
| RESEARCH ARTICLE

Communication in Healthcare Discourse: A Cultural and Linguistic Exploration of Exchanges between Healthcare Practitioners and Patients among Jukuns of Nigeria

Ajayi, Owolabi Badmus¹ ✉ and Kilani, Sakiru Opeyemi²

^{1,2}Department of English and Literary Studies, Federal University Wukari, Taraba State, Nigeria

Corresponding Author: Ajayi, Owolabi Badmus, **E-mail:** ajayi@fuwukari.edu.ng

| ABSTRACT

This paper explored the cultural and linguistic aspects of health exchanges between healthcare practitioners and patients among the Jukuns of Wukari in Nigeria, within the health centres in the town. It focused on patient-healthcare-provider dynamics and found out how language and culture influenced healthcare communication within formal settings. Integrating ethnographic, sociolinguistic, and anthropological approaches, the study unveiled how language and culture impacted interactions and health-seeking behaviours in these centres. It revealed the roles of language and culture in understanding health information, healthcare provider-patient exchanges, and treatment adherence within the distinct sociolinguistic context of the Jukun. Using such qualitative techniques as interviews and observations in the health centres, the study captured the intricate verbal and nonverbal communication, specific cultural discourse patterns, and communication strategies used by patients and healthcare practitioners. Findings highlighted diverse cultural and linguistic methods employed by Jukuns, such as using proverbs, ironies, metaphors, and nonverbal cues, to express themselves in healthcare settings. The research showed that these methods could facilitate communication with familiar practitioners but might complicate interactions with those from different ethnic backgrounds. Ultimately, it offered crucial perspectives for refining healthcare provision, aligning with the precise linguistic and cultural contexts of the Jukun community within formal healthcare settings in Wukari and other parts of Jukunland. Based on the foregoing, the researchers recommended that health practitioners should make use of interpreters and familiarise themselves with the cultural and linguistic norms of their immediate communities for effective health discourse that would enhance quality healthcare delivery.

| KEYWORDS

Culture and Language, Ethnolinguistics, Health Discourse, Jukun People, Patients and Healthcare Practitioners, Wukari.

| ARTICLE INFORMATION

ACCEPTED: 01 March 2024

PUBLISHED: 08 March 2024

DOI: 10.32996/smjc.2024.2.1.5

1. Introduction

Language is an incredibly powerful instrument that influences the dynamics of communication in all spheres of society, including the medical field. Good patient-health provider communication is essential to providing high-quality care, guaranteeing patient comprehension, and promoting favourable health outcomes. As a cross-cultural universal activity, communication takes place through language, an instrument which the members of a particular community adopt to express feelings, thoughts, ideas, emotion and others. The culture, as the people's central way of life, is embedded in the language they use. What this means is that language is used within a socio-cultural setting. It exists as an aspect of a given culture.

Effective communication in healthcare involves not only the transmission of medical information but also the establishment of trust, empathy, and understanding between healthcare practitioners and patients (Street, 2011). Language serves as the primary vehicle for conveying medical advice, treatment plans, and health education to patients, making it an integral aspect of the healthcare experience.

Communication in healthcare system requires effectiveness to ensure quality health service provision, adherence to treatment and positive outcomes. The level of excellence of any medical health care service depends greatly on the quality interaction between healthcare providers and their patients, basically socio-cultural influence on the communication rate (Owandi, 2021). An effective communication between the participants is necessary to patient's satisfaction with the health services received in conjunction with medical regiments. However, inadequate communication between patient and Doctor will lead to a dissatisfaction in health care service and lack of compliance in medical service. In this regards, communication between healthcare providers and patients is critical to a patient's total satisfaction and wellbeing.

One of the factors that shape the success or otherwise of healthcare discourse is the socio-cultural influence. It is against this backdrop that this research is set to investigate the linguistic and socio-cultural norms as factors that shape the healthcare discourse among healthcare providers and their patients in selected Hospitals and clinics in Wukari, Taraba State, Nigeria.

2. Literature Review

2.1 Language and culture

There is a close relationship between culture and language. Linguistic, in turn, produces culture, which in turn provides the framework for linguistic evolution. Culture and the creation and evolution of world languages are intimately related. The language that reflects the national culture of the people who speak it is one of the most significant—if not the most important—aspects of any nation. There is a broad relationship between language and culture. American linguist, Edward Sapir (1921), asserts that the development of language and culture occurs simultaneously. The evolution of culture directly influences the growth of linguistic vocabulary.

