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Politeness Strategies in Health Care Providers and Patients' Communication

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Abstract

This paper focuses on politeness strategies used by health care providers and patients in their interaction. Data collection was done in four hospitals within Nyamagana Municipality in Mwanza using observation and interview methods. The study employed content qualitative method and the theory of politeness as provided by Brown and Levinson (1987) for the analysis and presentation of data. The study employed the theory of politeness by Brown and Levinson (1987). Key findings reveal that different politeness strategies such as positive, negative, off-record and bald on record were employed in the communication between health care providers and patients. The study indicates that among the four politeness strategies employed, positive politeness was the dominant one while bald on record was rarely used. Moreover, the study reveals that there are different cases in which inappropriate use of the strategies of politeness led to impoliteness. It is recommended that health care providers and patients should consider using language in a way that will reduce the social distance between them which can impact their communication and health outcomes. This can be achieved by an appropriate application of politeness strategies in their interaction.

Keywords: Politeness; Politeness strategies; Health care providers and patients.

1. Introduction

Communication is important in different contexts especially healthcare setting including hospitals found in Nyamagana Municipality. According to Bello (2017), communication is a significant trait in healthcare setting as it is a medium through which information in the hospital context is conveyed. Communication is a vital part of any relationship including that between health care providers and patients. That is, the relationship established between health care providers and patients depends mostly on the effectiveness of their communication.

In order to be understood and improve the relationship between interlocutors in communication, language users should have the ability to appropriately employ the right strategies so as to meet their goals. One of the strategies that can make communication effective is the strategy of politeness. Bremner (2012) posits that politeness is vital in making sure that the interaction between people is in a good order and the desired goal is realized. Politeness can make communication between health care providers and patients effective; it is therefore of great virtue in medical setting.

Politeness is a very useful communication tool for both health care providers and patients in hospitals found in Nyamagana Municipality. This is supported by Kazeem and Olanrewaju (2018) who assert that politeness enables the health care providers and patients in the healthcare settings to facilitate the discourse. Politeness helps to reduce threat or negative feelings and therefore makes the communication between health care providers and patients effective. This in turn can lead to the improvement of interpersonal relationships and subsequently the improvement of the patients' care and the quality of patients' recovery.

The study focused on analysing politeness strategies used by health care providers and patients in their communication. The effective use of politeness strategies helps to make the communication between health care providers and patients effective and then lead to positive health outcomes. The analysis for the data in the current study used the theory of politeness as provided by Brown and Levinson (1987).

2. Politeness Theory

Politeness theory is a set of principles which relates linguistic aspects to realities in the society (Al-hindawi and Alkhazaali, 2016). Eelen (2001) adds that politeness theory is an approach which was established in order to appreciate how different concerns in the society inspire the way we use language. It therefore focuses on the way language is influenced by different social factors. There are different tactics to politeness such as Lakoff (1973), Leech (1983), and Brown and Levinson (1987). The present study employed the theory of politeness as provided by Brown and Levinson (1987).

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Brown and Levinson's politeness theory is the most extensively applied model of politeness to study the politeness in communication. In the light of maintaining good communication between health care providers and patients, researchers such as Lambert (1996) and Harris (2003) posit that Brown and Levinson's theory of politeness can help one to gain a better understanding of the factors swaying communication patterns and professed differences in power and social distance between health care providers and patients.

Brown and Levinson theory of politeness was written during the convergence of interests in linguistics, anthropology and micro-sociology (Locher, 2004). Their study is empirical and based on three languages which are English, Tamil and Tzetal with a purpose of searching for universals in pragmatic knowledge. Locher (2004) adds that this is the only politeness theory that has gone into descriptive detail. In this theory, politeness is considered to be cross cultural, and it is used as a technical term to depict mitigation.

