School of Linguistics and
Applied Language Studies

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A Pilot Study

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Language in the Workplace
Occasional Papers No.7 (March 2002)

ISSN 1175-4850

Victoria
UNIVERSITY OF WELLINGTON
Te Whare Wānanga
o te Ūpoko o te Ika a Māui

www.vuw.ac.nz/lals/lwp

ISSN 1175-4850
ISBN 978-0-475-10543-1

Nurses Communicating on the Ward: A Pilot Study

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Language in the Workplace
Occasional Papers

This series of occasional papers is aimed at providing a wide range of information about the way language is used in the New Zealand workplace. The first paper outlines the aims and scope of the core project, the Wellington Language in the Workplace Project, and describes the approach adopted by the project team in collecting and analysing workplace data. The second describes the methodology adopted to collect workplace interaction, and its developments and adaptations to the very different demands of disparate workplaces. Subsequent papers provide more detailed analyses of particular aspects of workplace interaction as well as descriptions of methodologies for researching workplace communication.

These include

- an analysis of varied ways people get things done at work, or the forms which directives take in different New Zealand workplaces
- an exploration of the functions of humour in workplace interaction
- an analysis of the structure of formal meetings in relation to the way decisions are reached
- an examination of the varied literature on the role of e-mail at work
- an analysis of problem-solving discourse

The series is available in full text at this website: http://www.vuw.ac.nz/lals/lwp

The Research team includes Professor Janet Holmes (Director), Maria Stubbe (Research Fellow), Dr Bernadette Vine (Corpus Manager), Meredith Marra (Research Officer), and a number of Research Associates. We would like to express our appreciation to all those who allowed their workplace interactions to be recorded and the Research Assistants who transcribed the data. The research was supported by a grant from the New Zealand Foundation for Research Science and Technology.

Summary

This paper provides some preliminary results from a small research project involving cooperation between Victoria University of Wellington (VUW) and Capital Coast Health (CCH). The main objectives of the study were to develop a methodology suitable for collecting representative data from nurses interacting with a range of people in their normal workplace. The long term aim of this research is to provide a detailed description of the complexity and variety of the daily interactions engaged in by nurses in hospital wards. Results will provide a basis for developing materials which can be utilised in nurse education programmes.

- Three volunteer nurses recorded all interactions over a 2 hour period on three different days.
- 184 transactions and 466 minutes of material were recorded; 100 transactions (involving 282 minutes) proved usable and were transcribed for further analysis.
- Preliminary analysis established that the nurses in the pilot study maintained a skilful balance between highly focussed medical talk (about 40% of their talk) alongside strategically positioned social talk (about 60% of their talk).
- Further analysis of two contrasting features was undertaken: one (directives) from the medical talk area, and one (humour) from the social talk area.
  - The nurses drew on a wide range of strategies to soften directives to patients, reflecting concern for patients' dignity and a friendly attitude towards them.
  - The nurses used humour constructively for a range of functions, including helping patients to relax, and to relieve tension in the workplace.

Introduction

This paper describes a small research project undertaken in 2001 involving cooperation between Victoria University of Wellington (VUW) and Capital Coast Health (CCH).[1] It describes a cooperative research plan designed by VUW's Language in the Workplace (LWP) Project team and the staff of the Gynaecological Ward at CCH.

The long term aim is to provide a detailed description of the complexity and variety of the daily interactions engaged in by nurses in hospital wards. Results will provide a basis for developing materials which can be utilised in nurse education programmes, as well as informing the wider public about the sociolinguistic demands involved in nursing practice.

Objectives

The main objectives of the initial project were methodological and exploratory:

- To pilot a methodology suitable for collecting spoken data from nurses engaged in their daily work in hospital wards
- To collect a small sample of representative data comprising spoken interactions between a nurse and a range of her interlocuters in her normal workplace during different shifts over the period of one week[2]
- To evaluate the applicability of the methodology for collecting data from nurses and carers in a wider range of professional contexts.