The idea of linguistic relativity, first put forth by Edward Sapir and Benjamin Whorf, is at the centre of this link. According to this hypothesis, the languages we use have an impact on how we see and classify the world around us in addition to reflecting our realities (Sapir, 1921; Whorf, 1956). This suggests that language is not merely a passive tool for expressing pre-existing thoughts; it actively shapes the cognitive categories through which we filter and process our experiences.

Cultural values and ideas are also embodied in language. Proverbs, folktales, and idioms are linguistic inheritances that have been passed down for decades, carrying the wisdom and moral compass of communities. For instance, the term "Ubuntu" in Swahili emphasises the concept of social peace and the interdependence of all people, showing the community values deeply engrained in Swahili-speaking countries (Shutte, 2014). In these situations, language becomes a storehouse of cultural information and ethics, transferring morals and influencing behaviour from one generation to the next.

In addition, language is essential for creating identities and a feeling of community. Within communities, dialects, slang, and even particular grammatical choices serve as indicators of social groupings, strengthening links and enshrining common experiences. Gaining proficiency in the subtleties of business jargon can signal admittance into a specialised sector, while the distinctive rhythm of a regional accent might arouse sentiments of nostalgia and connection to one's birthplace. In this sense, language turns becomes a badge of identification, defining a person's identity and tying them to particular social and cultural groupings.

However, there are drawbacks to this complex interplay between language and culture. Linguistic diversity and cultural differences can lead to misunderstandings and communication barriers, highlighting the importance of intercultural awareness and sensitivity. Linguistic biases are frequently a manifestation of stereotypes and prejudices, which result in social marginalisation and discrimination. It takes deliberate effort and a dedication to comprehending the cultural origins of linguistic terms to identify and eliminate these prejudices.

2.2 Communication in healthcare system

In healthcare systems, a good patient-healthcare provider communication is not just desired but essential. However, this communication frequently takes place in the midst of a complex maze of specialised language, cultural disparities, and power relations, which can cause miscommunication, anxiety, and perhaps worsen health consequences. It is pertinent to understand the complex language of healthcare and how it significantly affects patients' experiences.

The considerable jargon content of healthcare terminology is one of its most noticeable characteristics. With such phrases as "myocardial infarction" for a heart attack and "subcutaneous injection" for a shot under the skin, medical personnel have a vast vocabulary of technical terms at their disposal that are frequently drawn from Greek and Latin roots (National Cancer Institute, 2020). Even if these terminologies are precise and clear in the professional setting, patients may feel puzzled and alienated by them.

Depending on the situation, healthcare communication also has a different register. Objectiveness and precision are required for formal reports and research articles, while a more conversational and empathic tone is required for patient visits. Research has indicated that using a cooperative communication approach, wherein patients are enabled to raise queries and take part in the decision-making process, results in enhanced patient satisfaction and treatment plan compliance (Schoenfeld et al., 2013).

The subtle cultural differences weaved into healthcare encounters further complicate the picture. Patients' understanding and reactions to medical terms can be influenced by the ideas, attitudes, and experiences they bring to the table. Healthcare practitioners must be cognizant of these cultural factors and utilise communication tactics that respect varied viewpoints and avoid imposing preconceptions (Prado & Padilla, 2012). In order to prevent communication breakdowns and guarantee culturally competent treatment, it is pertinent to recognise customary healing methods and promoting intercultural understanding (Betancourt et al., 2003).

Furthermore, it is impossible to overlook the innate power dynamics that exist between patients and healthcare providers. Due to their education and experience, doctors frequently occupy positions of power, which can make patients uncomfortable or reluctant to voice their concerns. To remedy this imbalance, it is necessary to adopt patient-centred communication, by actively listening to concerns, validating feelings, and encouraging patients to engage in their own treatment (Epstein & Street, 2011). This move to collaborative decision-making increases communication equity and builds trust.

2.3 The Jukun People

Jukun, a people living in the upper Benue River in Nigeria, commonly believed to be descendants of the people of Kwararafa, one of the most powerful Sudanic kingdoms during the late European Middle Ages. The ruins of a great settlement to the northeast of the Jukun's present location are thought to be those of the capital of that kingdom, but the claim has not been thoroughly investigated by archaeologists (Britannica, 2024).

