
RESEARCH ARTICLE**Language Preference and Selection during Nurse-Patient Service Encounter at Adeoyo Teaching Hospital, Yemetu, Ibadan****Anjola Robbin***Department of Languages and Literature, Lead City University, Ibadan***Corresponding Author:** Anjola Robbin, **E-mail:** robbin.anjola@lcu.edu.ng

ABSTRACT

This study examines language preference and selection during nurse-patient service encounters as well as the motivations and effectiveness of such selection by nurses at Adeoyo Teaching Hospital, Ibadan. The study adopted quantitative and descriptive research using a self-designed questionnaire administered to a sample population of fifty (50) nurses selected using stratified random sampling. The data assessing the four phases of nurse-patient service encounters was analyzed using simple percentages and then subjected to a descriptive analysis using Peplau's (1997) Theory of Interpersonal Relations and Giles' (1991) Communication Accommodation Theory. The study finds that language preference at the orientation phase of the nurse-patient service encounters was Yoruba (20%), Yoruba and English Language (56%), while only (24%) opted for the use of the English Language. During the identification and exploitation phases, (86%) adopted the Yoruba language, while (4%) and (10%) adopted English and Nigerian Pidgin English (NPE), respectively. During the resolution phase (80%) adopted the Yoruba Language, while (16%) and (4%) used the English Language and NPE, respectively. Language preference by nurses at the different phases of service encounter, therefore, is Yoruba followed English and then NPE during healthcare provision. Nurses' motivations for converging or diverging to and from the patients' preferred language were on the grounds of faster healthcare delivery (96%), emotional stability of the patients (96%), level of education (100%), prestige (64%), ease of communication and comprehension (99%), detailed information (88%), language preference (62%), and patient's language competence (62%). The Yoruba language was found to be effective during orientation, identification, exploitation, and resolution phases of nurse-patient service encounters as it was considered to depict nurses as emphatic (80%), achieve delivery of patient-centred healthcare (88%), a more coordinated service delivery (84%), effective patient evaluation as well implementation of treatment (98%). Yoruba was also found to keep patients emotionally stable (96%) and ensure effective follow-up of healthcare delivery (100%). The study has shown that linguistic affiliation by the selection of patient's language preference, which is often the use of the Yoruba language, was found to be effective in ensuring effective health care before, during, and the follow-up care of patient-nurse service encounters at Adeoyo Teaching Hospital. It is suggested that linguistic orientation for better healthcare delivery should be mandated in the healthcare sector. Research on language preference during service encounters among nurses and their patient interaction in the hospital from the viewpoint of the patients is also suggested.

KEYWORDS

Language Preference, Code Switching, Nurse-Patient Service Encounter, Giles' Communication Accommodation Theory, Peplau's Theory of Interpersonal Relations

ARTICLE INFORMATION**ACCEPTED:** 02 September 2023**PUBLISHED:** 22 September 2023**DOI:** 10.32996/bjns.2023.3.2.3

1. Introduction

Language use for communication is crucial in the context of the workplace in many professions, including nursing, where language is, on the one hand, used to present the nursing care that has been provided and the patient's current state. On the other hand, patients need to communicate with health professionals who help them to understand the intervention and care to be given. A

general notion about working in the healthcare sector is that it requires professionalism and meticulousness by nurses and physicians who must work as a team. It is, therefore, not surprising that language preference and selection play a crucial role in the care of patients and among healthcare providers (Morgan, 2013).

During nursing care, Baker (2012) postulates that any characteristic traits with words have the potential to take away from the primary meaning and understanding received by nurses. Thus, an individual patient is a unique individual and should be respected, nurtured, understood, and provided with culturally competent care, taking into consideration that they have diverse beliefs, desires, values, needs, and language preferences. Furthermore, the policy of the Institute of Medicine (IOM) to improve the quality of healthcare delivery has identified the need for patient-centered care (PCC). PCC is described as health care that respects and responds to the needs, values, and preferences of each patient and encourages shared clinical decision-making that has a significant impact on the care process and its results (Smith, 2016). An important component of PCC is language preference and choice, which are essential requirements in healthcare decision-making (Bertakis & Azari, 2015).

In addition, Smith (2016) postulates that over the past three decades, the number of patients requesting and wanting to be involved in clinical decisions when seeing their healthcare providers has steadily increased. This change in attitude includes not only the request for information but also the need to consider personal preferences as an essential element of therapeutic interventions. Therefore, it is not only important to diagnose and treat disease but also to understand the patient's needs, preferences, and concerns. (Atinga, Bawole & Nang-Beifubah, 2016).

