

**Citation:** Umbima, L; Ochieng, R & Achieng, A. L. (2020). A Pragmatic Analysis of Communication Strategies used by Healthcare Providers and Patients at Kitale County Referral Hospital, Kenya. *Journal of African Interdisciplinary Studies*, 4(7), 89 – 101.

## **A Pragmatic Analysis of Communication Strategies used by Healthcare Providers and Patients at Kitale County Referral Hospital, Kenya**

By

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### **Abstract**

The purpose of the study was to provide a pragmatic analysis of communication strategies used by health care providers at Kitale County Referral Hospital Kenya. The contention of this article is that communication is one of the most important aspects in delivery of healthcare. Grice posits that there are guidelines that participants of a conversation need when they communicate failure to which results to flouting of maxims. Successful observance of these guidelines contributes to effective communication and the lack of it leads to ineffective communication. Effective communication cannot happen without incorporating pragmatics which in a nut shell involves language and context. The study presented the results of a pragmatic analysis of communication strategies used by healthcare providers and patients at Kitale County Referral Hospital. The study used Grice's Cooperative Principle. What the study aimed at was to find out the observance of the maxims of conversation by medical practitioners as they interact with patients, why the medical practitioners flout maxims as they interact with patients and to determine the conversational implicatures generated by flouting maxims of conversation. The study adopted a descriptive research design and was conducted in Kitale level five hospitals. The target population was the 167 nurses in the county who were sampled to 25 nurses through purposive sampling. The simple random sampling technique was used for the patients incoming at the hospital where in a normal routine of approximately 100 patients are treated in the hospital, 25 patients through simple random sampling to get the well manageable number by the research hence increasing its accuracy. The data collection tools were observation schedules and tape recording. Data analysis was done in accordance with observance and non-observance of the Cooperative Principle. Data on flouting of maxims was identified and analyzed based on conversational implicatures. Data analyzed revealed that medical practitioners and their clients attempted to create a mutually accepted communication through cooperation. Observance of maxims was done to enhance and maintain face needs. It also showed that flouting of maxims was useful in order for the hearer to make inferences. Some of the reasons behind flouting the maxims include: regulating and maintaining mutual distance, showing power, getting sympathy and avoiding talking about something. Data revealed that the failure to adhere to the rules of conversation does not show rudeness it nevertheless enabled the hearer to receive an implied meaning at a deeper level. The study concluded that when maxims are flouted, patients and medical practitioners are likely to misinterpret instructions hence the need to ensure all maxims are adhered to when engaged in communications. The study recommended that all health practitioners be well versed with the principles and knowledge of the cooperative principle in guiding conversations between health practitioners and patients revealing effective communication during these interactions.

**Key Words:** Kenya, Communication Strategies, Health Care Providers, Kitale County Referral Hospital

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### **Introduction**

In any setting that encompasses human beings, language use is necessary for interaction since it is inevitable for humans to use it to address their needs. Tribus (2017) contends that language is a vital tool that allows us to connect and command, to warn and welcome, and to anchor abstract thought in concrete words in our pursuit of higher knowledge, it is also an artistic medium through which we express our humanity. Humans cannot coexist without the use of language for it is a tool for communication. We can express ourselves or communicate through a conversation. Fatmawati (2015) states that to be successful in communicating through conversation, two or more people as the participants of a conversation should be able to be cooperative with each other so that there is no misunderstanding in the conversation. She adds that, the speaker can lead the listener to gain the messages in the conversation clearly and the listener can understand the meaning, even a hidden meaning, in the speaker's utterance. In general, there has to be a rule that will govern this conversation for it to be effective to avoid any misunderstanding. Conversation is to communicate something which two or more participants, that is speaker(s) and listener(s), both of them produce and exchange meaning (Putra 2014). In pragmatics, to know the way the speaker and the listener have reached an ideal communication can be seen through Grice's cooperative principle. According to Grice (1975), you should make your conversational contribution such as is required at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged.

In the hospital, language use and its selection is very vital to communication. This is so since it forms the nucleus of the encounter between the medical practitioner and the client, and bears the burden of the whole process of hospital interaction. Conversations can take place between human beings in any setting. In health care, they can occur between a healthcare provider and a patient. There are studies that have revealed that there are issues in the way healthcare providers use language to communicate with patients. Scholars such as Deument (2010) have noted how communicative barriers to language discordance have a challenge on the quality of care in health care system. Those challenges that were detected by those scholars include impediment to the establishment of trust and rapport between nurses and their clients (patients) and inaccurate diagnosis or treatment of patients (Van de Poel and De Rycke, 2011). So, great focus is on the communicative style or skills used by healthcare providers and not why their communication is seen as ineffective by the patients. Much as there is a communication breakdown hence why the patients complain, could there be a valid reason behind it?

