
Gender Communication: Nurse-Client Interactions in the Mobile Integrative Health Center^①

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Abstract: The study reported in this paper is part of a larger project that investigates nurse-elderly client communication in Hong Kong. This preliminary study has examined the types and relative frequencies of speech act usage in female nurse-female-client interaction and female nurse-male client interaction. Examination of the use of speech act as manifestations of strategic process has shown to be very useful in understanding gender and discourse situated in the broader context of health care communication in Hong Kong, and elsewhere.

Keywords: gender and discourse; health care communication; nurse-patient interactions; speech acts

① Introduction

In Hong Kong, a grand challenge of the 21st century is health ageing (Ng & Leung, 2010). Statistics with respect to increasing life expectancy, decreasing birth rate, common health problems for the elderly, and demographic profile of the elderly in Hong Kong all suggest an urgent need to adopt a holistic approach toward maintaining the well-being of the elderly, and such an approach encompasses “physical, mental, diet-and-nutrition, communication, social, and psychiatric” aspects (ibid: 2). Ng and Leung (2010) suggest seven areas for development in support of the grand challenge on the elderly: (1) improved holistic care for the elderly, (2) effective assessment and multi-modalities intervention for reducing health degradation, (3) pain management, (4) cognitive care for the elderly, (5) healthcare

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devices for monitoring and treatment, (6) assistive devices for the elderly, and (7) buildings and urban planning for elderly with health monitoring capabilities (ibid: 3-4).

In fact, a number of these recommendations started to be implemented, despite in a relatively small scale, in December 2007 through the operation of the PolyU-Henry G. Leong Mobile Integrative Health Center (MIHC), managed by the Center for Integrative Digital Health Center at The Hong Kong Polytechnic University (PolyU). The mission of the MIHC is to integrate "Western medicine and technology with traditional Chinese medical theory and purpose of preserving good health." The aim of the MIHC is to "enable needy elderly residents to attain a healthy lifestyle so that their daily lives are enjoyable and fruitful through achieving the tenets of harmony and equilibrium of body, mind and soul" (media release, PolyU, 18 Dec 2007). The MIHC is housed in a vehicle that visits different districts in Hong Kong to provide the needy elderly with free health-check and monitoring services, including physical health checks, general health assessment, pain assessment, happiness test, as well as referral service, so that the health and quality of life of the aged can be improved, and thus lowering public medical and health care expenses in the long run (media release, PolyU, 18 Dec 2007).

In order for the MIHC to achieve its goals, first and foremost, it is important that the nurses working in the MIHC effectively communicate with the elderly clients to understand their needs and problems, to deliver appropriate services, and to conduct relevant consultation-related activities with the elderly clients in the MIHC. It is equally important that the elderly clients are supported, verbally and emotionally, in such a way that they feel at ease to describe and discuss their health conditions and illnesses during the nurse-client interaction.

In Hong Kong, a collaborative and inter-disciplinary research project between nursing and applied linguists started in 2011. It was set out to achieve five objectives, as follows:

1. To describe and identify the discourses in the nurse-elderly client interactions as the intersection of communities of practice;
2. To identify and describe the nature and frequencies of occurrence of critical moments of interaction in the crucial sites of engagement;
3. To identify and describe the nature and pattern of strategic processes adopted by the communities of practice in the nurse-elderly interactions;
4. To identify and describe instances of communication breakdowns and miscommunication and account for such occurrences;
5. To propose a framework, with clear and objective criteria and benchmark, for both achieving and evaluating effective communication in nurse-elderly client interactions.