Good communication skills make the difference between average and excellent nursing care. To meet a patient's needs, nurses must consider a variety of factors, including physical and emotional state, cultural affiliation and preferences, values, needs, as well as communication readiness. Nurses build relationships with patients by integrating the concepts of respect, empathy, trust, and confidentiality in their interactions. However, such a scenario cannot be achieved without the ability to communicate fluently, which depends on the choice of language in nurse-patient encounters, especially in a multilingual setting like Nigeria.

There are considerable factors in addressing language preference during nurse-patient service encounters in multilingual settings. Some procedures are embarrassing and intimate and require a preferred language to ensure effective service delivery. There is evidence from earlier studies (Lee & Yun: 2010; Taiwo: 2014) that patients may avoid seeking care, refuse or delay treatment because of the language preference of the healthcare workers, and this can lead to complications and sometimes death.

Investigating patient language preferences in nursing care, identifying patient's preferences, and offering them accordingly ensure better health outcomes. When patients are supported psychologically and their values respected, it is often the case that they are more likely to feel relieved of their condition and other stressors. The selection of language is often dictated by both communicating parties to achieve communication goals. According to Giles (1991), parties punctuate communicative sequence by converging and diverging oftentimes unconsciously, as long as both parties share the same language sect, a common feature in service encounters in multilingual settings.

This study reviews a negotiation between the expected language (English) and the necessitated language (MT) and its effect on communication success during nurse-patient service encounters. The focus of this paper, therefore, is to examine language preference and selection during service encounters among nurses and their patients, as well as the motivations and effectiveness of such selection by nurses at Adeoyo Teaching Hospital, Ibadan.

1.1 Language Choices, Preferences, and Constraints in the Multilingual Nigeria

Every human knows at least one language, spoken or signed. A person may, however, know a language but may choose not to speak it, as language selection is underlined by motivation and effectiveness. According to Adams (2012), communication is a process through which an individual's identity is constituted and portrayed through the use of language in communication.

Proponents of language choice as a human right often present two sides of the rights: the right to language and the right of language. The right to language represents a collective right whose violation automatically affects whole speaking communities. The right of language, on the other hand, equates to the right of the individual to use one or more languages of choice. In other words, it is the right of every individual to use the language one is most proficient in, as well as the right of access to the languages of empowerment and socio-economic advancement (Bakhtin, 1986). The right to language in Nigeria will be to select the English language, the lingua franca in multilingual workplaces. The right of an individual is the freedom of selection of the MT, Yoruba in this case, either for cultural identity, poor proficiency in the English language, or for communication ease.

Multilingualism, as is the case in Nigeria, naturally motivates language choices, preferences, and constraints. When a speaker has competence in more than one language, chances are that the speaker will choose when to use one language and when to select the other. According to Zeleza (2006), when individuals have a command of two or more languages, they make choices as to when and where to employ a certain language. So, the speaker's state of mind or sentiments defines the domain of the use of a particular language to serve a specific purpose. According to Giles, domains are institutional contexts in which one language is more likely to be suitable than another, considering factors such as topic, location, and participants. The **domain** of use involves **participant, situation, topic, and function/purpose**. *Participants* account for the speaker's proficiency, language preference, socio-economic status, age, education, kinship relation, attitude, and power relation, while the *situation* covers factors such as location, presence of mono/bilingual, and the degree of formality or informality. *Topic and function* include the type of vocabulary or register as well as what language is being used for, such as status raising, creating social distance, excluding someone, making requests, and giving commands, respectively.

Furthermore, language choice is premised on the factors of preferences and constraints: while preferences take into account language fluency, convenience, ease and conformity, peer influences and/or rejection, cultural/ethnic identity/heritage, and utilitarian considerations, constraints center on whether speakers sharing the same language, linguistic protocol, and psychological factors.

1.2 Language Preference and Selection during Nurse-Patient Service Encounter

Service encounter, in simple words, can be defined as the transactional interaction between customers and the representative of an organization who provides service or product. The representative of the organization may be the office clerk, vendor, bank staff, or, for this study, a nurse. Service encounter is not limited to the transactional interaction with the customer, but it is about establishing an interpersonal relationship with the customer that extends beyond the one transactional interaction. The moment of customer interaction is very significant to make an impression on the customer, and it represents the actual and real face of the organization. This is the reason it is called the moment of truth. The moment of truth can make the customer satisfied or dissatisfied. Another important aspect of service encounters is service recovery, where dissatisfied customers are provided with quality of service to make them loyal customers.