Starfield (2011) posits that communication between doctors and patients is one of the most important aspects of a patient-centred approach that presumes a holistic interpersonal relationship between physicians and their patients. Ha, Anat and Longnecker (2010) report that the "medical model has more recently evolved from paternalism to individualism. Information exchange is the dominant communication model, and the health consumer movement has led to the current model of shared decision making and patient-centred

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communication”. It is not sufficient to state that healthcare providers need more training as the recommendations for these studies suggest, without understanding why medical practitioners use language the way they do that patients call effective or ineffective communication. Grice (1975) states that when people communicate, they assume and they will be conversationally cooperative without realizing it. According to Grice, this cooperative conversation can be achieved in the forms of maxims which are same as rules. Grice adds that these set of assumptions can guide people to formulate the efficient and effective use of language in a conversation. The guidelines called maxims are formed in four basic maxims of conversation which together express a general Cooperative Principle. Hence, to achieve effective communication, a speaker and hearer have to fulfill cooperative principles which consist of four maxims: quality, quantity, relation, and manner. In conducting the maxims, there will be two possibilities: by doing an observance of maxim and doing a non-observance of maxim.

The issue of health communication is a major concern in Kenya too. The Kenya Institute of Public Policy Research and Analysis report of 1994 indicated that facets of patient satisfaction range from politeness of providers to the time spent waiting for service. The report recorded complaints that nurses in Kenya Public Hospitals were rude, impolite and offered cold reception. In view of this the Kenya National Health Sector Strategic plan for 2005-2010 promised to make health provision humane compassionate and dignified. Promotion of the patient’s dignity through respect, empathy, courtesy, advocacy and a short turn-around time form the core commitments in the Kenyan Charter of patient’s rights. Despite these clear policy statements, public perception in Kenya still points to violation of patients’ rights through abusive language. Studies by Ojwang et al (2010), Waitiki (2010) Wekesa (2012) and Omondi (2016) among others support the notion of violation of patients’ rights. In KNH, the largest referral hospital in Kenya, over 50% of patients rated the quality of the health services provided as poor (Wanjau and Wangari, 2012). To ride off the negative quality perceptions in the public health sector, many reforms in health care such as devolution, COK 2010, Kenya’s Health Policy (2012 - 2030) and SDGs have been done to improve health systems and quality outcomes. With these reforms’ studies have been done in various counties revealing a high level of patient satisfaction with regard to quality service delivery. A study by Miranda (2017) in Busia County on an Assessment of Patient Satisfaction levels in a County Referral Hospital revealed that the patients' expectations before visiting the facility were high (41%) with very high (28%) and only 6%.and 9% of the respondents saying they had low and very low expectations. The procedures and practices that better health service delivery scored highly on the 5-point scale, with most patients giving importance to these procedures and being very satisfied. As regards to willingness of the patient to come back, 97% were willing to come back. Katuti (2018) in Nyandarua also conducted a study which also revealed high level of patient satisfaction due to staff competence in the hospital pharmacy, patient privacy during treatment and improved patient waiting time. It is of essence that we try to understand the conversations that take place between a medical practitioner and a patient before we actually assert that there is ineffective communication by medical practitioners in a hospital setting. Gregoriou (2009) states that pragmatics is concerned with the study of the meaning as communicated by one human and interpreted by another. In contrast to the study of syntax (how sentences are put together) and semantics (what words and sentences mean and how these relate to the world), pragmatics is the study that actually allows humans into the equation, since it involves an analysis of the relationship between linguistic forms and the users of these forms.

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The gap between the uttered words and the speaker's intention generates various epistemological problems related to the phenomenon of testimony. If the speaker's words can differ from his communicative intention, how can we ever know what his real message is? It's against this background that the study is set to carry out a pragmatic analysis of the communication strategies of medical practitioners as they interact with patients at Kitale County Referral Hospital.