The Jukun are traditionally located in Taraba, Benue, Nasarawa, Bauchi and Gombe states in Nigeria and parts of North-western Cameroon. They are descendants of the people of Kwararafa. Most of the tribes in the North Central of Nigeria trace their origin to the Jukun people and are related in one way or the other to the Jukuns (Wikipedia, 2024).

Until the coming of both Christianity and Islam, the Jukun people were followers of their own traditional religions. Most of the tribes, Alago, Agatu, Rendere, Goemai in Shendam, and others left Kwararafa when it disintegrated as a result of a power tussle. The Jukuns are divided into two major groups; the Jukun Wanu and Jukun Wapa. The Jukun Wanu are fishermen residing along the banks of the river Benue and Niger where they run through Taraba State, Benue State and Nasarawa State. The population speak a language of the Benue-Congo branch of the Niger-Congo family. The people comprise a congeries of many smaller groups, each organized on a different basis, although polygamous extended families seem to be the dominant unit.

The Wukari Federation, headed by the Aku Uka, is now the main centre of the Jukun people. The Jukun traditionally possess a complex system of offices, which has both a political and a religious aspect; the priesthood practices an involved form of religion marked by diurnal and annual rounds of ritual and sacrifice. The king, called Aku Uka, was—until he became a member of Northern Nigeria's House of Chiefs in 1947—a typical example of a semi-divine priest-king.

3. Methodology

This research sampled three (3) hospitals and clinics out of the six (6) existing ones in Wukari town which include: Federal University Wukari Clinic (Federal property), Wukari General Hospital (State property) and Kwararafa Hospital (Private property). This purposive random sampling gave a room for proper representation of the hospitals/clinics in the town and its vicinities. The data were collected in these facilities through participant observation methods where the researchers would be available during interactive sessions of healthcare providers and patients. Through this method, note taking and audio recorder were used to record the data. Doing this, the researchers had sought the permission of the hospital managements and consents of the participants. All the data gathered are translated from either Jukun or Hausa languages to English. Native speakers were contacted for validation of the translation.

3.1 Theoretical framework

Language is embedded with a social interaction, cultural meaning, and lived experience; it is more than just a collection of words and syntax. It is not possible to fully comprehend this unique phenomenon with a single discipline perspective. To explore the complex link between language and socio-cultural influence on the discourse of healthcare providers and patients, it requires an eclectic approach that brings together the skills of sociolinguistics, anthropology, and ethnography. For this reason, this research adopts a synergic combination of three fields namely: ethnography, sociolinguistics and anthropology. These fields are combined to give a holistic views of cultural and linguistic strategies which healthcare providers and patients adopt in hospitals and clinics in Wukari.

Ethnography: The basis for this project is ethnography, the art of profound absorption. Ethnographers are able to document the subtle ways in which language is utilised in everyday circumstances by living and studying inside a community (Tedlock, 2000). Ritual participation, conversation observation, and story analysis demonstrate how language maintains social institutions, conveys cultural information, and forms personal identities (Hymes, 1974). An ethnography of language use in a remote hamlet in the

Amazon, for instance, may reveal distinctive naming customs, a vocabulary specific to traversing the jungle, and storytelling customs that pass down ecological information from one generation to the next.

Sociolinguistics: The study of language in social circumstances is then given a rigorous analytical framework by sociolinguistics, which builds on this ethnographic base. Sociolinguists investigate how linguistic variables such as age, gender, class, and ethnicity affect language usage by looking at speech patterns, variation, and power dynamics (Cameron, 2001). Sociolinguistics illuminates the intricate relationship between language and social forces in a variety of contexts, such as code-switching in multilingual societies, power dynamics in workplace communication, and language change in social movements.

Anthropology: With its wide-ranging application and comprehensive viewpoint, anthropology completes the picture. Anthropologists examine the ways in which language both influences and is influenced by larger cultural systems, religious doctrines, and societal institutions (Levinson, 2012). Anthropologists learn how language interacts with other cultural domains and is essential to the transmission of cultural legacy via examining language use in rituals, exploring kinship terminology, and analysing myths and folklore. Examining the nomenclature used by a particular hunter-gatherer group to describe various plants and animals, for example, may provide insight into their complex ecological knowledge and methods of sustainable resource management.

This mixed framework helps people to have a deep comprehension of language. Sociolinguistics supplies the analytical instruments, Anthropology gives the grounded data, and Ethnography illustrates the larger cultural context. Weaving these threads together gives us a sophisticated understanding of how language serves as a potent mirror that reflects and shapes the social, cultural, and personal experiences of its speakers in addition to being a tool for communication.

