

A STUDY OF TEACHING THE USE OF POLITENESS FORMULAS IN ENGLISH TO FUTURE PHARMACISTS

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Summary. The pharmacists are involved in socially significant communication with the patients, where politeness dynamically constructs their professional identities and is intrinsically linked to their native culture. The present study aims to investigate the pharmacy students' use of politeness formulas in simulated dialogues in English between pharmacists and patients regarding the purchase and use of medications. The decrease in the number of politeness formulas used by students over time is attributed to: first, insufficient development of the students' verbal production skills; second, the cultural differences in the ways and degrees of expressing politeness between the native language and English. The conclusions for English language teaching are: first, the use of politeness formulas has to be trained much more so that students will acquire the necessary verbal production skills to use them; second, the existing cultural differences in the use of politeness formulas in the native language and in English require that students should develop the necessary sociolinguistic skills to use English for professional purposes.

Keywords: pharmacy, politeness, communication skills, English language teaching.

Introduction

Practicing pharmacy, medicine and health care on a daily basis involves intensive communication between health professionals and patients on issues related to human health and life. Nowadays its significance increases in connection with the rising needs and requirements of people regarding their health and well-being as well as with the growing number of aging populations. The communication between the health professional and the patient is rich in information about the medical condition

of the patient, the possible medical and health care decisions and consequences. Thus, the ethical communication between the medical specialist and the patient is socially significant both on the level of the individual and on the level of society as a whole (Dudeva, Alexandrova 2013).

The verbal doctor-patient communication has important psychological aspects. Language expressions, used in communication, affect not only the concrete act of communication, but can help achieve higher effectiveness of the overall medical treatment through greater patient compliance with the doctor's recommendations. Thus, the goal of the intrinsically ethical health professional – non-specialist communication is to deliver complex scientific information in the form of understandable explanations and recommendations and to provide stimuli to follow treatment.

When the doctors and pharmacists formulate their messages about the health and treatment in a patient-tailored way, they protect the patient's dignity and achieve higher patient compliance and ultimately higher therapeutic effects and better patient outcomes. Consequently, the doctors have fulfilled their duty, if they followed important ethical principles in their communication with the patient and expressed not only the necessary information but also respect and politeness for the patient.

Politeness is often defined as actions and communication which is considered correct for the social situation the interlocutors are in, where they show consideration for other participants' needs and feelings. Brown and Levinson define politeness by differentiating between positive and negative politeness on the basis of social closeness/distance between participants and the way hearer's wants are addressed (Brown and Levinson 1987: 101–210). Watts and Serrano-Garcia brings the dynamic construction of identities into the analysis (e.g. Watts, Serrano-Garcia 2003: 143). He studies the range of dynamic identities, constructed in the discourse, and the way these identities are operationalized and determined by the communicative situations. He points that professional identities are constructed in professional situations.

Foreign language teaching views language learning not simply as the proper use of language forms, but as “the participation in discourse to accomplish the

communicative functions of language” (Brown 1989:189). The ultimate goal of foreign language teaching is to help learners acquire communicative competence. The formation of the communicative language competences, i.e. the linguistic, sociolinguistic and pragmatic competences, is central to second language teaching (Trim 2005). These competences are crucial for the use of both the productive and receptive language skills.

Communicative competence (Hymes 1972) encompasses not only pragmatic competence (Bachman 1990), connected to the informative function of speech, but also sociolinguistic competence (Bachman 1990), which includes the realization of the affective (or social) function of language. The latter function involves the use of utterances such as the expressive ones, which show the speakers’ feelings as well as the phatic ones, which manifest solidarity and empathy with others. When using politeness formulas, the speaker takes into account the feelings of interlocutors, the social values, connected to the situation, and the formality of the context (Holmes 2001). Politeness is often expressed in language by the use of set phrases.

Politeness is strongly connected to the interlocutors’ culture, which determines the ways and degrees of politeness, expressed in discourse. Leininger and McFarland define culture as “the learned, shared and transmitted knowledge of values, beliefs, and lifeways of a particular group that are generally transmitted intergenerationally and influence thinking, decisions, and actions in patterned or in certain ways (Leininger, McFarland 2002:47). Purnell and Paulanka (2008) reason that it can be unconscious implicit and explicit knowledge, which can change in time. The link between culture and language exists in any discourse interaction and foreign language teaching should elaborate on it.

Culture is intrinsic to medical and pharmaceutical practice (Maier-Lorentz, 2008; Racher & Annis, 2007; Smith, 1998). Andrulis and Brach (2007) explore the connection between language, culture and medicine stating that culture and language construct the experiential context for comprehension of health information. The culturally determined values and preferences impact the expression and understanding of healthcare messages.