Methodology

The methodology for this project was developed cooperatively by the nursing team and the LWP team, effectively combining the nurses' knowledge and experience of what was feasible and acceptable in the course of their busy work schedule, with the

[1] We express our appreciation to Maria Stubbe, Bernadette Vine, and Nicola Daly (from the LWP team), Hilary Adams (Clinical Nurses' Educator) for her co-operation with our study; Lindsay Macdonald (Community Nurse) for advice, and to all those on Ward X who allowed us to record their interactions.

[2] We use "she" and "her", since all nurses participating in this study were female.

LWP team's experience of the minimum conditions required to record transcribable data for analysis.

- An on-site resource person from the LWP team (George Major) discussed the recording procedure in advance with all those who were to be recorded, and obtained their informed written consent, as well as other background details and relevant contextual details needed to analyse the data. Methods were developed to inform unexpected visitors that recording was in progress.[3]

- Three volunteer nurses were briefed on the methodology which was adapted from that used in other areas of LWP research (Holmes 2000, Stubbe 1998). Each nurse carried a small mini-disk recorder and wore a lapel microphone in order to record all interactions over a two hour period on three different days.[4]

Results and analysis

- 184 transactions and 466 minutes of material were recorded, of which 100 transactions (involving 282 minutes) proved usable for the purposes of analysis. These were subsequently transcribed by the on-site resource person using the conventions developed by the LWP project.

- Preliminary analysis established that the nurses engaged in slightly less “medical” or transactional talk (approximately 40%) than social talk (approximately 60%) with their patients.

- Two contrasting features were selected as an initial focus of analysis:
  (i) directives: identification of strategies nurses use to get others to do things for them; this talk related to the patients' medical condition and welfare
  (ii) humour: examination of where humour occurs in nurses' interactions and what functions it serves; this talk related mainly to the patients' emotional welfare

[3] Ethical approval for the study was obtained in advance both from the National Medical Council and from VUW's Human Ethics Committee.
[4] A more detailed account of the methodology is available (Major and Holmes 2001).

The next sections provide a very brief illustration of some of the features of nurse's directives in their interactions with patients, and their use of humour with patients and doctors.

Directives in nurses' talk

Some general background on directives

It is possible to give a directive or "get someone to do something" in a wide variety of linguistic ways. The most direct is to use an imperative form: eg. *flex your arm.* At the other end of the spectrum, the least direct forms have sometimes been labelled "hints"; in these cases the person addressed usually has to infer what the speaker wants (Ervin-Tripp 1976, Ervin-Tripp, Guo and Lampert 1990). However, the specific context in which the nurse is talking often means her intention is quite obvious so that not much guesswork is involved:
eg. a nurse to a doctor:

I was just wondering if she could have some drugs to settle her down

The doctor doesn't need to be a linguistic expert to work out what the nurse wants in this case.

Less direct forms are generally regarded as more polite (see, for example, Leech 1983, Brown and Levinson 1987, Thomas 1995). It is also widely accepted that, all other things being equal, the use of more direct forms indicates that people know each other well, or alternatively that one has the right to tell the other to do something eg. staff nurse to nurse aide (Ng and Bradac 1993, Ainsworth-Vaughn 1998, West 1998). Between a nurse and a patient one might expect relatively polite forms, and similarly between a nurse and a doctor, but of course the context is always important. More polite forms are generally longer, and one would not want to take a lot of time in an emergency, nor even when things were very busy. Moreover, the precise power relationships between particular nurses and particular doctors are not predictable by any formula, because so many different variables may be relevant to the analysis (eg. experience, age, gender, personality, etc). In the analysis which follows, we illustrate the nurses' sociolinguistic skills in taking account of such factors in selecting from a wide range of forms to express directives appropriately in interaction with patients.

Giving directives to patients

Focussing on nurse-patient interaction, among the most interesting findings was

(i) the extent to which nurses softened their directives to patients so that they were clear but polite, and

(ii) the wide range of devices that nurses used for this purpose.