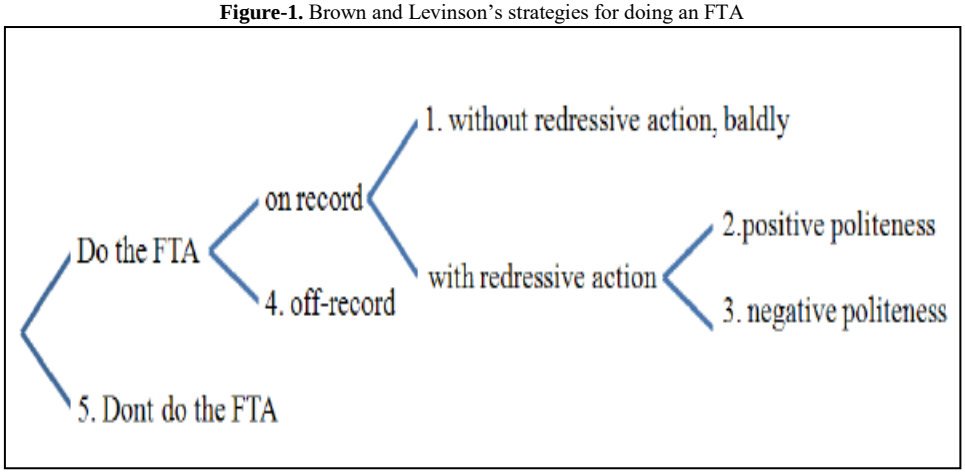
Brown and Levinson introduced the concept of face which is taken from Goffman (1967). According to Yule (2006), "your face, in pragmatics, is your public self-image." This includes sense of self emotionally and socially that one has and wants other people to acknowledge. Face includes the way we want others to perceive and treat us. It has got two components which are positive face and negative face. Brown and Levinson (1987) define positive face as one's want that his or her actions be pleasing to others while negative face as one's need that his actions be unimpeded by others.

In order to maintain social harmony, social actors such as health care providers and patients ought to maintain each other's face. The idea for minimizing face threat is the key point of Brown and Levinson's theory. Reducing face threat in conversation between health care providers and patients makes their communication polite and effective. Face threat minimization involves preserving dignity so that interlocutors are able to communicate without experiencing threats or other negative feeling (Riley, 2000). Politeness focuses on balancing the need for clear communication with the need to save the speaker and hearer's face (O'Keefe and Shepherd, 1987). To reduce the threats to the hearer's or speaker's face, precise politeness strategies may be adopted.

2.1. Politeness Strategies

According to Dynel (2016) politeness strategies are speech acts that express the concern for others and lessen threats to face in specific social context. Employing politeness strategies in communication, people can carry out many sensitive actions in a way that is non-threatening. Politeness strategies are developed to avoid embarrassing the interlocutors or making them feel uncomfortable. Brown and Levinson (1987) suggest five politeness strategies that can be used to reduce Face Threatening Acts (Henceforth FTAs) and therefore maintain positive and negative face. These are negative, positive, off record, bald on record and don't do the FTA. The following figure illustrates how the choices of strategy are classified.

Figure-1. Brown and Levinson's strategies for doing an FTA



Adopted from Brown and Levinson (1987)

Firstly, in bald on record politeness strategy, the face threatening act is done directly without any redress action. In this strategy, the need for face redress can be made irrelevant (Ng *et al.*, 2016). This means that it is employed when the speaker has no intension to reduce the threats to the hearer's face. It helps speakers communicate with maximum efficiency without having to redress the face of the hearer.

The second strategy is positive politeness strategy which is used in connection with positive face. This strategy makes use of redress actions in order to alleviate the face threatening acts that may possibly threaten the positive face of the interlocutors Brown and Levinson (1987). Ng *et al.* (2016) add that, positive politeness strategies are used to reduce the gap between the speaker and hearer. Positive politeness devices such as: attend to the hearer, use in-group identity markers such as the inclusive pronoun "we" and its related cases, and exaggerate such as sympathy with the hearer, this strategy can also serve to intensify curiosity to hearer, seek agreement, avoid disagreement, presuppose or raise common ground, joke, offer or promise, be optimistic, include the interlocutors in the activity, give or ask for reasons, assume or assert reciprocity, give gifts to hearer and assert speaker's knowledge of and concern for hearer.

The third strategy is negative politeness strategy which is used by speakers to avoid imposing on the hearer's negative face. By attempting to avoid imposition from the speaker, the risk of negative face threat to the hearer is

reduced (Brown and Levinson, 1987). It includes strategies such as, be conventionally indirect, question or hedge, be pessimistic, minimize imposition, give difference, apologize, impersonalize speaker and hearer, state the face threatening act as general rule and nominalise.

Occasionally, speakers appreciate that when the face threatening act is done, the amount of face loss will be so great. In such circumstances, speakers practise off record strategies to deliver their messages ambiguously, leaving the hearer to construe the message in his or her way. This is the fourth strategy which relies profoundly on pragmatics to convey the intended meaning while still utilizing the semantic meaning as a way to avoid losing face. It includes strategies such as give hints, give association clues, presuppose, understate, overstate, tautologies, contradictions, be ironic, use metaphors, use rhetorical questions, be ambiguous, be vague, over-generalize, be incomplete and use ellipsis.