### **Statement of the Problem**

With reforms in the Ministry of Health, a health report regarding the quality of health care services delivery in Transzoia County still revealed complaints of poor customer service delivery with regard to healthcare providers. This has been attributed to poor communication skills of the healthcare providers, illiteracy of patients with regard to medical language and psychological status of the medical practitioner which have affected the communication between medical practitioners and patients hence leading to negative perceptions on healthcare providers. While perceived quality of health services and its delivery affects utilization of services, there is still a gap in literature on understanding hospital interactions and in particular, analysis of conversations between medical practitioners and patients so as to change the long standing public perception that medical practitioners in public hospitals ignored patients' rights to respectful treatment and communication in Trans-Nzoia County in particular. It is against such communication concerns among health care providers that prompted the researcher to carry out a study on a Pragmatic Analysis of Communication Strategies Used by Healthcare Providers and Patients at Kitale County Referral Hospital

### **Objectives of the Study**

The study is based on the following objectives:

- i. To identify the maxims of conversation that are observed by medical practitioners and patients at Kitale County Referral Hospital.
- ii. To establish the maxims of conversation that are flouted by medical practitioners and patients at Kitale County Referral Hospital.
- iii. To examine the conversational implicatures generated by non-observance or flouting the maxims of conversations at Kitale County Referral Hospital.

### **Theoretical Framework**

The study was anchored on Grice's (1975) theory of Cooperative Principle whose philosophical thought was that for a large class of utterances one may distinguish, within the total signification, between what is said and what is implicated. Grice stated the Cooperative Principle in the following words: "Make your conversational contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged". According to David Crystal (1971:245), "these principles control the way a conversation proceeds." The use of language in conversation should be such that it should help to promote the purpose of communication.

Grice's philosophical idea that cooperativeness underlies the use of language in communication made him formulate certain maxims that are together known as the maxims of cooperative principle. They are also sometimes named as 'Gricean maxims'. These maxims or rules of conversation are the centre around which Grice's theory of Cooperative Principle revolves with the view to regulate conversation

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The maxims of conversation that Grice formulated are: Maxim of Quality, Maxim of Quantity, Maxim of Relation, and Maxim of Manner. Maxim of Quality states that one should try to make your contribution one that is true. You should not say what you believe to be false. You should not say that for which you lack adequate evidence. By this maxim, Grice means that speakers should always provide true and valid information. The Maxim of Quantity implies that a speaker should make the contribution as informative as is required. One should not make the contribution more informative than is required. In this maxim, Grice means to say that while engaged in a conversation people should always check the quantity of information that is required at a particular stage and in a particular context of communication to be cooperative. In the Maxim of Relation, one is required to be relevant. According to this maxim, speakers should provide information that is relevant to the topic of conversation. The information must be related to the subject matter of their communication in some way. Finally, the Maxim of Manner requires that one is perspicuous meaning that one should avoid obscurity of expression, avoid ambiguity, one should be brief and orderly. This maxim states that people should not use jargon, that is, words or sentences that have more than one meaning. They should be brief enough to give a chance to the other speaker to speak, and they should always present information in an orderly manner.