Examining language from the complementary perspectives of sociolinguistics, anthropology, and ethnography is a voyage into the core of human civilizations rather than merely an academic endeavour. Understanding the complex web of language and how it is entwined with culture and social structures helps us to better appreciate the variety of human expression and the amazing ways in which language connects people, spreads knowledge, and helps us to make sense of the ever changing world in which we live.

4. Analysis and Discussion

The data and analysis are hereby presented simultaneously. The data contains exchanges recorded during the conversations of healthcare providers and patients in the three selected hospitals and clinics in Wukari. Two random selections were made from each health centre and they were numbered.

Data A (Kwararafa Hospital)

Record Officer (RO): You are welcome
 Mother of Patient: Thank you
 RO: What do you want?
 Mother: I want to obtain a card for my boy. How much?
 RO: Ok, it is Five Hundred Naira.
 Mother: (handed over the money to the RO) Take
 RO: (brought out a file ready to be filled) What is the Surname of the child?
 Mother: Tsokwa
 RO: What is his first name?
 Mother: Angya mi (My king)
 RO: What is his real name? That is his nickname.
 Mother: That is what we do call him
 RO: I know, but what is the name given to him at birth?
 Mother: I am not in the right position to mention that.

The exchanges above were collected from Kwararafa Hospital, a private hospital in Wukari town. The exchanges occur between a male Record Officer in the hospital and the middle-aged mother of a sick boy. Both participants are of the Jukun tribe. The exchange between them occurs in the Jukun language, which is later translated into English.

From the data presented above, the exchanges open with a greeting from the Record Officer and a response from the mother of the sick child. This shows politeness in the language used. The exchanges then continue with a question-and-answer section as a linguistic strategy in the discourse. The exchanges also involve a nonverbal communication feature, as the mother of the sick baby 'handed over the money' to the Record Officer.

In the exchanges, linguistic and cultural barriers occur, which make the conversation unsuccessful. The baby, being an infant, cannot express himself to the RO to give his details, while his mother is restricted by cultural norms that forbid a woman from

calling her first son by his name. They consider the first male child sacred, whose name should not be mentioned by the mother. He can be called 'my king', 'the head of the house', 'my leader' and so on, hence the use of 'Angya mi'. This cultural barrier restricts the woman from giving out vital information to the healthcare provider, which leads to a break in the exchange. In addition, the Record Officer cites a reference and allusion to the Nigerian currency, the Naira. It shows that the socio-economic context of the discourse is a Nigerian context. The exchange ends with the departure of the mother of the sick baby.

DATA B (FUW Clinic)

Dr: What is the problem?
Patient: I have not been able to enter the bush for more than three days.
Dr: Bush? What do you wish to do in the bush?
Patient: It is not the bush like that. I mean I have not been able to ease myself.
Dr: Oh! You mean you have not been able to pass stool for three days?
Patient: (Silence)
Dr: Did you hear me?
Patient (Silence, looking through the windows)
Dr: Please, answer my question.
Patient: Agbo! Aton m dan bua ma tsa kata? *Meaning: Must I say everything as it occurs?* Maybe I will have to come back to meet another Doctor.

This particular data was collected from the Federal University Wukari Clinic, a clinic facility that belongs to and is managed by the university. It serves students and staff of the university. The exchange occurs between a female medical doctor who belongs to the Yoruba ethnic group and a male patient who is a Jukun by tribe. Both of them are staff of the university. The exchange occurs in English and Jukun (patient only) since both of them are proficient in the English language.

The exchange begins with a question from the doctor trying to elicit information about the wellbeing of the patient. The patient answers that he has 'not been able to enter the bush for more than three days'. The expression of the patient is coined in neologism, and the intended meaning of the expression extends beyond the literal meaning of going into a bush. As this confuses the medical doctor, she further asks why the patient needs to enter the bush. In this scenario, there is a cultural barrier that restrains the two parties from understanding each other. In Jukun culture, it is forbidden for someone to explicitly mention the words 'toilet', 'stool', 'faeces', 'defecation' and other related words or expressions; thus, the word 'bush' is used to replace it. Even if the toilet is built into a compartment in the house, a Jukun personage is not allowed to mention the word or any of those expressions as his destination. It is considered taboo. Having this notion of culture in his mind, the patient refuses to disclose his ailment of constipation to the medical personnel, from whom he seeks help. Even when the doctor assumes the intended idea of the patient, he is not yet comfortable acknowledging that he finds it difficult to pass stool.