Language selection during service encounters has been studied by scholars during different social interactions. Robbin (2014) examined motivations for code-switching as a negotiation strategy in bank-hall desk service encounters in the Ìbàdàn metropolis using Myers-Scotton's exploration of markedness in language use. By analyzing recorded audio recordings of banking hall service encounters and directly observing banking interactions in two purportedly sampled commercial banks, code-switching is used frequently during different phases of service encounters: receiving, transacting, and closing to perform the relationship, negotiation, and referral functions. Bankers and customers change codes to make *unmarked*, *marked*, and *explanatory* choices to identify customer cultural affiliations, close status gaps, and pacify begrudged customers; or as an explanatory alternative to illiterate customers to facilitate communication.

In a study examining the language preferences and usage among Yoruba traders in Gbagi Market, Ibadan, during service encounters, Robbin (2020) found that both merchants and customers chose their mother tongue, i.e. the Yoruba language, in service encounters, but they converged rapidly to the other party's preferred language, as required by the exchange of the transaction. The choice of the English language is not because of its prestige or lingua franca but because of its functions, including ease of communication, negotiation, and increased revenue. The genre of service encounters specific to this study comprises a class of communicative events between nurses and patients in the healthcare sector. Patient experiences can be seen as a reflection of what happened during the care process and, therefore, provide information about the performance of healthcare workers.

According to Kwame & Petruka (2021), effective language selection and communication with patients are increasingly understood as a key to effective, patient-centered care in all healthcare settings, while poor communication is the number one cause of serious medical errors. Effective communication occurs when the expertise, skills, and unique perspectives of nurses and physicians are integrated, resulting in an improvement in the quality of patient care.

Understanding culture, language inclination, and communication in nursing practices, particularly concerning nurse-patient communications, can contribute to patient engagement and recognition of quality of care. Kwame & Petruka (2020) observed that in nurse-patient interaction, both nurses and patients bring their individual information, states of mind, sentiments, encounters, and patterns of behaviors to the relationship. These individual-based behavioral patterns and perceptions of realities in healthcare demand that distinctive communication styles are utilized to meet the different healthcare expectations and needs of patients and their caregivers. As contended by Acquah (2011), the linguistic background of patients shapes their views of ailment and well-being as well as influences their perceptions of healthcare outcomes. Given that healthcare settings are often sites for

multilingualism, the value of appropriate communication in shaping provider-client interaction through interpreters and translators has been examined in several studies by Kwame & Petruka (2020).

Furthermore, in a study on physician-patient communication in Ghana, Acquah (2011) found that when there is a lack of professional interpreters in situations where patients and physicians do not share a common language, interaction between providers and patients is compromised and affects the quality of patient disclosure. Furthermore, Al Shamsi, Almutairi, Al Mashrafi & Al Kalbani (2020) opines that patients' full participation or nonparticipation in the care process, compliance with medical advice, and taking personal control of their health, to some extent, are influenced by the quality of nurse-patient interaction and communication. Both scholars argued that delivering effective healthcare requires clear communication as an essential element and that, in an intercultural healthcare setting, healthcare providers have the responsibility to communicate effectively with people from diverse backgrounds. The impact of poor nurse communicative competencies can be detrimental to the quality of care, nursing practices, and safety, which suggests that communication competence is a required skill for all nurses.

Similarly, Mensah (2013) observed that physician-patient communication characterized by effective information exchange can lead to greater patient trust and willingness to follow through with the treatment plan, which, in turn, may affect survival. Prioritizing and selecting effective language in nurse-patient meetings is said to have a therapeutic function in health care.

1.3 Theoretical Framework

Two theories are adopted to guide this study: Peplau's (1952) Interpersonal Relations Theory and Giles's (1991) Communication Accommodation Theory. Peplau's theory, on the one hand, accounts for the different phases of professionalism in interpersonal relations during nurse-patient service encounters. On the other hand, Giles Communication Accommodation Theory accounts for the motivations for language choice and selection during nurse-patient service encounters. In other words, while one accounts for the use of language in professional communication during the different phases of health care, the other accounts for the motivation of language choice, selection, and switch in achieving professional health care.

1.4 Peplau's Interpersonal Relations Theory (PIRT)

The Interpersonal Relations Theory was propounded by Hildegard Peplau in 1952 and modified in 1992. The thrust of the theory is to create a merger between nursing care, interpersonal relations, and communication skills. For Peplau, nursing is a process of therapeutic interactions that can only be successful when treated as an interpersonal relationship where good communication plays a pivotal role. The emphasis of this theory is on the interaction between the nurse and the patients, where both parties need to participate according to their feelings, values, attitudes, goals, and knowledge of the subject matter.