For foreign language teaching it is crucial to identify and make the learner aware of the way cultural differences influence discourse context and how it determines interaction and verbal expressions of interlocutors. For instance, the language teacher should demonstrate the differences in the choice and degree of usage of politeness formulas, which are due to cultural differences such as spontaneity, directness and affection (Wierzbicka). Between English and Bulgarian there exist some differences in relation to the cultural norms and cultural assumptions, expressed in speech acts. Unlike Bulgarian, English restricts the use of the imperative and prefers the interrogative and conditional forms for expressing politeness.

The interaction between culture and language is so pervasive that there exists need for more research of the expression of culture in language and communication. Charles Ferguson emphasizes the need for better analysis of politeness formulas in discourse (Charles A. Ferguson (1976)).

Aim of the study

The aim of the present study is to investigate the pharmacy students' use of politeness formulas in simulated dialogues in English between pharmacists and patients regarding the purchase and use of medications.

Materials and methods

The study is carried out with 48 pharmacy students, studying English to use it for professional purposes. Thirty-eight students are at higher intermediate level of English and ten students are at advanced level. Forty-four of the participants are 18 or 19 years old and only four are 20 years old.

The experiment about the use of politeness formulas in English language dialogues in a professional communication situation is based on two dialogues of native speakers of English taking place at the pharmacy and discussing the purchase and use of medications.

The experiment was performed in several stages:

1. A preliminary test was given to pharmacy students to establish, first, if they recognized politeness formulas, and second, if they had mastered the structure of

most common politeness formulas, which are usually set phrases. The test included texts, representing dialogues with patients, different from those, used in the recording session later in the experiment. There was also a fill-in- the -gaps exercise in the test to establish if students had knowledge of the structure of the politeness formulas.

2. Pharmacy students watched a short film of two dialogues of English language native speakers at the pharmacy discussing the purchase and use of medications. Students were asked to identify politeness formulas and pay attention to their use.

3. The English language teacher discussed with the students the politeness formulas and their use in response to specific verbal stimuli from the interlocutor. The students were advised to use the formulas because of native speakers' expectations to be addressed in that way when communication occurs in the English language.

4. The 48 students had formed 24 pairs for making dialogues and immediately after watching the film they practiced the dialogues in pairs, using a flow chart to support the expression of meaning. However, the flow chart did not give any indication of the use, type or place of politeness formulas to be used in the dialogues. Before making the dialogues the students were reminded to use the politeness formulas.

5. During the next lesson in English after a week the students were instructed to participate in the simulation of the dialogues, using the flow chart to support meaning. The students made the dialogues and the dialogues were recorded for investigation purposes.

6. In a month the students were instructed to participate in the simulation of the dialogues using the flow chart again. The students made the dialogues and the dialogues were recorded.

7. Results regarding the frequency of the use of politeness formulas in the three simulations of the dialogues (during the same lesson, in a week and in a month) were analysed.

Results and discussion

The results of the preliminary test showed that the students identified 98% of the politeness formulas in the provided texts. The results from the fill-in- the -gaps

exercise showed that students successfully reconstructed politeness formulas in 93% of the cases.

The recordings of the students' simulations of English language dialogues between a pharmacist and a patient at the pharmacy revealed the following results about the use of politeness formulas:

	Number of polite formulas used by the native speakers of English	Average number (Percentage) of polite formulas per student simulation of the dialogue during the same lesson	Average number (Percentage) of polite formulas per student simulation of the dialogue in a week	Average number (Percentage) of polite formulas per student simulation of the dialogue in a month
Dialogue 1	5 (100%)	4.2 (84%)	3.5 (70%)	2.2 (44%)
Dialogue 2	4 (100%)	3.3 (82.5%)	2.8 (60%)	1.8 (45%)

Table 1. Average number (percentage) of polite formulas used per simulation of the dialogues during the same lesson, in a week and in a month

The results showed that with time the number of politeness formulas used in the dialogues decreased. In a month they decreased to around half of the original number used right after viewing the films demonstrating the dialogues between the native speakers.

The test made before listening to the dialogues showed that the students could recognize the politeness formulas and were acquainted with the structure of these phrases. Although the preliminary test showed students were confident with these phrases during reception, when it came to demonstrating their verbal production skills they did worse. One reason for the decrease in the number of politeness formulas used in the students' oral performance is the insufficient development of their verbal production skills.