There are instances of politeness and nonverbal communication features in the exchange. The doctor politely asks the patient to answer the question she poses to him earlier thus, 'please, answer my question' because the patient has remained silent all those while and looked through the windows (nonverbal features).

In addition, there is an instance of code-switching in the exchange of patients. At the peak of his anger over the failure of the doctor to understand him, he lets out his frustration by asking a rhetorical question that cannot even be understood by the doctor, let alone answered. He makes the exchange in Jukun: "Agbo! Aton m dan bua ma tsa kata? *Meaning: What! Must I say everything as it occurs?* Maybe I will have to come back to meet another doctor."

DATA C (General Hospital Wukari)

Dr: Where exactly do you feel the pain?
Patient: At the centre of my chest. That's where I feel the pain.
Dr: Does the pain go into the arms or to your neck?
Patient: Yes
Dr: Does it get worse when you exercise?
Patient: Yes
Dr: U na hwa zenpyu? (Meaning, do you smoke cigarette?)
Patient: (pause a little), Aa, ama once in a while. (Meaning, 'yes, but once in a while)
Dr: Are you currently taking any medication?
Patient: No
Dr: You need to carry out an X-tray of your chest to ascertain what problem it is.

This exchange occurs between a male medical doctor and a male patient at General Hospital Wukari. The patient is older than the doctor based on their physical characteristics. Both are civil servants, but their fluency in English is not parallel. The exchange is carried out both in English and Jukun, due to the linguistic diversity of the town.

The exchange is about the patient's complaint of chest pain. Due to the low fluency in English of the patient, there is a break in communication. For instance, when the doctor asks, 'does the pain go into the arms or to your neck?', the patient responds 'yes'. The question requires the patient to mention where the pain moves, but he ends up saying 'yes' which means he does not understand the question due to a language barrier.

In addition, the exchange witnesses a linguistic blend of Hausa and English. When the doctor notices that his patient is not fluent in English, he adopts code-switching to communicate with him. He therefore asks if the patient smokes a cigarette in Jukun (U na hwa zenpyu?). The patient also adopts a code-mixing method to admit to the question, which comprises both Jukun and English (Aa, ama once in a while). The cultural setting and linguistic barrier shape the course of the exchange. Lastly, the doctor uses medical terminology, 'X-ray' in the exchange, showing the speciality of the discourse. An X-ray is a standard medical procedure that shows the internal structure of humans.

DATA D (General Hospital Wukari)

Patient: (Almost kneeling) Good morning, Sir

Dr: How are you?

Patient: I dey o (So so, meaning, I am not very fine). They talk say I get ulcer (They say that I have ulcer).

Dr: Ulcer? Who said that and how do you feel?

Patient: One doctor for that hospital along Ibi Road. My belle dey always pain me for this side (touching the left side of her stomach)

Dr: Do you eat on time?

Patient: Yes

Dr: Do you like peppery food?

Patient: (Silent for a while) Pepper is life

Dr: That means you like spicy food. How often do you take soft drinks like Coke, Fanta, Sprite, and so on?

Patient: At least, two times a day.

Dr: Wow. Firstly, I will prescribe some drugs for you. Secondly, if you want your pain to go, you need to reduce your pepper intake and the soft drinks too. They are the cause (he tore a description paper and started writing on it.)

Patient: Thank you Sir. God bless you.

This exchange occurs in General Hospital Wukari between a Yoruba woman (patient) and a Jukun man (doctor). This exchange is carried out in both English and Nigerian Pidgin. The patient is a market woman who is a bit younger than the doctor.

This exchange begins with a greeting from the patient, followed by a bending in posture. This shows the level of politeness accorded to the medical personnel. In the Nigerian context, politeness is paramount in all the existing cultures, especially Yoruba culture. Due to the language barrier between the two participants, the patient opts to communicate in Nigerian Pidgin English while the doctor chooses Standard English to show his professionalism. During the exchange, the woman's inability to speak Standard English renders the exchange informal. Pepper consumption is considered one of the norms of the Yoruba culture. In fact, they are rated highest in terms of high spicy food consumption in Nigeria. This cultural norm reflects in the exchange of the woman when she makes use of the metaphor 'pepper is life'. That is, she values pepper in her meals, and she cannot stay away from it. There are also features of nonverbal communication in the exchange. The woman bends her knees and touches the left side of her stomach.