The last strategy is called opting out in which a person decides not to do FTA. Not doing any FTA allows a person to not become engaged in any possible interaction. Therefore, the speaker would be unlikely to get any effect at all.

3. Research Methodology

3.1. Research Approach

This study used the qualitative research approach. Qualitative approach was employed to analyse data collected through interview and observation by narrating and giving the descriptions to the records. Using qualitative research approach, the researcher collected, organized, classified and then provided interpretation of the data. Lastly, the researcher drew conclusion based on the data analysed on communication between health care providers and patients.

3.2. Research Design

Descriptive research design was employed for this study. The design was employed in the study in order to describe the politeness strategies that are used by the health care providers and patients in Nyamagana hospitals to make their communication effective.

3.3. Area of the Study

This study was conducted in Tanzania context, Mwanza region particularly Nyamagana Municipality. This Municipality has got private and public hospitals where for the ethical purposes, these hospitals are given pseudonyms such as Hospital A, Hospital B, Hospital C and Hospital D where the researcher collected data as the mentioned hospitals consist of health care providers and patients who are the main participants in this study.

3.4. Sampling Procedure

The study employed the non-probability sampling technique. The health care providers such as front counter staff, record keepers and pharmacists as well as patients involved in this study were purposively sampled for the analysis. The only health care providers and patients included for observation were the ones involved in the interaction. Moreover, the researcher used purposive sampling to select heads of departments and patients involved in the interviews. Only those agreed to participate were involved as participants for the study.

3.5. Sample Size

The study involved four hospitals within Nyamagana Municipality. The sample size further included 24 respondents which were distributed as follows: 1 front counter staff, 1 record keeper, 1 pharmacist and 1 head of department from each hospital for observation and interview as well as 8 patients from 4 hospitals within Nyamagana Municipality for the interview.

3.6. Data Collection Methods

The data collection methods which used in the study were observation and interview. Observation method involved front counter staff, record keepers, pharmacists and patients in all the four hospitals. The study employed semi-structured interview with the heads of departments and patients in all the four hospitals.

4. Study Findings

4.1. Politeness Strategies in Communication

Politeness strategies are being applied in different communication fields including the medical field. Health care providers and patients through observation and interview in Nyamagana Municipality Hospitals indicated that there are a number of politeness strategies that are used in their conversation to make the communication between them effective.

4.1.1. Positive Politeness Strategy

The health care providers and patients' communication in Nyamagana Municipality hospitals was characterized by different positive politeness strategies as discussed below:

The Inclusive "We"

The inclusive "we" was used in the conversation between health care providers and patients as an important strategy of politeness to reduce Face Threatening Acts. The inclusive "we" was used to mean "you" where the health care provider was insisting that the patients should remain calm so as to receive good services. This was when the patients seemed to complain that things were done slowly. For example, instead of the health care provider saying "you must be patient so as to receive good services", he employed the inclusive "we" to reduce the imposition on the hearer and therefore, the statement sounded as an advice than a command. This is reflected in example 1.

Hospital A

Example 1

Provider: *Ni lazima tuwe wavumilivu ili tuweze kupata huduma nzuri*[We must be patient so as to receive good services]

The inclusive "we" is one of the sub strategies of positive politeness strategies as suggested by Brown and Levinson (1987) in their theory of politeness. It involves the use of first-person plural pronouns such as we, us and our to stir up a sense of unity and rapport between interlocutors. The inclusive "we" is used when the health care providers do not want to use the express power to make orders to the patients. Wambui (2012) states that speakers use the inclusive 'we' to call upon cooperative assumption thereby redressing the imposition. Health care providers use the inclusive "we" to enhance cooperation by including themselves and the patients in an activity that requires the responsibility of the patients only. Hence, it helps to create a sense of collective responsibility which effectively redresses the FTAs.

In-Group Identity Markers

In-group identity markers strategy includes the use of generic names where in Kiswahili it includes honorifics such as mama 'mother', baba 'father', dada 'sister', ndugu 'comrade' rafiki 'friend', mpendwa 'dear' and others. There were different cases that the health care providers and patients used honorifics in their conversation so as to redress the FTAs. Health care providers use these terms to reduce the relative power and status difference with the patients, hence lessen the commands in the imperative sentences by turning them into requests. Honorifics were used by the health care providers (see example 2) towards patients to reduce the distance between them and make the sentences sound more like requests rather than commands.