② Conceptual framework

In language and communication studies in professional contexts, Candlin (2000, 2001) proposes four constructs — communities of practice, crucial sites, critical moments, and strategic process — for his research in the healthcare context. A community of practice "acknowledges the membership of participants in a structure of practices and discourses (community) in which particular ideological positions and bodies of knowledge are assumed to be shared, and where members' actions are regulated" (ibid: 9). A community of practice is characterized by a repertoire of language varieties, styles, and concepts that is shared by all members of the community (Lave & Wenger, 1991; Wenger, 1998). The MIHC can indeed accommodate a number of communities of practice, primarily the health professionals and the needy elderly clients. Crucial sites refer to "those contexts of communication, in part defined physically, in part by topic, in part by participation, in part by perception, which participants in healthcare, as users and providers, identify as especially salient" (Candlin, 2000: 9). Critical moments occur when the participants in the interaction "identify a possible occurrence of contradiction or conflicting within the process and practices of a crucial site of engagement" (Candlin, 2001: 188). Critical moments are evident through the participants' choices and responses to acts of language and communication (Candlin, 2003: 49). The last construct, strategic process, refers to a range of characteristic forms of talk that participants engage in to "give information, ... seek advice, ... recount troubles, ... make decisions, ... reason and eliminate hypotheses" (Candlin, 2000: 10). In therapeutic communication, these strategic processes function "to serve a plurality of purposes, informational, interpersonal, organizational" (ibid:10).

③ Material and methods

In the project, data collection was made by audio-recording the (Chinese) interactions between nurses and elderly clients in the MIHC for 47 days over a period of three months (April-June 2011). The MIHC takes two forms: mobile clinic and mini station. On some days, it went to certain districts; on others, the health professionals moved indoors and worked in mini stations. In the MIHC, there were five Advanced Practice Nurses working on rotation. Some of them were also nutritionists, Bowen therapists, or Traditional Chinese medicine practitioners.

As shown in Table 1, a total of 262 nurse-client interactions were recorded for the project, with more female (67.2%) than male (32.8%) clients. Except for the Fu Cheong Mobile Clinic in Sham Shui Po District, female clients outnumber male clients in all other stations and clinics.

Table 1. Number of elderly clients recorded in MIHC

Work day: Station and district	Female	Male	Total
Monday: Lai King Mini Station, Kwai Tsing District	24 (68.6%)	11 (31.4%)	35 (100%)
Monday: Fu Cheong Mobile Clinic, Sham Shui Po District	5 (38.5%)	8 (61.5%)	13 (100%)
Tuesday and Thursday: Kai Yip Estate, Kwun Tong District	70 (63.6%)	40 (36.4%)	110 (100%)
Wednesday: Lei Muk Shue Mobile Clinic, Tsuen Wan District	52 (72.2%)	20 (27.8%)	72 (100%)
Friday: Ho Man Tin Mobile Clinic, Kowloon City District	25 (78.1%)	7 (21.9%)	32 (100%)
Total	176 (67.2%)	86 (32.8%)	262 (100%)

In addition to recording nurse-elderly client interactions, the methodology of ethnography, by means of site observation and survey, in the form of semi-structured interviews, were carried out. A researcher was stationed in the MIHC during the 47 days. While monitoring the recording, she was taking very detailed notes about the interactions by noting down information about all consultation-related activities and para-linguistic communication, as far as the circumstances in the MIHC allowed.

Concerning data analysis, the nurse-client spoken interactions were transcribed and then examined to identify different types of critical moments (Candlin, 2000, 2001) of interaction on various crucial sites of engagement. These will first be described and categorized and then closely examined to compare how the communities of practice (nurses and clients) employ various strategic processes (Candlin, 2000, 2001) to jointly and discursively construct and negotiate meanings, wants, intentions, values, problems, and solutions.

④ Speech act theory

Speech act theory is a branch of philosophy which attempts to classify spoken language in terms of what is done rather than what is said (Austin, 1962; Searle, 1965, 1969, 1975). Speech act theorists are concerned with the functional value of utterances rather than the form of utterances. Speech acts are "the basic or minimal units of linguistic communication" (Searle, 1969: 16). The functional value of utterances have been classified differently, and the most well-known speech act typology is Searle's (1976) which has five basic kinds of action and can be performed by one of the following utterance types:

i) representatives, which commit the speaker to the truth of the expressed proposition

(paradigm cases: asserting, concluding)

ii) directives, which are attempts by the speaker to get the addressee to do something (paradigm cases: requesting, questioning)

iii) commissives, which commit the speaker to some future course of action (paradigm cases: promising, threatening, offering)

iv) expressives, which express a psychological state (paradigm cases: thanking, apologising, welcoming, congratulating)

v) declarations, which effect immediate changes in the institutional state of affairs and which tend to rely on elaborate extra-linguistic institutions (paradigm cases: excommunicating, declaring war, christening, firing from employment)

(Searle, 1976: 11-13)

