching), from Steven Levinson's notion of activity types and Skirant Sarangi's concept of discourse types. The paper identified four discourse stages that characterize doctor-client interaction at first meeting in Nigerian hospitals- opening, diagnostic interaction, announcement and closing. (Odebunmi, A. 2010)

Objective of the study

The above reviews on doctor- patient/client interactions concentrated on discourse and pragmatic functions and stages of hospital consultations and failed to look into the sequential organization of talk-in-interaction between doctors and patients during consultations, thus, the gap which this paper aspires to fill. Doctors and patients interact for the purpose of investigating patients' ailment and proffering appropriate medical solutions. Doctors come in contact with different patients of varying educational, social and cultural backgrounds and therefore need to employ varying language use for effective communication. If the clinical interview and diagnosis by the doctor are not understood, cure will not be achieved. The language used for one patient may differ from another. Similarly, the approach adopted in consultation may also differ from one patient to another. Therefore, their interaction must be organized to achieve the consultation goal The paper aims to find out the following;

- a. the turn construction components in the talk-in-interactions
- b. the organization of sequence in the interactions
- c. the turn-taking patterns and turn construction components in the interactions
- d. Compare the structure of patient's interaction with doctor at first meeting and that of subsequent meetings or follow-up.

This study is significant in a lot of ways as it will reveal the structure and organization of doctor-patient interaction using conversation analysis. The study in addition will complement existing studies on hospital interactions on the global scale and fill in a gap existing in the scholarship on the pragma-discursive study of medical discourse in Nigeria using the theory of CA

Methodology

Conversation Analysis is an ethno-methodological approach to the study of discourse and embraces more task and institution centered interactions such as conversations occurring in the doctor's office, courts, class rooms and the mass media. According to Hoey & Kendrick (In press), there are several intersecting 'machineries' of practice required for conducting conversation which include the following: turn-taking, sequence organization, turn design, adjacency pair and repair. Sequence organization is open to a certain amount of cultural variation but exists cross-linguistically and cross-culturally as a general structural feature of human social interaction. Adjacency pairs is the most basic and normatively accountable sequential structure in interaction or conversation. In this study, the researcher used two recorders, a Techno Pouvre 3, phone recorder and Aomago, small radio audio-recorder, to record doctor-patient conversations in the doctors, offices. The researcher on each visit gives the doctor in the office a written note, through a nurse on duty, informing him/her of the intention to record his/her, interaction with a patient together with a letter of permission from the hospital ethics committee, to conduct a research. The researcher, always gets seated before a patient enters and pretends to be a co-doctor. The researcher later, constructed detailed transcriptions from the recordings, after transcription, she conducted a detailed analysis. From the pattern of interaction, the researcher was able to find out, if the patient or client's physical, linguistic or social contexts affected the talk initiation or subsequent interaction and whether the pattern of interaction with a patient at first visit is similar to that of a patient on subsequent visit or follow-up.

Eight (8) conversations were recorded from different departments of the hospital out of which four (4) were selected for analysis because of the following variables: clarity of the recordings, the department of the hospital, the status of the patient and the duration of the interactions.

Data Presentation, Analysis and Discussion.

Jefferson Transcription Conventions were used to annotate the conversations, to show speech patterns.

Text I- middle age man

1. Pat. A- Good Morning Doctor

2. Doc. A - Good Morning
(patient sits down)
3. Doc. A - I gave you some drugs the last time you came
4. Pat. A - Yes Doc. The drugs have finished
5. Doc. A - So how are you feeling now?
6. Pat. A - I'm getting better but my head is always heavy each time, I
try to stretch myself. I also feel some kind of eh--eh-- I feel some kind of
pain in my heart (PCP)
7. Doc. A -(TRP) was there any lab examination request the last time
you came here? (PCP)
8. Doc. A - Let me check your blood pressure (The doctor checks his BP
9. (TRP) .Pat. A .. ((N:o (overlaps, noticeable pause,
enunciation)
10. Doc. A - You will need to do an ECG to help me monitor your BP
11. Pat. A - Okay Doc

Turn Construction Components in the text

Sacks and Jefferson (1974) proposed that turns are made up of 'turn construction units' (TCU). From here one can anticipate the extent of each participant's turn and project its actual completion also called 'possible completion points'. The TCU types in the conversation above are: Lexical – e.g. 'No', Sentential – e.g. 'you will need to do an ECG'

There is an overlap at TRP lines 8 & 9 which is a cooperative activity to facilitate interaction. There is also noticeable pause before the response 'No' in line 9 and noticeable length of word

enunciation in the production of ‘No’ thus ‘N:O’ In the conversations in the text above, speakers took their turns by ‘nomination’ as each is being prompted to talk except in line 8

Adjacency Pairs – This is the basic most important sequence in any conversation. It involves a sequence of two utterances that are contiguous to each other. The adjacency pairs used in the above conversation are mostly question – answer pairs except in the opening where you have greeting – greeting pair.