According to Peplau (1997), relations refer to the connection or bonds that develop during the four phases of nurse-patient service encounters, identified as the *orientation, identification, exploitation, and resolution phases*. During these phases, the nurse is expected to assess the patient's medical, psychological, and emotional needs with learned communication skills.

PIRT proposes that during the orientation phase, the nurse must identify salient factors such as values, culture, race, beliefs, past experiences, expectations, and preconceived ideas about the patient to be able to communicate effectively to deliver comprehensive healthcare. According to Peplau, skillful communication becomes an important part of healthcare as the nurse interchangeably plays the role of the stranger, teacher, resource person, counselor, surrogate, and leader during the different phases of the nurse-patient service interaction.

Salient to PTIR is its application to the Nursing Meta paradigms. The nursing Meta paradigms, which are *person, environment, health, and nursing*, were first classified by Fawcett (1978). According to Bahramnezhad, Shiri, Asgari, & Afshar, 2015 and Fawcett (2000), person refers to individuals in a definite culture, family, and society, while the environment refers to the setting or context of the experience of everyday life, which includes societal beliefs, values, mores, customs, and expectations. In other words, patients first must be understood to know if they can make informed choices regarding their health and, second, to be nurtured back to health.

1.5 Communication Accommodation Theory (CAT)

Communication accommodation theory is a social cognitive approach that was first developed by Giles in 1973. It focuses on the processes that go into a person's insight into society and the communicative behaviors therein. More specifically, CAT theory attempts to explain both the motivations and constraints acting upon language shifts that occur in human interactions. The theory explores why and how people modify their communication to fit situational, social, cultural, and relational contexts, thereby exhibiting flexibility and competence within communication in an attempt to emphasize the differences or similarities between their conversational partner and themselves (Giles & Coupland 1991).

Communication Accommodation Theory has two basic assertions. The first states that communicators are motivated to adjust language choices concerning one another as a means of expressing values, attitudes, and intentions. The second assertion suggests that how we respond to another depends on how we interpret and perceive the individual's speech.

The first assertion, convergence, occurs when speakers combine social approval of another by making their speech more similar to that of the participant. Convergence has also been defined as the process whereby individuals transfer their speech technique to become more like that of those with whom they are interacting. When people converge, it shows a desire for social acceptance, integration, and identification with the participants. Convergence is usually favoured by others and enhances smooth interaction.

The second assertion of speech accommodation theory is called divergence. In divergence, speakers dissociate from other's speech by trying to make his or her speech different from the participants for several reasons. First, divergence may be used when speakers want to distance themselves socially from others. This may occur when the speaker wants to establish independence. This type of divergence is called divergence for dissociation and usually occurs throughout the interaction. Divergence, however, does not necessarily occur as an expression of attitudes; rather, speakers may diverge for ease of communication.

Effective communication is essential for successful and satisfactory healthcare delivery. Constant alternation of language to converge or diverge becomes necessary to enhance effective communication during nurse-patient service encounters. Person-oriented communication has come to be the key that determines the success or failure of the nurse-patient encounter. The ability to recall information that the doctor provides is influenced by several factors, but initial understanding has to take place first. Understanding the factors that determine patients' language preference, the effect of communicating in a preferred language, the motivations, barriers as well as the effectiveness of language choice are considered central in nurse-patient relationship and interaction is the focus of this paper. To this end, the following research questions guide this paper:

1. What are the preferred languages during nurse-patient service encounters at Adeoyo Teaching Hospital?
2. What are the motivations for language selection by nurses during nurse-patient service encounters at Adeoyo Teaching Hospital?
3. How effective is the selected language during nurse-patient service encounters at Adeoyo Teaching Hospital?

2. Methodology

Adeoyo Maternity Teaching Hospital, which is the area of survey, was established in 1928. It is located in the city of Ibadan, Oyo State, Nigeria. The hospital provides maternal and child healthcare services to people in Ibadan and the surrounding area. It is made up of an antenatal clinic, labour ward, antenatal ward, gynecological ward, lying-in ward, children's ward, immunization clinic, post-caesarian section ward, gynecological clinic, and family planning clinic. The Hospital is the largest State hospital in Ibadan, which is the rationale for its choice.