In this preliminary study we identified just 20 directives in the 102 minutes of recorded transcribable interaction between nurses and patients. The small number is interesting since one might have expected many more instructions from nurses to patients in nearly two hours of talk. In fact we found that more than half the talk between nurse and patients was social talk, designed to establish good relations and make the patient feel comfortable and appreciated as an individual.

Directives can be expressed using one of three broadly different structures:

- Imperative: eg. *relax your arm*
- Interrogative: eg. *can I pop this probe under your tongue?*
- Declarative: eg. *we'll need to get you up to get to the loo soon*

The majority (70%) of the directives used by the nurses in our data were imperative in structure: eg *lift your arm, keep pressure on that.* This surprised us initially, since imperatives are generally considered a rather authoritarian and "bossy" linguistic structure, and the overall impression of the nurse-patient interactions in our data was quite the opposite. The nurses seemed very polite, considerate and friendly.

When we looked more closely at the data, we discovered that every imperative was softened or attenuated in some way. Further analysis revealed that, in fact, every single directive in the data included at least one pragmatic softening strategy. Moreover, the nurses drew on a wide range of such strategies. In the next section we identify some of the *linguistic* devices nurses used to soften their directives.

Softening a directive: linguistic strategies

Nurses used a wide range of different kinds of linguistic strategies to soften their directives, including grammatical devices and lexical items. In the examples below, the softening devices are in italics. The unsoftened version of the directive is provided in brackets for comparison.

(i) "if " clauses

"If" clauses are traditionally considered to be conditional clauses "if X then Y".
In the hospital data *if* often functioned as a softener like *now* or *just* rather than as a conditional conjunction.

(1) so *if* you take those I'll be back in a minute (vs take those)

(ii) Pronoun choice

The pronoun usually associated with directives is *you*, as illustrated in (1). Another device used to soften a directive was to use a different pronoun such as *we* or *us* or *there.* The effect is to soften the directive.

(2) *we'll* need to get you up to get to the loo soon (vs you need to get up…)
there's nothing to eat or drink after midnight (vs you mustn't eat or drink..)

(iii) Tag questions

Tag questions such as *shall we? could you?* also have a softening effect when tagged on to an imperative (eg. *give me your arm could you?*) Tags may be very casual in form: eg *eh, OK?* as illustrated in (3).

(3) lift your arm up a bit *eh* (vs lift your arm up)
just hold on to those for a moment *OK?* (vs hold on to those)

(iv) Modal adverbs

Words such as *probably, perhaps, maybe, possibly,* and *just* are among the most frequent strategies used to weaken the force of an utterance, or soften a directive.

(4) yeah *just* flex your arm a wee bit for me yeah (vs flex your arm)
maybe you could *just* measure that (vs measure that)

Just was by far the most frequently occurring softener in our data. Note its occurrence in utterances in (3) above and (7) below as well as those in (4).

(v) Discourse particles

Words such as *well, anyway, oh* and *yeah* positioned at the beginning or end of a directive also have the effect of softening its force

(5) *okay well* cos we need to get you up and moving *anyway* (vs you need to get up and move)

(vi) Proper nouns

The use of a person's first name is another frequent device for softening directive force, as in (6).

(6) *Casey* can you pop this probe under your tongue (vs put this probe …)

The patient's name is a verbal "stroke", paying attention to them as an individual.

(vii) Colloquial lexical items

Using colloquial words rather than formal or technical words also has the effect of making directives less forceful and bossy. Note, for instance, the softening effect of "a bit", rather than "slightly" in (3) and "pop" rather than "put" in (6).

(viii) Discoursal position

Finally, it is interesting to note that a preceding or following explanation or justification for a directive also has the effect of softening its force, as illustrated in

(7) can you pop this probe under you tongue, *it just takes your temperature*
just let the nurse know *so sh- so she can collect it*

It will be clear from the examples provided that nurses frequently use more than one softening device in relation to a single directive.