Stenström (1994) analyzed the 0.5-million-word London-Lund Corpus of English Conversation, which is orthographically transcribed with a detailed prosodic analysis in tone units, intonation, pauses, etc. Stenström (1994) proposed a five-level discourse hierarchy, consisting of transaction, exchange, turn, move and act, with the act signalling "what the speaker wishes to communicate" (ibid: 38). Stenström (1994) identified three types of acts, namely 33 types of primary acts that "can realize moves on their own;" seven types of secondary acts that "accompany and sometimes replace primary acts;" and ten types of complementary acts that "accompany but rarely replace primary acts" (ibid: 38-39). This study analyzes and compares all the acts in the speaker's turn, using Stenström's (1994) act typology, and compares the kinds of speech act in the two interactions in order to offer some preliminary discussion about gender and language.

⑤ The present study

Research studies that examine the interplay between gender and discourse in professional contexts have greatly increased in recent years. In their literature review of online health-related support groups, Mo, Malik and Coulson (2009) concluded that gender differences are found in communications in single-sex online health support groups, but gender similarities are found in communication patterns in mixed-sex groups (ibid: 16). In another study, Charteris-Black & Seale (2010) examined gender and the language of illness. Nurse-patient interactions involve person-centered care; that is, they provide individualized approach to care and opportunities for patient participation (Bolster & Manias, 2010). Literature review shows that research into gender and discourse in health care communication, particularly in nurse-patient interactions, is hardly to be found.

This paper describes a preliminary study of the way in which two female nurses interacted with, respectively, a female and a male elderly patient in the MIHC. It specifically compares the speech act use (i.e., strategic process) by the nurses when they

performed consultation-related tasks at the critical moment of interaction. This study, therefore, aims to study language and gender in the professional health contexts to find out gender differences, if any, in communication in face-to-face interactions with female nurses. It is particularly interested in comparing the communicative speech actions performed by the female nurse in relation to, respectively, female and male elderly clients, in critical moments of interaction to achieve “informational, interpersonal, organizational” purposes (Candlin, 2000:10).

Any act of speaking requires “a proper context of utterance to be verbally performed” and it needs to be studied in “both its linguistic and its cultural context” (Mey, 2001: 279). This study analyzes two extracts of critical moment of interaction, namely a nurse-female client (N1-FC) interaction and a nurse-male client (N2-MC) interaction in the MIHC, in terms of the strategic process, defined in this study as speech acts that perform functions, employed in the interactions. The purpose is to identify, and provide an informed understanding of, context-specific speech act choices made by speakers in N1-FC and N2-MC interactions, and specifically by the nurses to manage critical moments of interaction.

6 Discussion of findings

6.1 Nurse-female client interactions

The first extract (N1-FC9) was recorded on 4 April 2011 (Monday) in the afternoon session in the Lai King Mini Station. The sequence of events is as follows: N1 was taking care of two clients at the same time, one of whom was FC9 to whom N1 was giving the Bowen treatment. N1 and FC9 were chatting in the bed area for the Bowen treatment. When N1 was about to leave area B for another client, N1 told FC9 to remind her that she (N1) would need to talk to FC9 about food nutrition a little later. It was observed from both the transcribed consultation and field notes that FC9 was overweight. However, FC9 did not seem to feel comfortable with the topic, as she expressed that experience told her that it was very difficult to “lose one pound” or “to lose weight.”

In order to illustrate the speech act analysis conducted in this study, Example 1 shows the analysis of speech acts (Stenström, 1994) in seven turns extracted from the critical moment of interaction in N1-FC9.

Example 1: Analysis of speech acts of N1-FC9

Turns	Speech act analysis
1. N1: <I have one thing to talk to you about nutrition later> <remember to remind me>	<offer> <action request>
2. FC9: <what> <talk again>	<uptake> <query>
3. N1: <don't be nervous> <I have only said a word and you are already freaked out>	<react> <metacomment>
4. FC9: <yes> <over there (they talk about) nutrition here (you talk about) nutrition again> <I am totally freaked out>	<agree> <justify> <emphasizer>
5. N1: <okay> <no worries no worries> <I will explain to you in detail later>	<acknowledge> <evaluate> <inform>
6. FC9: <no>	<reject>
7. N1: <you definitely have the right to choose> <I have been saying that for the whole time right> <because we were talking about your nutrition at that time but if you have already started with your nutritionist or you have chosen which side you will follow no problem> <you can listen to my suggestion first and decide later>	<precursor> <confirmation question><expand> <offer>