The study adopted a quantitative and descriptive research using a self-designed questionnaire titled: *Survey on Language Preference during Nurse-Patient Service Encounter (LPNPSE)* which was administered. The questionnaire sought information on the demographic factors of participants, language preferences, motivations for language selection, and the effectiveness of language choice during nurse-patient service encounters. A sample population of fifty (50) was selected using the stratified random technique by segmenting the workers based on their job status. Head nurses from five units were also purposively selected from the medical, surgical, pediatrics, Obstetrics, and gynecology. The data was analyzed using simple percentages and then subjected to descriptive analysis using Peplau's Theory of Interpersonal Relations and Gile's Communication Accommodation Theory.

3. Data Presentation and Analysis

3.1 Preferred Language during Nurse-Patient Service Encounters at Adeoyo Teaching Hospital

The first research question focused on the language(s) that the nurses prefer to select while carrying out service delivery to their patients. The service delivery phases were the orientation, identification, exploitation, and resolution phases, as stated in Peplau's theory of Interpersonal Relations.

Table 1: Preferred Languages by Nurses during Service Encounters at Adeoyo Teaching Hospital

Reason Given	Yoruba	English	Pidgin	Yoruba & English	Total
The language I most often use during the orientation phase of nursing care is	10 (20.0%)	12(24.0%)	-	28(56.0%)	50(100%)
The language often used in communicating with my patient for effective diagnosis is?	15 (30.0%)	08(16.0%)	3(6.0%)	24(48.0%)	50(100%)
To get the family history of the ailment or disease during the identification stage, the language often used to get the facts is...	28(56.0%)	05(10.0%)	2(4.0%)	15(30.0%)	50(100%)
To administer treatment effectively during the exploitation stage, the most effective language is ...	27(54.0%)	06(12.0%)	-	17(34.0%)	50(100%)
Which language is more effective in getting feedback during the resolution phase in patient care?	25 (50.0%)	08(16.0%)	2(4.0%)	15(30.0%)	50(100%)
Patients are best persuaded to take treatment when I use ...	32(64.0%)	06(12.0%)	4(8.0%)	08(16.%)	50(100%)

As shown in Table 1, the majority of the nurses adopted the Yoruba language (20%) or Yoruba and English Language (56%) at the orientation phase of their service delivery, while only (24%) opted for the use of English. During the identification and diagnosis phases, the nurses (56%) and (30%) responded that when asking questions about medical complaints and the history of ailments, they adopted the Yoruba language. 28 of the patients (56%) are also better persuaded to follow through with their treatment and drugs when the Yoruba language is adopted.

Language preference at the orientation phase of the nurse-patient service encounter was the Yoruba language (20%), Yoruba, and English Language (56%), while only (24%) opted for the use of only the English Language. During the identification and exploitation phases, (86%) adopted the Yoruba language, while (4%) and (10%) adopted Nigerian Pidgin English, respectively. During the resolution phase (80%) adopted the Yoruba Language, while (16%) and (4%) used English and NPE, respectively. Language preference by nurses at the different phases of service encounter, therefore, is Yoruba followed English and then NPE during healthcare provision. The possible explanation for this is that Ibadan is a highly multilingual environment which also has residents from other parts of the country who might not speak Yoruba and perhaps are uneducated; hence, they communicate more in NPE.

3.2 Motivations for Language Selection during Nurses-Patient Service Encounters at Adeoyo Teaching Hospital

Having established the language preference by nurses at the different phases of healthcare provision, the second research question sought to establish the motivating factors for language selection during nurse-patient service encounters at Adeoyo Teaching Hospital premised on Peplau's Theory of the different phases of healthcare.

Table 2: Motivation for language selection by nurses at Adeoyo Teaching Hospital during the service encounter

Reason Given	Agreed	Disagreed	Total
Patients feel it is more prestigious to address them in the English language.	32(64.0%)	18(36.0%)	50(100%)
The level of education of the Patient is what determines the language I use	21(42.0%)	29(58.0%)	50(100%)
I choose the patient's preferred language for communication efficiency	31(62.0%)	19(38.0%)	50(100%)
Patients open up and give more information when I use their indigenous language	44(88.0%)	06(12.0%)	50(100%)
I use the native language with those who do not understand English	50(100.0%)	0(0.0%)	50(100%)
Patients feel emotionally stable when they choose the language of their choice	45(90.0%)	05(10.0%)	50(100%)
The different phases of healthcare delivery are faster when I use the patient's indigenous language	48(96.0%)	2(4.0%)	50(100%)

Table 2 shows that the majority of nurses agreed that although most of the patients, 32(64%), selected the English Language because it is believed to be the prestigious language and is preferred for reasons of self-esteem, they were able to achieve better emotional stability (90%) and comprehension (100%) and faster healthcare delivery (96%) is achieved through the selection of the Yoruba language.