In addition, she cites a cultural allusion to 'that hospital along Ibi Road'. The allusion points to a certain hospital, which is known by both parties and it is situated along Ibi Road. Her reference to her dietary habits of consuming spicy food and frequent intake of sodas (soft drinks) informs the doctor that she is truly battling with ulcers because those are some of the causative agents of ulcers. The exchange ends with medical advice, a prescription, and gratitude from the woman.

DATA E (Kwararafa Hospital)

Dr: How are you?

Patient: Fine

Dr: Fine, hun? Why are you here then? (Smiling)

Patient: I get boil (pointing at his crouch)

Dr: Where?

Patient: At my under

Dr: Ok, Ok, I understand. But, I need to be sure. Is it on your thigh or your scrotum? (Flipped through his case file and nodded her head in affirmation). Ok, wait. I have just seen it from your case file that you came for the same issues early last month. A swollen testicle...that is what you call boil?

Patient: Yes

Dr: And up till now, is it still swollen?

Patient: Yes.

Dr: Did you take all the prescribed medicines?

Patient: Yes, I did.

Dr: That means I need to physically examine you to know what is really wrong. There may be more to it than ordinary swell. Please, go and lie down on that bed (Pointing at a medical bed in a corner of the consultant room).

Patient: Ehn, you will examine me? Aa. Nobody examined me the last time I came o. *Akua ni kata ba yoa* (Ten kings ten periods) (a change in administration brings a change atmosphere).

This exchange occurs between a female doctor and a male patient at Kwarara Hospital, Wukari. The two participants are both Jukuns, and the exchange was carried out in both Jukun and English. The patient is an artisan and cannot speak English fluently.

Just like some other exchanges above, this discourse opens with greetings as a sign of politeness. The doctor initiates the exchange with a greeting, 'How are you?' to know the well-being of the patient. The patient takes the question as just a normal or ordinary greeting and responds, 'fine', but the doctor wants to know about the health status of the patient. The doctor also tries to build a friendly and humorous context for the exchange by posing a rhetorical question, 'fine, hun?' to the patient, accompanied by her smile as a nonverbal feature.

Again, the patient is constrained, due to his linguistic fluency and cultural norms and taboos, to explicitly mention that he has a swollen testicle. He cannot differentiate between a boil and a swell. He cannot explicitly mention where the swelling occurs in his body, as he considers it taboo to reveal such sensitive information to somebody, especially a woman. The Jukun culture frowns at expressions that relate to genitals. The doctor then employs her professionalism to discover the location of the inflammation by checking his medical record. As the case warrants, the doctor opts to examine the swell herself to ascertain the actual problem. As usual, the patient declines the examination because it is culturally forbidden in Jukun culture for a woman to physically examine a man, which will make her see his private parts. The culture makes the patient lose the opportunity to be examined and diagnosed with the actual ailment.

The patient also adopts code-mixing to show the level of his seriousness and surprise in his voice. The interjections, 'ehn' and 'Aa', in his voice show how surprised he is for the female doctor to have opted to physically examine him. Lastly, the patient makes use of the proverb in his last exchange: '*Akua ni kata ba yoa*' (Ten kings, ten periods) (a change in administration brings a change in atmosphere). The proverb is said in Jukun with the implied meaning that different people have different ways of approaching things, and he is not comfortable with this particular approach.

DATA F (FUW Clinic)

Patient: Good day, Sir

Dr: Good day. What is the problem?

Patient: Sir, I am having a serious stomach pain and waist pain.

Dr: Since when have you been feeling the pain?

Patient: Since yesterday, Sir. In fact, I couldn't eat anything yesterday nor step out of my room.

Dr: Ok. Is that a menstrual cramp? Are you on your period?

Patient: (silent)

Dr: Yes or No? Silence is not an answer.

Patient: Hun, yes, Sir.

Dr: Ehn, you are now talking. (He took a prescription, wrote on it and handed over to the lady). Go and get these.

Patient: Thank you, Sir.

This exchange occurs between a male medical doctor (mid-40s) and a female student close to 20 years old at the Federal University Wukari Clinic. The doctor is an Igbo man, while the student is a Jukun.