The second extract N2-MC12 was recorded on 20 June 2011 (Monday) in the afternoon session in the Fu Cheong Mobile Clinic. The reason of the consultation was for pain assessment. In previous visits, MC12 has complained about toe pain. He was then referred to a doctor, prescribed medicines, and given instructions about diet. In the consultation, N2 asked about the color, size and shape of the painkiller that was prescribed to MC12. MC12 replied that after finishing the medicine prescribed by the doctor, he bought medicine in China and took a greater dose of it. The extract examined is regarded as a critical moment of interaction as MC12 speaks with a strong accent, and N2 has difficulties in understanding some of his utterances. Example 2 shows the speech act analysis of five turns in N2-MC12.

Example 2: Analysis of speech acts of N2-MC12

Turns	Speech act analysis
93 N2: <eh uncle> <you seem not to understand very well> <do you still need to take medicine still get medicine or not>	<alert> <precursor> <question>
94 MC12: <have pain take have not pain then not take>	<answer>
95 N2: <have pain take have not pain not take> < does the doctor tell you to>	<precursor > <question>
96 MC12: <I myself>	<inform>
97 N2: (sigh) <not mean like this>	<reject >

In previous turns that are not shown in Example 2, MC12 does not seem to understand N2's question about whether or not he still need to take medicine. In Turn 93, N2 uses a <precursor> before repeating a question, implying that he is not addressing her question about follow-up medical appointments and medication. In the turns that follow (not shown), the interaction is about MC12 not following the doctor's instructions about diet, and he asking whether the clinic prescribes "special Chinese herbal medicine" for his pain. He also tells N2 that he makes Chinese herbal medicine. When N2 asks MC12 to rate the level of toe pain from zero to ten, MC12 says "when I cannot walk." This means that instead of giving a <comply>, i.e., "gives adequate information explicitly" (Stenström, 1994: 115), he responds with a <supply>, i.e., "gives inadequate information" (ibid: 115), leaving N2 to make an inference (Grice, 1981).

To summarize, the critical moment of interaction in N2-MC12 is defined by the difficulties in communication observed, namely MC12 is found to speak with a strong accent which explains why N2 often asks him to repeat; it is not clear which painkiller is prescribed in his previous consultation with the doctor; whether or not MC12 has followed the doctor's instruction about diet, i.e., not to eat tofu and spinach; whether MC12 says "make (Chinese herbal) tea" or "cold (Chinese herbal) tea;" whether MC12 says "drink (Chinese herbal) tea" or "drink tea (in the restaurant);" and what MC12's purpose and expectations of the current consultation are.

6.2 Comparing the use of speech acts

The following discussion compares the relative frequencies of use of different types of speech act (Stenström, 1994) between N1-FC9 and N2-MC12 (Tables 2-4), between N1 and N2 (Table 5), and between FC9 and MC12 (Table 6).