Over half of the nurses (62%) responded that they use patient-preferred language to help the patient feel integrated or accepted; 38% of nurses, however, disagreed with adopting the patients preferred language based on their level of education (58%). Nurses, therefore, are better motivated to select a language on the grounds of faster healthcare delivery (96%), emotional stability of the patients (90%), ease of communication and comprehension (100%), access to detailed information (88%), and patient's language competence (100%) during service encounters at Adeoyo Teaching Hospital.

The implication here is that nurses negotiate language selection as a means of expressing values, attitudes, and intentions. In line with the CAT theory, nurses explore and modify their communication to fit situational, social, cultural, and relational contexts. Although the nurses are cognizant of the fact that the situational demands of language in Nigeria require the use of the English Language in formal settings, nurses, however, converge with and diverge from the patient's language to achieve communication goals and better healthcare delivery.

3.3 Effectiveness of the Use of Indigenous Language during Nurse-Patient Service Encounters At Adeoyo Teaching Hospital?

The responses to the first and second research questions established the use and motivations for the use of Yoruba during nurse-patient service encounters at Adeoyo Teaching Hospital. The third research question sought to validate the effectiveness of the Yoruba language when selected.

Table 3: Effectiveness of the Yoruba Language by the nurses during service encounters at Adeoyo Teaching Hospital

Reason Given	Agreed	Disagreed	Total
Patients feel it is more emphatic to address to be them in their native language	40(80.0%)	10(20.0%)	50(100%)
Healthcare is more person-centred when the patient's preferred language is used	44(88.0%)	06(12%)	50(100%)
Patients healthcare is better coordinated when communication is done in the patient's indigenous language	42(84.0%)	08(18.0%)	50(100%)
I achieve better implementation and evaluation of Nursing care when I use patients' indigenous language	50(100.0%)	0(0.0%)	50(100%)
Patients feel emotionally stable when they choose the language of their choice	45(90.0%)	05(60.0%)	50(100%)
The different phases of healthcare delivery are more effective when I use the patient's indigenous preferred language	48(96.0%)	2(4.0%)	50(100%)
After Healthcare follow-up is more efficient in the patient's indigenous language	47(94%)	3(6%)	50(100%)

Table 3 shows the outcome of the effectiveness of language selection by nurses during nurse-patient service encounters. The result shows that the majority of nurses (88%) agreed that being ill, the selection of the Yoruba language makes the patient feel that nurses are more emphatic to their plight when the English language is selected. Healthcare delivery is also perceived to be more patient-centred (88%) when the Yoruba language is used.

Nurses perceived that Healthcare delivery is better coordinated (84%), more effective (96%), and follow-up of patients is more efficient (95%) when the Yoruba language is used.

To get facts from the patient during the evaluation stage (100%), which helped achieve better drug prescriptions. The nurses also assent that by selecting the Yoruba Language, they were able to get the patient to relax, which made work effective and easy. Almost all the nurses (96%) assent that not only were they able to achieve effective healthcare delivery but also efficient follow-up when the Yoruba Language is employed.

4. Discussion of Findings

During service encounters at Adeoyo Teaching Hospital, language choice becomes pivotal to ensuring successful healthcare delivery. The multilingual landscape of Nigeria necessitates the adoption of the English Language as the language of wider communication in practice; however, the effectiveness of the English language across different settings has been a subject of studies in the health sector.

Findings from this study show that the nursing profession is such that its success lies in effective communication (Abukari & Pammla, 2020). According to Paplus's theory of Interpersonal Relations, healthcare providers have the responsibility of aligning

professionalism at the orientation, identification, exploitation, and resolution phases of healthcare, being cognizant of the linguistic realities as they apply to the patients: *person, environment, health, and nursing* as highlighted in the meta paradigms of the nursing profession.

Reinforcing this, this study shows that although English is the lingua franca, Nurses converge and diverge to accommodate the patients' preferred language; it is also the case that sometimes, when the preferred language is English, nurses diverge to select the Yoruba Language for communicative effectiveness and ensure successful healthcare delivery.