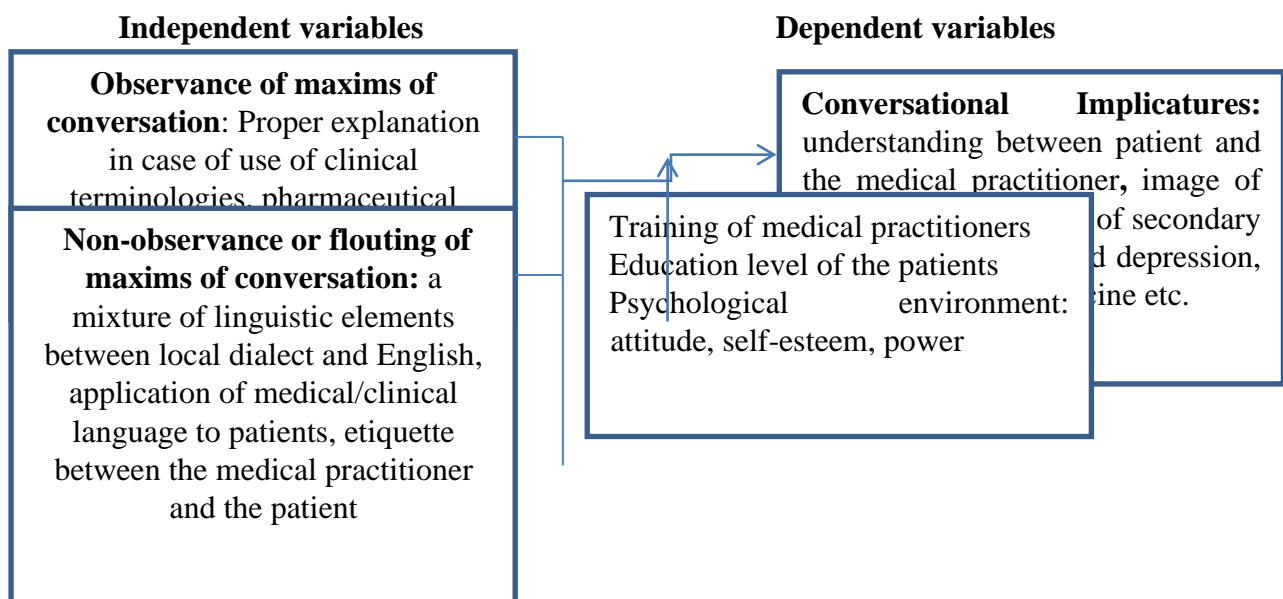
Blum-Kalka (1997) defined the maxims as conversational norms which “serve as a set of guidelines by which interlocutors judge each other’s contributions to talk and make sense of what is said.” These maxims are useful for analyzing and interpreting conversation, they reveal the intended purposes of language use in communication, both in day-to-day social life and in fictional world. Speakers do not necessarily follow the rules or the maxims of the Cooperative Principle; rather they intentionally violate certain maxims in accordance to the purpose in their mind to be performed through language. The intentional violation of maxims provides the hearer the opportunity to infer the meanings that are not said, and they try to make out the implied meaning.

A study that adopted Grice’s (1975) cooperative principle was by Msuya (2017) from Tanzania whose aim was in finding out politicians’ observance of the Gricean quality and quantity maxims. The reason why this theory was chosen is that the theory served as a guide for this research on data analysis and interpretation. It served and guided the researcher towards achieving research objectives.

### **1.8 Conceptual Framework**

The current study was guided by the following conceptual framework which was used to explain the interrelationship between the variables. A conceptual framework is a scheme of variables a researcher operationalizes in order to achieve the set objectives (Oso and Onen 2002). Mugenda and Mugenda (1999) argued that independent variables attempt to indicate the total influence in the study. It was hypothesized that the independent variables with its component’s observance or non-observance of maxims of conversation influence the dependent variable which is conversational implicatures taken as effective communication.

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**Figure 1: Conceptual Framework**

Source: Authors 2020

Figure 1 above indicates the independent variables, intervening variables and the dependent variable of the study. The independent variables include the observance of the maxims of conversation such as the clinical terminologies and proper explanation in case the patient finds it incomprehensible, pharmaceutical terminologies, gender sensitive language as they influence effective communication between patients and medical practitioners in health care service. Flouting of non-observance of maxims of conversation between the medical practitioners and patients for example mixture of local linguistic items and English items (grammatical aspects, pronunciation, and parts of speech), clinical language can affect the communication between the medical practitioners and patients as indicated above which results into a conversational implicature. Training in communication skills, education level of the patient and psychological status of the medical practitioner can also affect the communication between medical practitioner and patients.

Literate patients can understand the linguistic items applied by the medical practitioner since they can read and interpret English and Kiswahili instructions hence making effective communication. Psychological status of the medical practitioner such as attitude can highly influence the linguistic resources to be applied by the nurse to the patients. The attitude of the medical practitioner can also influence the attitude of the patient towards the medical practitioner affecting the communication between the medical practitioner and the patients as the intervening variables of the study.

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### **Review of Related Literature**

The literature review was conducted in relation to the legal frameworks that serve as guidelines for the conduct of nurses in general. The purpose of the literature review is to represent an overview on what has been identified by other scholars on the issue of effective communication.