As examined in other exchanges above, this discourse also commences with greetings and politeness, especially from the student to the doctor, due to the considerable age difference between them and the formal setting. The lady thus uses 'Sir' in her exchanges. It is a formal linguistic context, as both participants converse in English. Both the patient and the doctor use medical terms to describe the symptoms and discuss the health issue. The patient mentions 'stomach pain' and 'waist pain,' while the doctor asks if it could be 'menstrual cramp.' Due to the cultural sensitivity of the Jukuns to sexually related discourse, the young lady cannot explicitly respond to the question, and there she becomes silent. Both the patient and the doctor also adopt interjections as code-mixing strategies in their exchanges. Both 'hun' and 'ehn' are features of Nigerian languages adopted into the exchange. The doctor then uses nonverbal exchange to write on the prescription paper and hands it over to her with the medical instruction, 'Go and get these'. The exchange ends with a note of gratitude from the patient.

5. Conclusion

Based on the analysis carried out in this paper, it can be concluded that communication in health facilities takes place through language among the healthcare providers and the patients. Good communication between healthcare providers and patients is paramount to providing high-quality care, guaranteeing patient comprehension, and promoting favourable health outcomes. The people's culture and their linguistic realities influence their discourse in the health system, and this is the case with the Jukuns in Wukari, Taraba State, Nigeria. This research investigated the cultural and linguistic features of the medical discourse of the Jukuns among healthcare providers and patients in three (3) hospitals in Wukari, namely: the Federal University Wukari Clinic, the General Hospital Wukari, and Kwararafa Hospital. Generally, it was observed that the socio-cultural norms and sociolinguistic realities of Wukari had a great influence on the health discourse, as observed in the analysis. On the linguistic level, the exchanges were carried out with features of code switching and mixing, questions and answers, nonverbal communication features, formality and informality, and metaphors. The exchanges were influenced by the ethnicity, gender, age, and educational status of the participants. On the cultural level, the exchanges were embedded with proverbs, references or allusions, politeness, humour, and taboos. These linguistic and cultural features showed both positive and negative effects on the exchanges. In some cases, they aided the conversation, leading to a successful medical consultation, and in other cases, cultural and linguistic barriers created a communication gap among the participants. Those scenarios can lead to fatal consequences, as the breakdown in communication will prevent appropriate diagnoses and effective treatments. This is why it is necessary to do something to alleviate this challenge. Therefore, the researchers wish to recommend that health practitioners make use of interpreters and familiarise themselves with the cultural and linguistic norms of their immediate communities for effective health discourse that will mitigate against possible fatal consequences that may arise as a result of a breakdown in communication in health discourse.

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] Abimbola O A and Akin A. (2010) Indigeneship and Citizenship in Nigeria: Myth and Reality (PDF). Obafemi Awolowo University. Retrieved 6 October 2010.
- [2] Asadova, A. (2021). Language and culture. *Arastirma Makalesi*. 4(1). 35-38. <https://journals.gen.tr/homeros>
- [3] Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2003). Cultural competence in health care: Theory, practice, and research. John Wiley & Sons.
- [4] Cameron, D. (2001). Sociolinguistics: An introduction. Cambridge University Press.
- [5] Epstein, R. M., & Street, R. L. (2011). Patient-centered communication in primary care: From good to great. *The Patient*, 4(4), 265-274.
- [6] Heritage, J., & Greatbatch, D. (1988). Developing rapport and formulating explanations in the doctor-patient consultation. *Human Communication Research*, 14(4), 555-584.
- [7] Hymes, D. (1974). Foundations in sociolinguistics: An ethnographic approach. Tavistock Publications.
- [8] Levinson, S. C. (2012). *Linguistic Anthropology* (3rd ed.). Oxford University Press.
- [9] National Cancer Institute. (2020, September 30). Dictionary of Cancer Terms. National Cancer Institute. <https://www.cancer.gov/publications/dictionaries/cancer-terms>
- [10] Prado, P. D., & Padilla, A. M. (2012). Cultural and linguistic diversity in health and communication. Oxford University Press.
- [11] Schoenfeld, E. R., O'Malley, A. S., Guadagnoli, M. A., & Gonzalez, R. V. (2013). Shared decision-making in primary care: A review of the evidence. *Annals of Family Medicine*, 11(5), 406-414.
- [12] Tedlock, B. (2000). *Ethnography and language: In honor of Dell Hymes*. Sage Publications.