Furthermore, the motivations for diverging or converging to the patient's language choice were primarily to give the patients a feeling that the nurses empathized with their health situation, which encourages patients to give detailed and accurate information to aid diagnosis. More importantly, negotiating language selection helps the nurses at Adeoyo Teaching Hospital to achieve faster healthcare delivery, emotional stability of the patients, ease of communication, and comprehension. Selection of patient's language preference, which is often the use of the Yoruba language, was found to be effective in ensuring effective health care before, during, and the follow-up care of patient-nurse service encounters at Adeoyo Teaching Hospital.

5. Conclusion and Recommendation

This paper examined the use, motivation, and effectiveness of language preference during service encounters among nurses and their patients at Adeoyo Teaching Hospital of Oyo State. The analysis of the result from the three research questions indicates the following:

The majority of the respondents agreed that nurses at Adeoyo Teaching Hospital frequently select Yoruba or Yoruba and English languages, with a minority using the English and Pidgin Languages during service encounters in the Yoruba language.

This selection is often based not only on the patient's language proficiency and preferences but also on the ongoing consideration between preferred language choice and effective language choice. So nurses converge and diverge in service encounters;

The motivations for the selection of English were premised on the patients' attitude towards the language as being more prestigious than Yoruba or the level of education of the patient, as educated patients were considered to be competent in the English language.

A primary motivation for diverging from the patients' preferred languages, however, is to access detailed medical information and to keep the patient emotionally calm. Yoruba is also selected for patients who do not understand English to achieve faster healthcare delivery for the patient;

The Yoruba language was found to be effective during nurse-patient service encounters as it was considered to depict nurses as emphatic, achieve delivery of patient-centred healthcare, a more coordinated service delivery, effective patient evaluation as well as implementation of treatment. It was also found to keep patients emotionally stable and ensure effective follow-up of healthcare delivery.

The study has shown that understanding the culture, values, and beliefs of patients as they relate to linguistic affiliation goes a long way to reducing potential conflicts that may occur in the health system as a result of a patient's culture and language preference.

As Peplau and Gile proposed in the Interpersonal and Communication accommodation theories, professionalism can only be achieved through intentional language selection to achieve efficient healthcare delivery. It is hereby recommended that nursing linguistic orientation for better healthcare delivery should be mandated in the healthcare sector. As the study of Mensah (2013) posits, interpreters should be deployed when needed to make healthcare delivery more effective.

Research on language preference during service encounters among nurses and their patient interaction in the hospital from the viewpoint of the patients is hereby suggested.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers.