Repairs organization has to do with how participants in conversation manage problems that are involved in speaking, hearing and understanding, that is the conversational difficulties that are found in talk at or near their point of production.

In the conversation above, there is a ‘self-repair’ in line 6 where the speaker uses ‘eh--eh’ and this happened at the 3rd turn i.e. in the same turn where the difficulty occurred.

TEXT II – A young mother (in NYSC Uniform) and a baby Boy of 4 months

- 1.Pat. Mum - Good Morning Doctor (greeting- first part of adjacency pair)
- 2.Doc. B. - Coper, what’s the matter with your baby (PCP)
- 3.Pat. Mum - I noticed few days ago that his urine is too yellowish
- 4.Pat. Mum - Again he’s always hot, he cannot sleep without fan at night (PCP)
- 5.Doc. - (TRP) seriously? Is your own urine white?
- 6.Pat. Mum - (.) Mine? ((Mmmm ..., sometimes
7. Doc- ((Urine is not white but amber, slight yellow
- 8 Doc- This could mean that your baby’s own is normal. Any other complaint?
9. Pat. Mum - Yes, also the frequency and volume of his urine has reduced. Some nights he won’t urinate, his diaper will be dry till morning. So my sister-in-law asked me to be giving him water that, because the weather is hot weather, it could be dehydration.
- 10 .Doc. - Are you an exclusive breast feeding?
- 11 Pat. Mum - Yes
- 12.Doc. - So when you gave him water, what happened? Did the urine volume increase?
- 13 .Pat. Mum - Somehow

- 14.Doc. - Okay (Looks at the child, touches him) your child is not remove his socks. Abi una de go for marching competition?
- 15.Pat. Mum - Another thing is that his head is always tilting to one side, he cannot carry his head
- 16 .Doc. - Are you sure he can't carry his head? (Doc carries the baby, sits him down) your baby's head is not tilting to one side, no head lapse/. Do you know your problem?
(Pre-expansion sequence)
17. Pat. Mum - What? I don't{h} know (laughing)
18. Doc. - You are suffering from factitious disorder by Tubs
19. Doc. - Okay let's look at your complaint about the urine colour, volume and frequency
20. Doc. - You said you are on exclusive breast feeding right?
21. Pat. Mum - Yes
20. Doc. - If you read about exclusive breast feeding you will know that breast milk contains a lot of water. I will rather say that you are not eating well and not taking enough liquid and if you take enough liquid your baby will be fine.
(Closing ritual)

In the interaction above, atient's mum took 9 turns, while the Doc took 12 turns.

There is a total of 19 exchanges. An exchange is one of the discourse rank scales that is achieved when a speaker 'A' initiates a talk and speaker 'B' responds, while speaker 'A' gives a follow-up or feedback. It is formed by a set of moves. A move is the single minimal contribution of a participant in a talk at once.

The turn construction unit types in the conversation above are: Lexical – ‘yes’ line 10, ‘somehow’- line 12. Some turns are sentences while others are beyond the sentence level as could be seen in the text. There is overlapping in lines 6 & 7. there are also noticeable pauses in the same lines.

In line 17 .. ‘I don’t know (h) ooh’ – the transcription notation (h) as used shows that the word has laughter bubbling within it. Which shows that the interaction is non-formal, it is not as formal as what we have in the courts of law between judges and prosecuting lawyers.

In the conversation above, one can also identify the ‘possible completion points’ (PCP) where the current speaker’s turn ends and the ‘transition relevant places’ where the next speaker takes over. In line 3, the speaker self-selects herself because she continued with the complaint on the child’s ill health. So she took two turns before the next speaker was nominated in order to respond to the complaints. The speaker also self-selects herself in line 19 & 20 after confirming the patient’s state of health in line 16. Notice that there was a 2 minutes timed pause before the doctor resumes talking.

In line 15 of the above conversation, there is a pre-expansion sequence which precedes the adjacency pair in line 17.

Doc. - “Do you know your problem?... (15)(pre-expansion sequence)

Pat. Mum – What? – I don’t know (h) ooh ... (16)

Doc. – You are suffering from factitious disorder ... (17)

The Turn taking pattern in the conversation reveals that the Doctor is in control of the conversation in terms of power relations. The Doctor took 12 turns while the patient took 9 turns. The doctor dominated the conversation because she is a professional in the area of activity under discourse.

Text III- A Mother With a girl of 7 years

1.Doc. - Baby girl, fine girl, how are you? (opening ritual)

2.Pat. - I’m fine

3. Doc. - How old are you?

4. Pat. - 7 years

5.Doc. - Why did mummy bring you to the hospital?