Another reason for the lower number of politeness formulas used over time is the cultural differences in the ways and degrees of expressing politeness between the native language and English. The sociolinguistic characteristics of the communicative situation between a pharmacist and a patient in the native language do not require such a high degree of politeness as in English. Although with time students forget the

short dialogues in the films, they can still reconstruct the information meaning of the dialogues, as they are helped by the flow charts. However, in judging the sociolinguistic characteristics of the communication situation they are more strongly influenced by the use of the native language in such situations. Thus the information meaning of the dialogue is reconstructed but that does not hold true of the appropriate social function of the use of language.

The degree of politeness expressed in the dialogues performed with a greater time lag (in a month) corresponds to that characteristic of the native language. This is indicative of the stronger connection of the expression of the social function of communication to the habitual behavior and native culture of the speakers of a foreign language.

Students practicing interaction in a foreign language can switch from native language to English. However, switching from the awareness and realization of the sociolinguistic characteristics and the degree of politeness expressed when speaking the native language to those when speaking English is much more difficult. That is due to the higher stability of habitual behavior and native culture which cannot change quickly during communication.

On the basis of these results several conclusions regarding English language teaching can be drawn. First, the use of politeness formulas has to be trained much more so that students will acquire the necessary verbal skills to use politeness formulas during verbal production in English. The language practice in this respect should be even more extensive as important cultural differences exist between the native language and English. During their course in English language communication the students should make more dialogues with a focus on expressing politeness, empathy or compassion.

Second, the existing cultural differences in the use of politeness formulas and the degree of politeness in the native language and in English require that students also acquire the necessary sociolinguistic skills for the use of English. Thus, language practice and especially production skills should be developed with a focus on sociolinguistic characteristics. This is also connected to crossing the boundaries of

native culture and identifying to a greater degree both linguistically and culturally with the role of the pharmacy professional in a situation when communication occurs in English.

Conclusion

The study demonstrates the need for more extensive language practice for students to acquire the skills for verbal production in English not only to impart information meaning but also to adequately use the social functions of language. They should be trained to take into account the sociolinguistic characteristics of the communicative situation as well as the degree of politeness expected when using English. This is connected to crossing the boundaries of native culture and identifying both linguistically and culturally with the role of the pharmacy professional in a situation when communication occurs in English. Thus, pharmacy students will acquire the necessary verbal skills to express medical information as well as socially relevant communication meanings (including politeness) when practicing their profession with English language patients.

References

1. Andrulis, D., Brach, C. (2007). Integrating literacy, culture, and language to improve health care quality for diverse populations, *American Journal of Health Behavior*. 2007(31 supplement), p.122-133. Retrieved on January 8, 2014 from www.cpehn.org/pdfs/Integrating%20Literacy%20Paper%20-%20Andrulis.pdf
2. Bachman, L. (1990). *Fundamental considerations in language testing*. Oxford: Oxford university Press.
3. Brown, H.D. (1989). *Principles of language and teaching*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
4. Brown, P., St. C. Levinson. (1987). *Politeness: some universals in language use*. Cambridge: Cambridge University Press.
5. Ferguson, Ch.A. (1976). The structure and use of politeness formulas. *Language in Society*, 5, pp 137-151.
6. Dudeva, Alexandrova (2013). Ethical dimensions of language communication in healthcare and the new field of ethico-communication. *Asklepios* (in print).

7. Holmes, J. (2001). *An introduction to sociolinguistics*. Harlow: Pearson Education Limited
8. Hymes, D. (1972). *Reinventing anthropology*. New York: Pantheon Books.
9. Leininger, M., McFarland, M. (2002). *Transcultural nursing: Concepts, theories, research, and practice*. 3rd edition. New York: McGraw-Hill.
10. Maier-Lorentz, M.M. (2008). Transcultural nursing: Its importance in nursing practice. *Journal of Cultural Diversity*, 15(1), 37-43.
11. Purnell, L., Paulanka, B. (2008). *Transcultural health care: A culturally competent approach*. Philadelphia: F.A. Davis.
12. Racher, F.E., & Annis, R.C. (2007). Respecting Culture and Honoring Diversity in Community Practice. *Research and Theory for Nursing Practice: An International Journal*, 21(4) 255-270.
13. Smith, L.S. (1998). Concept analysis: Cultural competence. *Journal of Cultural Diversity*, 5(1), 4-10.
14. Trim, J.L.M. (2005) 'The Role of the Common European Framework of Reference for Languages in Teacher Training.' Lecture delivered in Graz, September 2005. <http://www.ecml.at/document/press/trim.pdf>.
15. Watts, R. J., Serrano-Garcia, I. (2003). The quest for a liberating community psychology: An overview. *American Journal of Community Psychology*, 31, 73-78.
16. Wierzbicka, A. (1985). Different cultures, different languages, different speech acts: Polish vs. English. *Journal of Pragmatics*, Volume 9, Issues 2–3, June 1985, 145–178.