Hospital A

Example 2

Njoo rafiki [Come friend] *Dada utaingia chumba namba tano* [Sister, you will enter room number five]

The first utterance in Example 2 *njoo rafiki* 'Come friend' was spoken by the health care provider towards a youth patient so as to reduce the threat of a command. The honorific dada 'sister' was used by the health care provider towards an adult patient who seemed to be of the same age with the health care provider. The use of honorifics helped to reduce the distance between health care providers and patients by making the imperative sentence sound more like a request rather than a command.

Moreover, honorific was used by the health care provider towards the patient in a question that was reminding the patient to go to pharmacy instead of sitting there and wasting time. Honorific reduced the distance between health care provider and patient and therefore made the question sound polite. This can be confirmed by the ideal response given by the patient who also used the honorific term "mami" 'mummy' to show appreciation on what the health care provider told her. Example 3 consists of utterances spoken by the health care providers and patients which include honorifics.

Hospital B

Example 3

Provider: *Mbona hujaenda famasi mpendwa*? [Why haven't you gone to the pharmacy dear?]

Patient: *Uwii nilikua sijui kama natakiwa niende sahivi mami. Asante* [Oooh, I did not know that I was supposed to go there now mummy. Thanks]

The health care provider used honorifics so as to reduce the social distance between them and patients. The response given by the patient shows that honorific can reduce the FTAs as the noun phrase *mpendwa* 'dear' helped the health care provider to reduce threatening the patient's positive face.

In group identity markers strategy which was used as positive politeness strategy through honorifics helped to improve positive social relations between health care providers and patients. The study conducted by Iragiliati (2006) in Indonesia corroborate with this view where she found out that the application of in group identity markers such as *saying* 'dear', *dik* 'little brother' and *pak* 'sir' established solidarity between medical practitioners and patients which was significant for effective communication. Honorifics are used by the health care providers and patients to claim common ground. Ali (2015) states that honorifics are more common in portraying positive politeness in Kiswahili as they show respect to the addressee. Habwe (2010) adds that honorifics as politeness forms in Kiswahili are used in hospital context to foster politeness which establishes good social bounding between health care providers and patients. In Nyamagana Municipality hospitals, honorifics were used by both health care providers and patients to show that they respect and care for each other. This improved solidarity and reduced distance between them which in turn made their communication effective.

4.1.2. Cooperative Strategy

Another positive politeness strategy used by the health care providers and patients was cooperative strategy. In Nyamagana Municipality hospitals, cooperative strategy was revealed through greeting, farewell, involving the hearer, turn taking and backchannels. The cooperative strategy was revealed through different forms of greetings which were applied by health care providers and patients in involving patients or patients seeking to be involved in communication. Greetings were mostly applied in opening the conversation. Example 5 presents the conversation between the health care provider and the patient. A younger patient initiated the conversation by a greeting (shikamoo) showing respect to an older health care provider and the response to that greeting (Marahaba) shows an acknowledgement by the health care provider for the respect accorded to him by the patient.

Hospital D

Example 5

Patient: *Shikamoo mama* [Good morning mother]
Provider: *Marahaba. Hujambo*? [Good morning. How are you?]
Patient: *Sijambo* [I am fine]
Provider: *Karibu* [You are welcome]
Patient: *Asante* [Thank you]

Greeting is a very important strategy of politeness because it improves the cooperation between health care providers and patients. Greetings and positive responses are the positive politeness strategies because they are used to redress the addressee's positive face wants (Brown and Levinson, 1987). In Nyamagana Municipality hospitals greeting is used as a very important form of politeness strategy that opens the conversation between health care providers and patients. This is because it enhances solidarity between the participants in any communication. An interaction that starts without a greeting can cause a kind of threat towards the hearer's positive face and consequently affect the whole conversation.

Showing Concern

Positive politeness strategy was also revealed when the health care providers showed concern to the patients. Health care providers initiated sequences focused on understanding the patients which influenced the patients to respond to them in a preferred structure. Health care providers showed concern to patients when they applied the action of enquiry about health in opening conversation. Example 7 shows that the health care provider initiated talk by asking the patient her health status. This was a conversation between health care provider and a patient who was having stomach-ache. She consulted a doctor where the doctor prescribed a medicine for her. After a few hours of sitting on the waiting area, the health care provider asked the patient how she was feeling after taking the prescribed medicine.