Most nurses will be unaware of their linguistic choices, yet the effect they have is very significant in terms of making patients feel comfortable and cared for. The very wide range of softening devices used in our small sample of interaction indicates considerable linguistic sophistication, as well as the nurses' sensitivity to the contextual factors relevant in their exchanges with patients.

Humour in nurses' talk

The second area we have selected in order to illustrate the sociolinguistic skills developed by nurses is the way they use humour in their interactions. Humour serves many functions. It is yet another strategy which can be used to soften a directive, but humour also maintains and develops good relationships between people, and enables them to express feelings or views they might not get away with otherwise (Holmes 2000). We here provide some examples to illustrate the skilful way the nurses in our sample used humour in their interactions in the wards.

Friendly humour: to help patients feel more relaxed

One important function of humour in the interactions between nurses and patients was to reduce the stress of a potentially uncomfortable situation, and to help their patients to feel more relaxed. There are many examples of this in our data; here we discuss just one.

In excerpt 1 Sophie, a patient, expresses some anxiety about the anticipated removal of a cannula (a small device giving access to a vein). Earlier in the day, Tara, the nurse, had removed a large drain from a wound which had been a painful and distressing experience for Sophie.

Excerpt 1

Context: The nurse comes into the patient's room to take out a cannula

Tara: and I'll take out your cannula + sorry

Sophie: this is just a little thing eh not like the other

Tara responds to Sophie's worry by reassuring her and then introduces the topic of Sophie's leaving hospital soon. Sophie tells Tara that she will stay with her parents initially, since her flat is being decorated. Excerpt 2 illustrates the way in which Tara skilfully distracts Sophie from the unpleasant medical procedure she is undergoing.

Excerpt 2.

Context: The nurse is in the patient's room taking out a cannula. [The words between slashes/\ indicate overlapping talk].

Sophie:	so I'm staying with mum and dad
Tara:	wicked yeah
Sophie:	yeah
Tara:	a few home comforts don't /hu- don't hurt\
Sophie:	/oh mum would\ insist on it even if I don't want to /she'd insist yeah [laughs]\
Tara:	/yeah [laughs]\ mothers have that right /don't they\
Sophie:	/they do\
Tara:	yeah /okay\
Sophie:	/well I don't mind\ cos I get treated like a queen /so [laughs]\
Tara:	/exactly \ lap it up

During all this talk, Tara is taking out the cannula. Her colloquial friendly chat, full of humour, helps distract Sophie from the discomfort involved. The overlapping talk indicates the informality and good rapport between the two young women. The talk focusses on Sophie, and on the comfort and care she can look forward to from her mother when she leaves the hospital. The two women establish a collusive bond, expressing a shared wry, yet appreciative, attitude to the way mothers fuss over their daughters.[5] Establishing friendly rapport like this obviously helps the patient feel more relaxed in this clinical setting, and this clearly assists the nurse achieve her goals as well.

Subversive humour: to soften a criticism

Humour is often used to soften negative messages (Holmes 2000). In many workplaces where we have observed, humour was used to soften criticism, for instance. It is particularly useful when an individual wants to express a critical comment to someone whom they don't wish to offend, such as a close colleague or

[5] Compare with Ragan's (2000) study illustrating a similar use of humour by radiology technicians to help their patients feel more relaxed in an uncomfortable environment.

someone in a position of power, for instance. We found a number of examples of humour used this way by the nurses in our sample.

One example occurred in a context where two staff nurses had been waiting for some time for the doctor to arrive. They were getting very irritated by the fact that he was so late coming up to the ward, as excerpt 3 illustrates.

Excerpt 3

Context: Two staff nurses, Tracey and Rebecca, are talking in the nurses' station while they wait for the doctor to arrive.