### **Observance of the Maxims of Conversation by Medical Practitioners**

A conversation can proceed smoothly if the listener understands the intention of the speaker. This is so because communication can take place as long as there is similarity of meaning between the speaker and the listener. As a result, the speaker and the listener have to fulfill some rules which bind the speaker and the listener hence the cooperative principle. Khosravizadeh and Sadehvandi (2011) posit that to convey the meaning through the medium of communication, interlocutor should follow certain strategies or what the language philosopher Paul Grice (1975) has termed as Cooperative Principle (CP). The operating idea about communication states that people involved in conversation will ideally cooperate with each other. In communication each interlocutor should be guided by maxims for it to be regarded as cooperative communication. This is aimed at reaching each interlocutor's objective in the conversation. In the field of health, communication is inevitable. Conversations have to take place between medical practitioners and patients. Lederman et al (2017) posits that communication in health is an area of study that finds its origins in the communication discipline of the 1980s and the areas of interpersonal interaction (that is communication between doctors and patients) and mass communication (that is public health communication campaigns). Health communication is the study of the impact of communication in the definition of health and wellness, illness and diseases as well as strategies for addressing ways to deal with those health issues.

Swasey (2013) from America in his study *Physician and Patient Communication: A Grounded Theory Analysis of Physician and Patient Web-Logs*, sought to study the web-logs of physicians and patients, to determine the communication habits of both study groups. Published material has focused on the communication skills of doctors; however, with the study of the physician and patient web-logs it is clear that effective communication is the responsibility of both the patient and physician. Using grounded theory and through open, axial and selective coding, six themes were identified during the analysis of physician and patient web-logs. The themes that emerged were: empathy and compassion, third-party involvement, the role of medical schools, the patient hand-off, patient responsibility and physician honesty. The narratives that were shared in web-logs reflected the need that both doctors and patients were equally responsible for the quality and quantity of information exchanged through interpersonal communication. It also became clear that if effective communication did not occur between the physician and the patient, there were mistakes made that resulted in injury or death.

Fioramonte (2014) from America in her study entitled *A Study of Pragmatic Competence: International Medical Graduates' and Patients' Negotiation of the Treatment Phase of Medical Encounters* The aim of the study was to examine the co-constructed nature of the delivery and receipt of treatment advice and the ways in which physicians and patients managed interpersonal relations through the negotiated activity. The theoretical framework of pragmatic competence was utilized to underpin the study. Physician-patient interactions served as the primary data source. Medical encounter interactions between five different IMG

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residents and 31 patients were observed and audio-recorded. Observations and a post-medical encounter survey completed by patients served as secondary data sources. The analysis of the data revealed that this medical speech activity embedded within the medical encounter was realized through the use of a variety of discourse strategies and contributions from multiple participants as they attended to the interpersonal and transactional goals associated with the delivery and receipt of treatment advice. Findings provided insights into how multi-party discourse worked to jointly construct and negotiate treatment recommendations. Findings indicated that IMG residents utilized indirect advice-giving strategies. Additionally, both IMG residents and patients utilized interrogatives in various ways to engage actively in the treatment decision-making process. Finally, the data revealed how the participants attended to each other's face needs as they worked to enhance, maintain, or challenge face through the dynamic process of negotiating relationships. This study is almost similar to the current study as it is in the field of medicine just as the current study. However, it uses the theory of pragmatic competence while the current study uses Grice's cooperative principle theory to analyze the data. This study is based in the United States of America while the current study is in Africa more specifically in Kenya.

**i) Flouting of the Maxims of Conversation by Medical Practitioners and Patients.**

When people do not follow the four maxims in communication, it is called non-observance of maxims. It is otherwise known as flouting since the speaker has failed to observe a maxim intentionally. The speaker is actually free to choose whether s/he wants to follow the Cooperative Principle or not, depending on the purposes or reasons, according to Black (2006: 24). When flouting is employed, it may be to effectively communicate a message. Flouting one maxim or more occurs when a speaker in conversation does intentionally fail to obey a CM. As Grice (1975, p. 49) spells out that the speaker in talk exchange may not observe a maxim so that s/he can provoke the listener to find out the intended and hidden meaning rather than surface meaning. Flouting of maxims can be explained as follows.

Sobhani and Saghebi (2014) in Iran, conducted a study on The Violation of Cooperative Principles and Four Maxims in Iranian Psychological Consultation. This paper aimed to investigate new ways of understanding non-cooperative attitudes of the speakers and the violation of Cooperative Principle maxims in real Iranian psychological consulting session. The data base consists of recorded conversations between a male psychotherapist and his patients during therapy sessions. After analyzing their language by means of conversational implicature and the occurrences of the violation of Cooperative Principle, it is concluded that the recognition of conversational implicature is essential for the understanding of the non-cooperative attitudes of the speakers and their violation of one or more Cooperative Principle Maxims. Moreover, it was clear that the message people intend to convey is not wholly contained within the words they use, but it is also dependent on how hearers interpreting the message taking into account context and implicated meaning. Finally, there were instances when the purpose was to intentionally miscommunicate within this sophisticated social context. The study had a contribution to the existing knowledge in the area of pragmatics and psychology development.