Hospital B

Example 7

Provider: *Unajisikiaje sahivi mami*? [How do you feel now mummy]
Patient: *Nimepatiwa dawa ya kupunguza maumivu*. Najikisia afadhali [I was given a painkiller. I feel better]

The health care providers also showed concern by asking simple questions which indicated that they cared about the patients. Examples of questions asked by the health care providers are:

Hospital A

Example 8

Umefanikiwa? [Have you succeeded?]
Umehudumiwa? [Have you been served?']
Umepatiwa matibabu? [Have you been given the medication?]
Umemuona daktari? [Have you seen the doctor?]

The questions in example 8 were asked by the health care providers to the patients with whom they had a conversation before they were attended to by the doctors. Through the interview with the heads of departments, it was found that health care providers ask such questions so as to make patients feel that they are still cared for and not abandoned. The head of department in Hospital A stated:

Inamsaidia mgonjwa kuona hajatelekezwa na kwamba tunamjali. Pia hatutaki mgonjwa abaki mnyonge haelewi nini cha kufanya. [It helps to make the patient feel not abandoned and feel that we care. Also, we do not want the patient to feel down on himself not knowing what to do]

The action of eliciting patients' health status as applied by the health care providers revealed that they were polite. Since the patients recognized that the health care providers were concerned about them, they replied with ideal responses.

Avoiding Disagreement Strategy

This was used when the speaker wanted to remove any threat of imposition to the hearer by speaking in a way that reduced disagreement between them. Example 10 shows a conversation where the health care provider employed avoiding disagreement strategy towards the patient.

Hospital D

Example 10

Patient: *We ndo uliyeniambia niende chumba namba 10 halafu nirudi kwako* [You are the one who told me to go to room number 10 then come back to you]

Provider: *Aha, sawa. Nafikiri hatukuelewana vizuri. Sasa inabidi uende tena namba 6 afu ndo watakupa karatasi ya kujanayo hapa* [Aha, ok. I think there was some kind of misunderstanding. Now you have to go to the room number six. There, they will give a paper which you will bring here]

Patient: *Sawa* [Ok]

There was a kind of misunderstanding where the patient failed to understand the instruction given by the health care provider. The health care provider did not use that against the patient to make any kind of argument, instead he agreed with what the patient said using the filler 'aha' and then gave her a reason why they should not argue by telling her that there was some kind of misunderstanding between them. He later gave her the correct instructions and she was satisfied.

Hospital B

Example 11

Patient: *Kuna kadi ya Sayuni hapo*? [Is Sayuni's card there?]

Provider: *Ndiyo* [Yes]

Patient: *Naiomba* [Can I have it?]

Provider: *Naomba kopi ya matibabu* [Can I have the medication copy]

Patient: *We nipe kadi, kopi mume wangu analeta* [Just give me the card, the copies will be brought by my husband]

Provider: *Eeehee akishafika nazo tu tunawapa* [Yes, when he brings them, we'll give you the card]

A patient was kind of angry, so she was demanding to be given her medication card but she was required to submit the copy of the medication before being given a card. The health care provider did not argue with the patient, instead she used avoiding disagreement strategy of politeness to prevent the patient from proceeding with the argument. The health care provider avoided disagreeing with the patient, but at the same time insisting on what she was supposed to submit before demanding for the card.

The health care provider used the positive strategy of avoiding disagreement by using the filler 'eeehee' to show that she was agreeing with the patient though in reality she was disagreeing with that patient because she did not give what the patient wanted. To reduce the FTA which could lead to misunderstanding between them, the health care provider firstly agreed with the patient, and then explained what was supposed to be done for her to get the card. This strategy helped the health care provider to avoid conflict or any further argument with the patient and this helped the patient to understand that she was required to come with a copy of medication.

The findings in an interview also revealed that avoiding disagreement is an important strategy used by health care providers and patients to reduce the friction in their conversation. For example, the head of department in Hospital B stated,

> *Mgonjwa akitumia lugha mbaya, mhudumu hatakiwi kukasirika wala kutumia lugha mbaya, badala yake anatakiwa amuelekeze kwa upole. Inatakiwa muhudumu wa afya kivyovyote atafute namna amfanye ajisikie vizuri* [When the patient uses a threatening language, the health care provider should not be mad or use a harsh language to that patient instead the health care provider should instruct the patient politely. The health care provider should find a way to make the patient feel good]

This means, the health care providers should find ways that will help them to reduce the disagreement which can cause misunderstanding between them and the patients even if the patients are using a threatening language.