Table 2. Comparison of types of speech act in N1-FC9 and N2-MC12 interactions

N1 (N=52, 73.2%)	FC9 (N=19, 26.8%)	N2 (N=142, 58.9%)	MC12 (N=99, 41.1%)
1. <confirmation questions> (N=8)	1. <reject> (N=3)	1. <identification question> (N=31)	1. <supply> (N=39)
2. <justify> (N=6)	2. <opine> (N=3)	2. <polarity question> (N=29)	2. <confirm> (N=15)
3. <opine> (N=5)	3. <accept> (N=2)	3. <acknowledge> (N=21)	3. <inform> (N=14)
4. <inform> (N=5)	4. <expand> (N=2)	4. <confirmation question> (N=17)	4. <expand> (N=8)
5. <action request> (N=3)	5. <imply> (N=2)	5. <action request> (N=8)	5. <comply> (N=4)
6. <offer> (N=3)	6. <agree> (N=1)	6. <query> (N=10)	6. <justify> (N=4)
7. <reject> (N=3)	7. <disagree> (N=1)	7. <inform> (N=5)	7. <identification question> (N=4)
8. <disagree> (N=3)	8. <justify> (N=1)	8. <disagree> (N=3)	8. <acknowledge> (N=3)
9. <acknowledge> (N=2)	9. <object> (N=1)	9. <confirm> (N=3)	9. <query> (N=2)
10. <expand> (N=2)	10. <confirmation question> (N=1)	10. <expand> (N=3)	10. <agree> (N=2)
11. <empathizer> (N=2)	11. <comply> (N=1)	11. <check> (N=2)	11. <confirmation question> (N=2)
12. <imply> (N=2)	12. <smoother> (N=1)	12. <justify> (N=2)	12. <opine> (N=1)
13. <polarity question> (N=1)		13. <object> (N=2)	13. <polarity question> (N=1)
14. <evaluate> (N=1)		14. <supply> (N=2)	
15. <agree> (N=1)		15. <alternative question> (N=1)	
16. <object> (N=1)		16. <permission request> (N=1)	
17. <uptake> (N=1)		17. <evaluate> (N=2)	
18. <metacomment> (N=1)		18. <opine> (N=1)	
19. <apology> (N=1)			
20. <closer> (N=1)			

In N1-FC9, 71 instances of speech acts are used, with N1 and FC9 using 73.2% and 26.8%, respectively. In N2-MC12, 241 instances are used, with N2 and MC12 using 58.9% and 41.1% respectively. This shows that compared to FC9 (26.8%), the male client MC12 (41.1%) produces a greater percentage of speech acts in the interaction with the nurse N2. MC12 is found to be more communicative and interactive than FC9.

In terms of the number of types of speech act, N1 (N=20) and N2 (N=18) are similar, and so are FC9 (N=12) and MC12 (N=13). When the two groups of speakers are compared, differences are observed. First, N1 and N2 use many more types of speech acts than the elderly clients, irrespective of the sex of the clients: 20 types by N1 versus 12 by FC9, and 18 types by N2 versus 13 by MC12 (Table 2). This shows that during the critical moments of interaction, the nurses perform many more speech functions, compared to the elderly

clients.

Second, when individual speech acts are examined, it is found that overall speaking, N1 and N2 use a lot more questions than the clients: N1 uses both <confirmation question> (N=8) and <polarity question> (N=1), constituting 17.3% of the total number of speech acts. Compared to N1, N2 is found to use both a greater variety and a much higher percentage of questions. N2 uses four types of questions: <identification question> (N=31), <polarity question> (N=29), <confirmation question> (N=17), and <alternative question> (N=1), constituting 54.9% of her overall use of speech acts. FC9 uses only <confirmation question> (N=1) in her interaction with N2; whereas MC12 uses three types of questions in his interaction with N2; they are <identification question> (N=4), <confirmation question> (N=2), and <polarity question> (N=1) (7.1%).

Third, interesting patterns are observed when common (Table 3) and distinct (Table 4) speech acts used by the nurses, as opposed to the clients, in the two interactions are analyzed.

Table 3. Types of speech acts used by both nurses and clients in the interactions

N1-FC9 interaction	N2-MC12 interaction
1. <confirmation question>	1. <identification question>
2. <justify>	2. <polarity question>
3. <opine>	3. <acknowledge>
4. <reject>	4. <confirmation question>
5. <disagree>	5. <query>
6. <expand>	6. <inform>
7. <imply>	7. <confirm>
8. <agree>	8. <expand>
9. <object>	9. <justify>
	10. <supply>
	11. <opine>

Table 3 shows that nine types of speech acts are used by both N1 and FC9 and eleven by both N2 and MC12. A comparison of the two interactions shows that only four speech acts are shared by the two interactions, namely <confirmation question>, <justify>, <opine> and <expand>. This indicates that irrespective of the sex of the elderly clients and the topics being discussed, the four speech acts are central to negotiation of meanings and relationships in the nurse-elderly client interactions.