6. Pat. - It’s because of these (pointing at her face showing rashes)

7. Doc. - Please remove her jacket (The mum removes her jacket)

8. Doc. - (observes her baby), Oh! This is chicken pox
- 9.Doc. - Baby girl, where else do you have these rashes? (PCP)
10. Pat. - (TRP) My buttocks
11. Doc. - Does anyone around you or in your class have this kind of rashes? (PCP)
12. Pat. - Yes
13. Doc. - Who is the person?
14. Pat. - Ijeoma
15. Doc. - Do you sit with Ijeoma?
16. Pat. - No, I play with her, she's my friend
17. Doc. - (Nominated by the previous speaker) Mummy, this is chicken pox. You know it's contagious. You have to be careful so that others in the house do not contact it
18. Pat. Mum -- yes21. Doc. -Ok, you too will stop going to school.....
22. Pat. Mum - She's on midterm break now
23. Doc. - Thank God (..) –(noticeable pause.) Do you have fever? Is your body hot?
24. Pat. - Yes
25. Doc. - Does it itch you?
26. Pat. - Yes
27. Doc. - So I'm going to give you some drugs. Anti-viral drugs, to get the severity down.
Then you apply lotion on the affected areas (writing while talking) -
closing ritual

The doctor took 15 turns but 13 exchanges, the patient took 10 turns while Patient' mum took only 2 turns

Turn taking pattern reveals that the Doc. is in control of the conversation.

Turn construction unit types in the text above include, one word turn e.g. ‘yes’ ‘Ijeoma’ – line 11, 13, ‘yes’, ‘yes’, ‘yes’, ‘yes’ - 11, 8, 19, 23. Phrasal – turns in the form of a phrase e.g. ‘my buttocks’ ‘7 years’.

There is noticeable pause in line 22

In lines 7, 8 & 9, it could be noticed that the Doctor took 3 turns without exchange The Doctor in those lines, self-selects herself, after her usual turn in line 7, she continued with her informing and questioning speech acts which were necessary to proffer solution to the ill-health.

Adjacency pairs in the conversation are mostly question-answer pairs

Text IV-A Woman in her late sixtys

1. Doc. - Mama, kedu ka idi? (opening ritual)
(Mama how are you?)
2. Pat. - Nwam anyi aputala taa
(My son we thank God for today)
3. Doc. - Mama, why are you here today?
4. Pat. - It’s because of these my legs that are swelling (looks down on the legs)
5. Doc. - Why are they swollen?
6. Pat. - I don’t know, but I have B.P. and ulcer
7. Doc. - When were you diagnosed of PB and ulcer?
- 8, Pat. - It is up to 7 years
- 9 Doc. - What do you do for a living?
(Doctor gets up to examine her legs)
10. Pat. - I’m a retired teacher but now a trader
11. Doc. - Have you gone for any lab examination recently?

12. Pat. - No, but I went for lab test that first time.
13. Doc. - Okay let me check your BP and heart (checks her heart beat, blood pressure)
14. Pat. - I hope my BP is not very bad
15. Doc. - It's not bad but you will have to go for some lab examinations to enable me know the exact cause of the swelling (takes a paper to write)
16. Pat. - Okey. Nsogbu anoghi
(There is no problem)
17. Doc. - You'll come back and see me next week with the results of the lab tests examination
– Nurse, please direct her to where she will go for the lab tests

Discussion

The opening ritual started with a greeting/ greeting adjacency pair.

The turn construction units (TCUS) types in the conversation are mostly sentential

The adjacency pairs are mostly question/answer in each turn, a question opens up a conditional relevance for a second part of the sequence which is an answer.

In between the opening and closing ritual, the interactants were involved in questioning, informing and explaining.

Most of the questioning came from the doctor see lines 3, 5, 7, 9, 11. Some of the words are used in informing – lines 13, 15, 17. There was a noticeable pause in line 15 by the doctor while delivering the result of the BP check.

There are a total 17 turns in the conversation. Doctor took 9 turns while the patient took 8 turns. From the doctor-patient/client interactions at Federal Medical Centre Owerri, it was discovered that there are certain features of discourse or talk such as:

Turns and Turn-taking – This is the process of each of the participants in a discourse situation, talking when the floor is open for him to talk. It is a fundamental feature of conversational organization. In the talk-in-interaction analyzed, the primary units of turns are sentences (declaratives and interrogatives) clauses, phrases and single words. These, according to Sacks, Schegloff and Jefferson, are turn construction units (TUCs) which are the fundamental building blocks of turns.

There are use of declarative sentences which are informative acts such as:

Patient ‘A’ I’m getting better, but my head is always heavy each time, I try to stretch myself. I also feel some kind of eh----eh--- I feel some kind of pain in my heart. (Informative act) There is use of slot filler ‘eh –eh’ which is a feature of spoken discourse.