The above comprehensive analysis identified the positive politeness strategies that were used by health care providers and patients in their conversations. Positive politeness was shown through some positive politeness sub strategies as provided by Brown and Levinson (1987). In Nyamagana Municipality hospitals, positive politeness strategy is the most dominant politeness strategy. Positive politeness dominates because it is very important when it comes to improving a friendly relationship between health care providers and patients required to make their communication effective.

4.1.3. Negative Politeness Strategy

Negative politeness strategy focuses on saving the hearer's want to be respected as well as retain claims of self-determination and territory. The current study revealed that there are different negative politeness strategies in the communication between health care providers and patients. Below is a discussion of the negative politeness strategies that were employed by health care providers and patients in their conversations in Nyamagana Municipality hospitals.

Apology

Apology strategy is one of the strategies employed in the conversation between health care providers and patients in Nyamagana Municipality hospitals to mitigate FTAs. This was mostly employed by patients in starting the conversation with the health care providers who seemed to be busy with their works. Example 12 shows the conversation where the patient employed "apology strategy" towards the health care provider

Hospital B

Example 12

Patient: *Samahani kwa usumbufu dada, huduma zinaanza saa ngapi?* [Sorry for the disturbance. When do the services start?]

Provider: *Watakua wanamalizia kikao huko juu subiri niwaitie* [They are possibly ending the meeting; wait I'll call them for you]

The health care provider was just passing by and the patient wanted to ask her about something. The patient used an apology strategy to show that he respected the health care provider's independence to do what she was doing, so this reduced the negative face threat. In example 13, the health care provider seemed to be busy and the patient wanted to leave because she was going to the office. She used the apology strategy to reduce imposing on the health care provider.

Hospital C

Example 13

Patient: *Samahani, naomba unisaidie nachelewa kazini* [Sorry, can you please help me. I am late for work]

Provider: *Mpendwa, bado wanaprocess, nitakupa faili lako muda si mrefu wanamalizia* [Dear, they are still processing, I will give you your file as soon as they finish]

The response given by the health care provider shows that even though she was interfered by the patient, she acknowledged the way the patient used the negative strategy of apology to reduce threat on her.

Therefore, through an apology, the patient reduced the negative FTA on the health care provider by showing that they recognized and respected the health care providers' privacy. Using the apology strategy, the speaker indicates his or her unwillingness to impose on the hearer's negative face and thus face threatening act will be accepted by the hearer (Pratiknyo, 2016).

Minimizing the Imposition

Minimizing the imposition is also revealed in the communication between health care providers and patients in Nyamagana Municipality hospitals. This is one of the negative politeness strategies employed to reduce FTAs. Minimizing the imposition strategy is employed by the speaker who wants to impose on the hearer's negative face but uses words that make the intensity of imposition look smaller (see Example 14).

Hospital A

Example 14

Patient: *Dada, daktarin hajaniandikia dawa nilomwambia. Nimrudie?* [Sister, the doctor has not prescribed the medicine I told him. Should I go back to him?]

Provider: *Sidhani kama itakua njema kurudi* [I don't think if it will be good]

Patient: *Lakini uwa inanisaidia* [But it helps me]

Provider: *Ninachojaribu kukwambia ni kwamba kama hajakuandikia hapa maana yake ameona hauhitaji kwa sasa. Nakushauri usiende, huenda itakuletea madhara kama ukichanganya na zingine* [What I'm trying to say is, if he did not prescribe it, it means, you don't need it. I advise you not to go; maybe it will have a negative impact when you mix it with the other medicines]

Patient: *Aha sawa. Asante* [Aha ok. Thanks]

The patient came from the doctor to the record keeper and there she realized that the doctor did not prescribe a certain medicine she was used to. She asked the record keeper if she should go back and ask the doctor to prescribe it for her. So as not to speak in a way that interfered with the patient's freedom to make her own decisions, the record keeper spoke in a way that showed respect towards the patient's right to do what she wanted to. This helped to reduce the FTA on the patient's negative face. The words 'trying' and 'advise' as used by the health care provider aimed at reducing the imposition on the patient's decision. These helped to redress the FTAs on the patient's negative face as they indicate that the provider respected the patient's right to make her own decisions. Pratiknyo (2016) states that the speaker can apply minimizing the imposition strategy by making the seriousness of imposition look smaller. The speaker does not deny that he is imposing on the hearer but speaks in a way that reduces the seriousness of the threat.