Rebecca: I wonder where André is
Tracey: well he said an hour and I think he's been longer than an /hour so I'm I'm not\ happy with that
Rebecca: /no I know\ I know
Tracey: gonna have to have a word with him about that…
not good time management
Rebecca: not good /time management\ that's right

Rebecca then pages Andre and he returns her call

Telephone rings. Rebecca answers

Rebecca: hello ward fourteen staff nurse speaking
André are you coming up to war- [pause]
thank you very much /thank you bye bye\
Tracey: how long will he be
Rebecca: five minutes
Tracey: oh
Rebecca: [laughs] I know it's getting a bit desperate isn't it

Clearly both nurses are getting frustrated waiting for André to turn up. However, when he does arrive rather than "having a word with him" about his time management, as they threatened, they in fact turn their irritation into teasing André, as illustrated in excerpt 4.

Excerpt 4

Context: Two staff nurses, Tracey and Rebecca, are talking in the nurses' station as André, the doctor, walks in.

Rebecca: gonna be a busy week isn't it I might have a wee look (7 second pause) hello André [pause] the man of the moment [laughs]
Tracey: [drawls]: André:
Rebecca: come here André
Tracey: come hither
Rebecca: [laughs]

The excerpt illustrates how the nurses use humour subversively to relieve their own tension and frustration over his lateness. The doctor has higher formal status in the hospital hierarchy so it would be difficult for them to reprimand him in a direct way. Humour provides an outlet for their frustration. The sarcastic phrases "man of the moment" with its strong implication "at last!", are the only (very indirect) references to the fact that he has kept them waiting.

Subversive humour provides a "socially acceptable cover" for criticisms of individuals, as well as for challenges of other sorts. Humour here allows the nurses to criticise the doctor in a non-threatening and acceptable way, which in turn relieves the tension which has been building up because of his lateness.

Nurses use humour regularly and constructively in their work. There are many examples in the data, with humour serving many different functions. In this section we have briefly illustrated just two contrasting functions: firstly the use of humour to relax a patient and assist the nurse in achieving her work objectives more efficiently; secondly the use of humour to relieve tension and thus maintain good workplace relationships between colleagues.

Conclusion

Earlier research on the way nurses communicate on the job tended to focus on the ways in which they need to act as interpreters for doctors in conveying medical or clinical information to patients (for discussion see, for example, May 1990, McKee 1991, Candlin 1992, Johnson 1993, Tmobranski.1994). As far as we know, there is no existing study of the wide range of sociolinguistic and socio-pragmatic skills routinely required of, and demonstrated by, nurses in their everyday work in hospital

wards with patients and doctors. There is certainly no New Zealand research of this kind.

Our pilot project has been successful in meeting the initially daunting challenge of developing a methodology to record the normal everyday interactions of nurses actually "on the job". Over 100 interactions were recorded, transcribed and analysed for two features: directives and humour.

A preliminary analysis of the pilot data suggests that useful insights can be gained by paying attention to the wide range of types of interaction that nurses engage in on a daily basis. The nurses in our pilot study maintained a skilful balance between highly focussed medical talk (about 40% of their talk) alongside strategically positioned small talk and amusing anecdotes (about 60% of their talk). More specifically, the analysis demonstrated the nurses' sociolinguistic and sociopragmatic skills in negotiating workplace directives with a range of interlocuters. These are briefly illustrated in this paper firstly by examples of the range of softening devices used with directives in nurse-patient interaction, and secondly with examples of nurses' use of humour to achieve their goals effectively and to maintain good workplace relationships.

The material gathered and analysed in this pilot study clearly indicates the feasibility of our longer term aim of providing a detailed description of the complexity and variety of the daily interactions engaged in by nurses in hospital wards. The analysis also seems certain to provide sound and relevant input for developing materials which can be utilised in nurse education programmes.

LWP Transcription conventions

YES	Capitals indicate emphatic stress
[laughs] : :	Paralinguistic features in square brackets, colons indicate start/finish
+	Pause of up to one second
(3)	Pause of specified number of seconds
... //.....\ ...	Simultaneous speech
... /.....\\ ...	
(hello)	Transcriber's best guess at an unclear utterance
?	Rising or question intonation
-	Incomplete or cut-off utterance
… …	Section of transcript omitted
XM/XF	Unidentified Male/Female

All names used in examples are pseudonyms.

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