Abdullahi-Idiagbon and Ajadi (2014) conducted a study in Nigeria on Pragmatics and Social Distance in Doctor-Patient and Police-Suspect Conversations. The study aimed to investigate how politeness is negotiated through the concepts of face and hedging particularly in relation to interpersonal interactions or conversations. It was unique in that it examines and compares social distance in doctor-patient and police-suspect conversations using Grice's



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Conversational Implicature and Brown & Levinson's Politeness Theory. The study therefore revealed that doctors flout maxims to regulate and mitigate social distance, while the patient uses hedges to curry for the doctor's empathy. Also, there is the use of imperative utterance (directive act) with FTA by doctors to maintain social distance. On the other hand, the police, more than doctors, employ more of face threatening acts to elicit necessary or implicative information from the suspect. The suspect, in turn, consistently flouts the maxims of quality and quantity as well as relevance chiefly to vindicate herself and implicate their warring neighbour. Language allows its users to do many things in communication. It is a potent tool for ensuring interpersonal peace just as it plays huge roles in frozen relationships.

## **ii) Conversational Implicatures Generated by Flouting/non-Observance of Maxims of Conversations by Healthcare Providers.**

Conversational implicatures are pragmatic inferences: unlike entailments and presuppositions, they are not tied to the particular words and phrases in an utterance but arise instead from contextual factors and the understanding that conventions are observed in conversation. The theory of conversational implicatures is attributed to Paul Herbert Grice, who observed that in conversations *what is meant* often goes beyond *what is said* and that this additional meaning is inferred and predictable. If the speaker chooses to violate a maxim, he is ignoring the cooperative principle without giving the addressee a cue that he is doing so. We will ignore this altogether as it is impossible to predict anything from it and so no systematic analysis can result from it.

Blečić (2017) in Croatia conducted a study on The Place for Conversational Implicature in Doctor-Patient Communication. The study sought to analyze the local nature of the use and the interpretation of conversational implicatures that is often omitted from the Gricean picture in which the speaker generally relies on the capacity of the hearer to work out the intended implicature. The researcher proposed the idea that there are contexts in which the speaker is not justified in doing so. One such context is related to doctor-patient communication. This kind of verbal interaction is pervaded by strong emotional responses that make the use and interpretation of common indirect communicational strategies a potential communicational and ethical problem.

Florence Indede (2009) in her article entitled "The Pragmatics of Kiswahili Literary Political Discourse" attempt a pragmatics analysis of Kiswahili literary political discourse using Grice's Cooperative Principle. She bases her analysis on the following poetic texts: Chembe cha Moyo by Alamin Mazrui, Sautiya Dhiki by Abdilatif Abdala and Jiho la Ndani by Said Ahmed Mohamed. She maintains that her article employs the Cooperative Principle developed by Grice whose Conversational Implicature is central to her discussion. She argues that the interpretation of meaning requires high level of application of the Cooperative Principle by both the reader and the author. Indede avers that the poetic dialogic understanding of the author's theme or message involves recognizing his rationale for using an utterance in context. Considering that the reader only confronts the poem in the absence of the poet creates more confusion since the poet is not present to intervene for any misinterpretations of his propositions. For any successful interpretation then, the reader has no option than drawing up a set of inferences whereby the contextual implication can be derived. In other words, the critic has an advantage of inferring the meanings of the message surpassing the worldview of the author.

We can accurately say that people have conducted various studies on the observance and non-observance of the maxims of conversation and on conversational implicatures in

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various fields mostly in comedies and other television shows, politics, linguistics and literature as well. However, much has not been done in the medical field most specifically in Kenya. It is against this reason that the current research is conducted.