4.1.4. Hedging Strategy

In the communication between health care providers and patients, hedge as a negative politeness strategy was used in softening a request or a threatening act and therefore making it polite. This is a strategy used by the speaker to reduce imposing on the hearer by requesting in a way that does not interfere the independence of the hearer to make her own decisions. This is revealed in Example 15which includes the conversation between a health care provider and a patient in Hospital B. Each patient was required to come with the health insurance card so as to receive the medication. Unfortunately, the patient forgot the health insurance card at home.

Hospital B

Example 15

Patient: *Samahani. Unaweza kunisaidia? Nimesahau kadi yangu nyumbani* [Excuse me, can you help me? I forgot my health insurance card at home]

Provider: *Umeshawahi kutibiwa hapa*? [Have you ever been treated here?]

Patient: *Ndiyo*. [Yes]
Provider: *Sawa. Naomba usubiri kidogo niangalie kama taarifa zako zipo humu* [Ok. Please wait while I check for your information]

To make her request polite, he used the hedging strategy *unaweza nisaidia* 'can you help me' to show that he respected the provider's freedom to make a choice whether to help him or not. This reduced threatening the negative face of the health care provider to make her own choices. Hedging strategy is also revealed in Example 16 from the conversation between the health care provider and an older patient who was standing waiting to be attended to.

Hospital D

Example 16

Provider: *Unaweza ukakaa pale ukasubiri wakitoka tu wale utaingia* [You can sit there and wait; you will follow after them]
Patient: *Sawa* [Ok]

The health care provider employed the hedge strategy *unaweza ukakaa pale* 'you can sit there' to reduce the threat on the patient's negative face, that is, the independence to do what he wanted. This strategy helped to make the command statement sound like a request. The patient simply responded *sawa* 'Ok' and went to sit down.

Hedges are employed by speakers to politely give command and request to the hearers and therefore reduce the degree of imposition. Hedges play the role of maintaining politeness in communication by making a statement sound less forceful. The use of hedge in the conversation between the health care providers and patients softens the statement and makes it sound more like a request by giving the health care provider freedom of choice to whether do what the patient want or not.

4.1.5. Pessimistic Strategy

In the communication between health care providers and patients, pessimistic strategy is used to reduce imposition on the hearer's negative face. The speaker gives the hearer a freedom not to do the act by being pessimistic assuming the hearer is not likely to do it.

Hospital D

Example 17

Patient: *Eti dada hauwezi kunisaidia nimuone mtaalamu wa wanawake bila appointment*? [Sister, can't you help me to see the gynecologist without an appointment?]

The patient wanted to see the gynecologist but she had no appointment which was an important requirement. To reduce imposing on the health care provider's response, the patient used pessimistic strategy *hauwezi* 'can't you' to give the health care provider an option to whether help her or not.

In this strategy, the speaker assumes that the hearer can give an unhelpful or uncooperative response (Brown and Levinson, 1987). It gives redress to hearer's negative face by explicitly expressing doubt that the hearer is going to do what the speaker wants, by doing so the speaker reduces imposing on the hearer.

4.1.6. Bald on Record Politeness Strategy

Bald on record strategy is speaking directly without redress actions. In the communication between health care providers and patients in Nyamagana Municipality hospitals, bald on record politeness strategy is mostly used by health care providers for giving instructions. There are direct expressions by the health care providers which do not require any regressive actions.

Hospital C

Example 18

Nenda chumba namba sita [Go to room number six]
Unameza asubuhi, mchana na jioni [You take it in the morning, afternoon and evening]

Health care providers used the direct expressions without any redress actions when giving the important instructions. Speaker makes no attempt to minimize the threat because efficiency of information is vital, and this is clear to the members in the discourse and face redress becomes irrelevant.

Moreover, Example 19 reveals how bald on record was employed in the conversation between the health care providers and patients. It was used by the health care providers towards the patient when asking for important issues to be recorded.