Doc ‘A” Okay, let me check your blood pressure. (The Doc. Checks his P.B)

DOC. ‘D’ - If you read about exclusive breast feeding, you will know that breast milk contains a lot of water. If you feed well and take enough water and other fluids, I’m sure your baby will be fine. (informative act)

At the completion point of a current turn construction unit, the current speaker uses interrogatives or certain question signals to elicit response which could be verbal (spoken) or non-verbal (such as nodding of the head) from an interlocutor.

Some of these from the sampled Doctor-patient/client interactions include:

Doc. E– why did mummy bring you to the hospital? (to a 7 year old girl) (Elicitation act)

Pat. E – It’s because of these (Pointing to her face, showing the doctor some rashes on it.) (immediate response)

Doc. ‘A’ – I gave you some drugs last time you came (elicitation act)

Pat ‘A’ – Yes, the drugs have finished.

Doc. ‘A’ – was there any laboratory examination requested, last time you were here? (elicitation act)

There are also the use of **Discourse Opening and Closing of conversation** from the sample interactions collected, discourse opening is used to start off a conversation, it could be greeting or summoning or even asking the patient about his health for instance;

From the sample conversations, it could be seen that the closing conversation always proffers solution or prescription to the patient while the opening conversation, tries to find out the patient's problem or health challenge.

Topic Management and Topic shift – Topic shift is not a common feature of Doctor – Patient interaction. there is always no shift in topic of conversation. The Doctor normally focuses on the patient's problem, maybe because of time and also because so many other patients are waiting and because of the seriousness of the subject matter which has to do with human life.

Adjacency Pairs – the exchange structures in doctor- patient/client interaction are mostly question/Answer, complaint/solution or diagnosis, and in few cases greeting/greeting.

Speech Error noticed in the sample texts are mostly from the patients and not from the doctors. This is because the Patient most, times does not know exactly how to make the doctor understand his feelings.

It was also discovered that the structure of interaction with a patient at first meeting is different from that on subsequent meeting, interaction with a new patient, is normally longer, It's structure is more of question/answer adjacency pairs.

Analysis of the Doctor-patient/client interaction also reveals that context of use affects the use of language of the patient or the doctor. Context is the situation, physical or cultural setting that gave rise to the speaker and hearer's verbal action and contributes to the interpretation of their utterances. It is what surrounds a word or a piece of text. The contexts discussed here are: physical context which has to do with the participants, the activities, the place and time and the relationship that exist between or among participants. The focus here is more on the participants, who are those involved in the speech event (the doctor and the patient). It is important to know the age of the patient, his social status or occupation. These will affect the use of language by the doctor especially in discourse opening and also subsequent interactions. From the sample interactions collected, it was noticed that when a mother came, with a 7 years old patient, the doctor's pattern

of language use changed, he started off with ‘baby girl, fine girl, how are you?’ ‘how old are you?’. The doctor made use of this discourse opening to get the child to be at home and talk to her.

Conclusion

From the analysis, it was noticed that speakers took their turns by nomination as each is being prompted to talk except in few cases where they self-select after their turns. The self-selection, was to enable them continue with complaining and informing speech acts which were necessary to find solution to the ill-health. It was also discovered that the adjacency pairs used in the conversations were mostly question-answer pairs except in few opening rituals where we have greeting-greeting pairs. In addition, it was possible to identify the possible completion point (PCP) where a current speaker’s turn ends and the transition relevant place where the next speaker takes over although there are few cases of overlapping at (TRP) transition relevant places, which could be said to be cooperative activities used to facilitate interaction and understanding. It was noticed that there was only one repair in the conversations analyzed and this happened at the same turn where the conversational difficulty occurred. “I feel some kind of eh-eh—I feel some kind of pain in my heart.’

In all the conversations studied, the turn pattern reveals that the Doctor was in control of the conversations. The doctors dominated the conversations irrespective of the age of the patients. This is because they are professionals in this area. Again social institutions are characterized by hierarchical relations of power between the occupants of institutional positions and consequently in their actions institutional agents exercise the power which is institutionally endowed upon them. (Thompson, 1984:165)

The conversations were not strictly verbal, there were also some non-verbal conducts. They were not also strictly institutional centered conversations. There were elements of humor which helped the patients to relax. This study also reveals that the primary units of turns or turn construction

units (TCUs) in the interactions are basically sentences, (in the form of declaratives and interrogatives which could be informative act or elicitation act) single words and few phrases and clauses were also seen in turns mainly used by the patients as response to questions by the doctors.

There are use of few medical terms in the sample conversations used. The only medical terms were the names of the drugs prescribed, ailments diagnosed and laboratory examination. In all, the number of medical terms used in relation to the other words in each interaction did not obscure meaning. The study concludes that, though the interactions studied are institutionally centered conversations, they are sequentially organized and directed towards carrying out official task such as diagnosing illness and proffering treatment.

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