### **Methodology**

This study used the descriptive study design. The research used a descriptive survey design because descriptive research does not involve modifying the situation but rather adopt natural setting. It involves acquiring information about a certain segment of the population and getting information on their characteristics, opinions or attitudes (Orodho, 2003). This research design was chosen for this study because it enabled the researcher to obtain the opinions of medical practitioners and their clients in their natural setting. The study was conducted in Kitale. Kitale is an agricultural town in northern rift valley Kenya situated between Mount Elgon and the Cherangani Hills at an elevation of around 1,900 metres (6,200 ft). Its population is 106,187 as of 2009. Kitale is the capital Town of Trans Nzoia County. The population of the study comprised of medical providers and their clients in Kitale. There are 71 health facilities in Trans Nzoia County. This research focused on Kitale County Referral Hospital since being a big hospital, it has various departments. The hospital was selected because it offered the best opportunity to find various medical personnel with different areas of specializations. For instance, the paediatricians, psychiatrists, surgeons, clinical officers and nurses, medical lab technicians, medical health records staff and others. The target population in Kitale County Referral Hospital has a total of 167 medical practitioners and approximately 100 patients treated in the facility on daily basis. Purposive sampling technique was applied to select Trans-Nzoia County as the study area since it provided the linguistic environment to be studied by the researcher (Orodho, 2012). According to Mugenda and Mugenda (2008) purposive sampling is applicable when dealing with specific group of individuals or location bearing the same characteristics hence 167 medical practitioners working in Kitale referral hospital were selected. They were further sampled to 25. This number was manageable due to financial constraints.

Purposeful sampling was chosen for the current study since in a qualitative study such as the current one has often been promoted as a solution for pragmatic constraints of time, resources, access to information and expertise. It is fundamental to the quality of data gathered. The power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations.

Simple random sampling assisted to select 25 patients which comprised of 25% of the 100 targeted patients visiting the hospital daily. In this sampling technique, every  $k^{\text{th}}$  member of the population is sampled. In this case, the researcher sampled every fourth member of the population. This was in respect to Gay (1981) who ascertained that a sample size of 10% - 20% of the total population is adequate for a study in descriptive research. Gay, Mills and Airasian (2009) suggest that for a survey research a sample of 10% to 20% of the population is acceptable. Simple Random Sampling was used because it is the one of the best methods to extract a sample from a larger population, patients being the larger population for the current study. A hospital is visited by many patients every single day. A Referral Hospital for this matter. This method therefore is essential since it gives an accurate representation of the larger population. The main instrument of research was observation schedules and tape

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recording to collect data from medical practitioners and their clients. The observation schedule was first piloted for validity and reliability in Nandi County.

The researcher acquired a research clearance permit from National Council for Science and Technology through University of Nairobi. A letter of Introduction was obtained from the County Director of Health, Trans Nzoia County to be presented to the clinic officers of the sampled health units. A preliminary visit was made to each health unit to inform the clinic officers of the intended research and to agree upon convenient times to carry out the research. The respondents were also assured of the confidentiality in the findings of the study. On the material day the researcher requested permission from the hospital administration thereafter was assigned a head nurse to help in taking the researcher round to the specific wards where the data would be collected. During the observations, the researcher sought permission from informants so as to record the conversations between the medical practitioner and the patient. This only happened if permission from informants was granted.

Data was sorted through coding, most specifically descriptive coding whereby there was selection of themes in accordance with the research objectives. The data was classified under the themes for which each data fell into. The themes were as follows: the observance or non-observance of maxims, the reasons for the non-observance of maxims and the implicatures generated for observance or non-observance of maxims. The data on each of these themes was identified and sorted under each and finally analyzed the themes into narratives and descriptions.

## **Results and Findings**

On the first research question the researcher was out to investigate the observance of maxims of conversation. Data analyzed revealed that medical practitioners and their clients attempted to create a mutually acceptable communication context through cooperation. Each of the maxims was discussed separately. The analysis of data showed that interlocutors observed the maxims of quantity, the maxim of quality, the maxim of relation and the maxim of manner.

Mother: what are the results?

Doctor: madam, your son is suffering from a condition called lupus. The diagnostic results indicate that the condition has affected most of the internal organs. I am sorry but we may have to bear with any eventuality.

Mother: oh God! Anything you can do?

Doctor: kindly, go to the waiting bay

From the above conversation the doctor observes the maxim of quantity by being as informative as is required. The information the doctor gives the mother to the patient was precise, it explained clearly what the patient was suffering from such that the mother did not ask for clarification and went ahead to ask what she could do in that situation. Since the information provided by the doctor about the results was sufficient, her response shows that she was ready to do anything to remedy the situation, hence the doctor's response for her to go to the waiting bay.