Hospital A

Example 19

Provider: *Una umri gani*? [How old are you?]
Patient: *Miaka 35* [35 years old]
Provider: *Kabila lako?* [Your tribe?]
Patient: *Mkerewe* [Kerewe]

These kinds of questions were asked to all the patients for record keeping where bald on record was the strategy of politeness used to ask such questions. Redress actions become irrelevant because it is clear to the members in the discourse that the information asked is necessary for their services

Bald on record politeness strategy is mostly used where efficiency is vital and this is clear to the members in the discourse and no face redress is needed (Brown and Levinson, 1987). When efficiency of information is vital, the threat involved is very small and therefore it can neither make the health care providers nor do the patients they are communicating with feel uncomfortable. This view is supported by Wambui (2012) who stated that when efficiency is necessary, a face threatening act can be done without redress actions because the threat involved will be very small. Instructions or orders are not considered impolite and therefore there is no need for mitigating strategies.

4.1.7. Off record Politeness Strategy

Off record politeness strategy was also employed in the communication between health care providers and patients. Speakers avoid performing the FTA directly and therefore express themselves indirectly through sub strategies such as metaphor and give hints.

Metaphor

Off record was used through metaphor by the patient to ask an embarrassing question. The patient used a phrase for something to which it was literally not applicable so as to reduce FTA. In Example 20, the patient wanted the health care provider to show her where the washroom was. The patient did not directly ask for it because he found it embarrassing. So as to reduce the FTA on his face and that of the health care provider, he used the phrase banana plant instead of washroom. Because they did not share the same communication background, it was not easy for the health care provider to understand what the patient meant.

Hospital B

Example 20

Patient: *Ule mgomba wa babu umepandwa wapi*? [Where did they plant grandfather's banana plant?]
Provider: *Sijaelewa, labda uulize wafanya usafi wataelewa* [I don't get you. Maybe the cleaners will]
Patient: *Basi nataka nikamwagilizie* [Then I need to irrigate]
Provider:*Aha, pita kulia!* [Aha, go to the right!]

The patient went off record again using another expression that would be understood by the health care provider. After using the other expression, the health care provider understood what he meant. They both laughed and then that embarrassing question neither threatened the patient nor the health care provider he was talking to because he went off record. This made them establish a friendly relationship that whenever they saw each other they just laughed and talked about the banana plant.

Give Hints

Off record is also being used through giving hints to replace direct command which could facilitate the FTA. Here the health care providers gave the patient some hints and hoped that they would pick up on them and therefore interpret what the health care providers really meant. For example, in hospital C as shown in example 21, the health care provider used "give hint" strategy to tell the patient what he was supposed to do.

Hospital C

Example 21

Provider: *Itachukua muda, usije ukachoka kusimama* [It will take some time; you will get tired of standing up]

Instead of directly telling the patient to sit down, the health care provider went off record and therefore it was the patient's work now to figure out what the health care provider meant. Though the health care provider did not tell the patient directly to sit down, after the statement, the patient understood that he had to sit down. Give hints strategy was also revealed in hospital D, as indicated in example 22 where the health care provider was speaking to a patient who was older than her.

Hospital D

Example 22

Provider: *Tayari mzee* [We are done sir]
Patient: *Aha sawa! Asante* [Aha ok! Thanks]

Off record was used to close the conversation where instead of using the direct expression 'go' the health care provider decided to go off record by giving a hint to tell the patient to leave so as to reduce the number of people in that place. The patient felt comfortable and this is evidenced in the kind of the answer that he gave.

Off record strategy helps to minimize the threat and therefore closes the social distance between health care providers and patients. According to Wambui (2012), off record strategy helps the speaker to save his face by rejecting having performed the FTA. Therefore, it successfully minimizes the threat. When the speaker goes off record, it is not possible to attribute only one clear communicative intention to the act (Brown and Levinson, 1987). Off record can sometimes lead to ambiguity and make the hearer fail to understand what the speaker actually meant as in Example 20. This is especially when the speaker and the hearer do not share the same background knowledge.

5. Conclusion

All the four strategies of politeness were employed in the communication between health care providers and patients. The positive politeness strategy is preferred because it creates a friendly relationship between health care

providers and patients to make their communication effective. The negative politeness strategy was mainly employed for the purpose of mitigating imposition on the hearer. Off record strategy was applied for the purpose of avoiding embarrassing the speaker and the hearer. Finally, bald on record was employed in cases where efficiency of information was highly required than face mitigation. The health care providers and patients should take keen interest in the way they communicate. They should consider using language in a way that will reduce the social distance between them and therefore improve their relationship which can impact their communication and health outcomes.

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