References

- [1] Acquah, A. S. (2011). Physician-Patient Communication in Ghana: Interpreters, and Self-Disclosure. Ph.D. Dissertation. Ohio: *The Scripps College of Communication at Ohio University*.
- [2] Abukari K., Pammla M.,(2020) Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review, *International Journal of Africa Nursing Sciences*, Volume 12, 1-22
- [3] Adewole, D. A., Salawu, M. M., & Bello, S. (2020). Training needs assessment and preferred approach to enhancing work performance among clinical nurses in University College Hospital (UCH), Ibadan, Oyo State, South-western Nigeria. *International Journal of Nursing and Midwifery*, 12(4), 130-138.
- [4] Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: a systematic review. *Oman medical journal*, 35(2), e122.
- [5] Atinga, R. A., Bawole, J. N., & Nang-Beifubah, A. (2016). 'Some patients are more equal than others': Patient-centred care differential in two-tier inpatient ward hospitals in Ghana. *Patient education and counseling*, 99(3), 370–377. <https://doi.org/10.1016/j.pec.2015.09.008>
- [6] Baker, A. (2017). 'Crossing the Quality Chasm: A New Health System for the 21st Century', *British Medical Journal*, 323, 1192.
- [7] Bertakis, K. D., & Azari, R. (2015). 'Patient-Centered Care: The Influence of Patient and Resident Physician Gender and Gender Concordance in Primary Care', *Journal Women's Health(larchmt)* 21(3), 326–333.
- [8] Courey, T. J., Martsof, D. S., Draucker, C. B., & Strickland, K. B. (2008). Hildegard Peplau's theory and the health care encounters of survivors of sexual violence. *Journal of the American Psychiatric Nurses Association*, 14(2), 136–143. <https://doi.org/10.1177/1078390308315613>
- [9] Deliktas, A., Korukcu, O., Aydin, R., & Kabukcuoglu, K. (2019). Nursing students' perceptions of nursing metaparadigms: A phenomenological study. *Journal of 000000Nursing Research*, 27(5). <https://doi.org/10.1097/jnr.0000000000000311>
- [10] Giles, H., & Powesland, P. F. (1975). Speech Style and Social Evaluation. *European Journal of Social Psychology*.
- [11] Giles, H., Coupland, N., & Coupland, J. (1991). Accommodation theory: Communication, context, and Consequence. *Contexts of Accommodation*, New York: Cambridge Academy Press 1–68.
- [12] International Journal of Nursing Studies. *International Journal of Nursing Studies |ScienceDirect.com by Elsevier*. (n.d). <https://www.sciencedirect.com/journal/international-journal-of-nursing-studies>
- [13] Grace, A. C. ., Ayobami, A. A., & Oluwadare, M. . (2022). Determinants Contributing to Increased Prevalence of Workplace Stress among Registered Nurses in Adeoyo Maternity Teaching Hospital Yemetu Ibadan, Oyo- State. *Middle European Scientific Bulletin*, 20, 43-53. <https://doi.org/10.47494/mesb.2022.20.1015>
- [14] Kwame, A., & Petrucka, P. (2020). Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review. *International Journal of Africa Nursing Sciences*, 12, 100198.
- [15] Kwame, A., & Petrucka, P. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nurs* 20, 158 <https://doi.org/10.1186/s12912-021-00684-2>
- [16] Lee, Y.-Y., & Lin, J. L. (2010). Do patient autonomy preferences matter? Linking patient-centered care to patient-physician relationships and health outcomes. *Social Science & Medicine*, 71(10), 1811–1818.
- [17] Marchuk, A. (2014). A personal nursing philosophy in practice. *Journal of Neonatal Nursing*, 20(6), 266-273.
- [18] Mensah, O. N. (2013). Understanding the nurse-patient interaction at Komfo Anokye Teaching Hospital: The patients' perspectives and experiences. *MPhil Thesis. Legon, Accra: University of Ghana*.
- [19] Morgan, S. (2013) Miscommunication between patients and General Practitioners: Implications for Clinical Practice, *Journal of Primary Health Care*, 5(2). 123-128.
- [20] Naylor, M. D., & Kurtzman, E. T. (2010). The role of nurse practitioners in reinventing primary care. *Health Affairs*, 29(5), 893–899.
- [21] Peplau, H. E. (1992). Interpersonal relations: A theoretical framework for application in nursing practice. *Nursing Science Quarterly*, 5(1), 13–18.
- [22] Peplau, H. E. (1997). Peplau's theory of interpersonal relations. *Nursing Science Quarterly*, 10(4), 162–167.
- [23] Reference StudyCorgi. (2022, February 23). Four Basic Metaparadigm Concepts in Nursing. <https://studycorgi.com/four-metaparadigms-of-nursing/>
- [24] Riley, B. J. (2008). *Communication in nursing* (6th ed.). St. Louis, Missouri: Elsevier.
- [25] Robbin, A. (2019). A Qualitative Evidence of The Markedness Of Code Switching During Commercial Bank Service Encounters In IbadanMetropolis. *Published in World Academy of Science, Engineering, and Technology*. <https://publications.waset.org/profile/4795563764International>
- [26] Robbin, A. (2020) Language Preference and Use as Determinants of Transactional Success in Gbagi Market, Ibadan, Nigeria. *Multidisciplinary Journal of Arts and Language Education*
- [27] Sacchi, L., Rubrichi, S., Rognoni, C., Panzarasa, S., Parimbelli, E., Mazzanti, A., Napolitano, C., Priori, S. G., & Quaglini, S. (2015). From decision to shared-decision: Introducing patients' preferences into clinical decision analysis. *Artificial Intelligence in Medicine*, 65(1), 19–28.
- [28] Smith MA. The Role of Shared Decision Making in Patient-Centered Care and Orthopaedics. *Orthop Nurs*. 2016 May-Jun;35(3):144-9. Doi: 10.1097/NOR.0000000000000243. PMID: 27187217.
- [29] Taiwo, A. (2014). Effect of Communication on Nurse Patient Relationship in Orthopedic Hospital. *West African Journal of Nursing*, 25(2), 37.
- [30] Wasaya, F., Shah, Q., Shaheen, A., & Carroll, K. (2021). Peplau's theory of Interpersonal Relations: A case study. *Nursing Science Quarterly*, 34(4), 368–371. <https://doi.org/10.1177/08943184211031573>
- [31] Zeleza, P.T., (2006). The Inventions of African Identities and Languages: The Discursive and Developmental Implications. Selected Proceedings of the 36th Conference on African Linguistics, Somerville, MA: Cascadilla Proceedings Project., 14–26.