On the second research question the researcher was out to investigate the flouting of maxims of conversation. Data analysis revealed that participants flouted the rules of conversation. It was found out that there are situations where the cooperative principles are not adhered to. This failure to observe the maxims does not let the conversation to proceed as intended by some speakers. It was established that speakers flouted the maxim of quantity, quality,

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relevance and manner. The conversation below provides information that may not inform the doctor of what they need to understand so as to make a diagnosis.

Doctor: how are you sir?

Patient: I attended my sister's wedding yesterday and have been feeling unwell since then.

Doctor: what did you have for lunch?

Patient: steamed rice and beef

From this conversation the patient flouted the maxim of quantity. The patient gives too much information about their sister's wedding. This information may not be informative as to what the doctor requires and that is why the doctor has to ask a question about what the patient had for lunch in order to understand whether it's the food that caused a problem

On the third research question the researcher was out to investigate the implicatures generated from flouting of maxims of conversation. The data analyzed showed that the flouting of the maxims was useful. Data revealed that the failure to stick to the conventions enabled the hearer to receive an implied meaning at a deeper level. It was established that medical practitioners utilized various techniques to make diagnosis. This includes visual and all verbal cues. The patient's description of situations which may seem irrelevant will help in better understanding the medical history and background. The descriptions include narration of events, description of symptoms, description of appearances and revelations of body parts affected. The medical practitioners will formulate, reformulates and negotiates the problem of the patient as the patient does the narrating and states his/her experience of the illness at issue. The conversation below shows how a patient flouts the maxim of quantity by not being as informative as is required

Patient: Doctor, I am still experiencing backaches

Doctor: Have you been taking your medication regularly?

Patient: The last time I took my pills was this morning.

Doctor: Let us wait till the dosage ends and if there are no changes I will need to subscribe new drugs.

As illustrated above, the patient flouts the rule of conversation by not telling the doctor whether he has been taking drugs regularly as expected. An implicature is generated to avoid explicitly saying something as required by the question asked. The doctor interprets then that what the patient is saying is that medication was taken regularly.

### **Conclusion and Recommendations**

The purpose of this study was to explore and find out the observance of the maxims of conversation by medical practitioners and their clients at Kitale County Referral Hospital; to establish how medical practitioners and their clients flout the maxims of conversations at Kitale County Referral Hospital; to determine the conversational implicatures generated by flouting the maxims of conversations at Kitale County Referral Hospital. The results showed that the maxim of quality is almost always obeyed in doctor-patient interaction because participants recognize the need for truth in the resolution of medical problems. However, other maxims of quantity, relation and manner are sometimes flouted in the course of expression of sentiments and emotional feelings and avoidance of unpleasant consequences.

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The observance and non-observance of maxims of conversation often leads to implicatures. The purpose is to make one get the intended meaning behind the conversation. Flouting the maxim means that the conversation can be either less or more informative. A maxim can be flouted to change a subject and the conversation. The findings of this study correlated with those of Adegbite and Odenbumni (2006) whose findings indicated the predominance of doctor-initiated spoken exchanges in which doctors elicit and confirm information and give directives to patients, while the patients give information and attempt to respond appropriately to the doctors' moves. It is also observed that conversation maxims are flouted and politeness maxims exploited in order to enhance successful diagnosis in the interaction. Finally, it is observed that doctor-patient interaction is only one out of many aspects of medical communication that require the attention of language scholars in order to gain insight into language as an act of social behaviour and action, especially with respect to the institution of medicine.

### **Recommendations**

The researcher made conclusive recommendations from the results of this study. The researcher noted that there is need to release the findings of this study for further scholarly research by other researchers in other counties. From the findings of this study, it's noble to recommend that all health practitioners be well versed with the principles and knowledge of linguistic resources and practices to match the recommended effective communication strategies in health facilities to revealing (im) politeness during medical practitioner-patient interactions. With the knowledge in the health practitioners' team, will be able to provide professional guidance on how to effectively convey information precisely and accurately with other clinicians. This is because if the nurses continue to use difficult terms with patients it will be inappropriate, because scientific and clinical terms may be confusing to non-medical professionals. Much more effort needs to go into creating the right structures for use of communication strategies and especially through relevant training and evaluation plans to ensure 100 percent understanding of all initiated communications between medical practitioners and patients.

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