Table 4. Types of speech acts unique to each interaction

N1	FC9	N2	MC12
1. <inform> (N=5)	1. <accept> (N=2)	1. <action request> (N=8)	1. <agree> (N=2)
2. <action request> (N=3)	2. <smoother> (N=1)	2. <disagree> (N=3)	
3. <offer> (N=3)		3. <check> (N=2)	
4. <acknowledge> (N=2)		4. <object> (N=2)	
5. <empathizer> (N=2)		5. <alternative question> (N=1)	
6. <polarity question> (N=1)		6. <permission request> (N=1)	
7. <evaluate> (N=1)		7. <evaluate> (N=2)	
8. <uptake> (N=1)			
9. <metacomment> (N=1)			
10. <apology> (N=1)			
11. <closer> (N=1)			

When distinct speech act types used by nurses and clients respectively are examined (Table 4), there are many more types used by nurses. The distinct speech acts identified are associated with the speakers' different communicative goals in the nurse-client interaction; for example, the nurse informs, makes action requests, offers "something for acceptance/rejection" (ibid: 39), disagrees, checks, i.e., "asks for clarification" (ibid: 39), and so on. Speech acts that are unique to clients are <comply>, <accept>, <agree> and <smoother> (i.e., "responds to an <apology>" (ibid: 40)). When the sex of the client becomes a focus, it is found that speech acts that are unique to FC9 are <accept> and <smoother>; whereas those to MC12 is only <agree>.

Further to the above analysis, another area for investigation is concerned with identifying the speech acts that are either shared by or unique to the nurse (Table 5) and client's use (Table 6), respectively. Table 5 compares the types of speech acts used by N1 and N2, showing both shared and unique ones.

Table 5. Shared and distinct speech acts used by N1 and N2

Speech acts shared by N1 and N2	Speech acts used only by N1, who interacted with a female elderly client	Speech acts used only by N2, who interacted with a male elderly client
1. <confirmation questions>	1. <offer> (N=3)	1. <polarity question> (N=29)
2. <justify>	2. <reject> (N=3)	2. <acknowledge> (N=21)
3. <opine>	3. <empathizer> (N=2)	3. <query> (N=10)
4. <inform>	4. <imply> (N=2)	4. <confirm> (N=3)
5. <action request>	5. <agree> (N=1)	5. <supply> (N=2)
6. <disagree>	6. <uptake> (N=1)	6. <alternative question> (N=1)
7. <acknowledge>	7. <metacomment> (N=1)	7. <permission request> (N=2)
8. <expand>	8. <apology> (N=1)	
9. <polarity question>	9. <closer> (N=1)	
10. <evaluate>		
11. <object>		

As shown in Table 5, it is noticeable that N2 when interacting with a male elderly client, compared to N1 who interacted with a female elderly client, uses relatively fewer unique speech acts (N=7) and uses some of them in very large numbers, specifically <polarity question> (N=29), <acknowledge> (N=21), and <query> (N=10).

Table 6 compares the types of speech acts used by the elderly clients, showing both shared and unique ones.

Table 6. Shared and distinct speech acts used by FC9 and MC12

Speech acts shared by FC9 and MC12	Speech acts used by FC9	Speech acts used by MC12
1. <opine>	1. <reject> (N=3)	1. <supply> (N=39)
2. <expand>	2. <accept> (N=2)	2. <confirm> (N=15)
3. <agree>	3. <imply> (N=2)	3. <inform> (N=14)
4. <justify>	4. <disagree> (N=1)	4. <identification question> (N=4)
5. <confirmation question>	5. <object> (N=1)	5. <acknowledge> (N=3)
6. <comply>	6. <smoother> (N=1)	6. <query> (N=2)
		7. <polarity question> (N=1)

The comparative results (Table 6) show that both FC9 and MC12 share some speech acts in their interactions with the female nurse. The results also show that FC9, compared to MC12, uses relatively negative speech acts, namely <reject>, i.e., "disagrees to a <request>, < suggest, etc.," <disagree>, i.e., "expresses disagreement," and <object>, i.e., "signals a different opinion" (ibid: 39). When answering N1's question, FC9 uses <imply>

("gives adequate information implicitly" (ibid: 115). Compare to FC9, when answering the nurse's questions, MC12 is more uncooperative. This is evident in his use of <supply> (N=30) "gives inadequate information" (ibid: 115). However, at other times during the interaction, he is co-operative in his use of <confirm> (N=15), i.e., "responds to a request for confirmation," and <inform> (N=14), i.e., "provides information" (ibid: 39).

Despite the very little spoken data that have been analyzed, the results have shown that comparing same-sex and different sex nurse-client interaction is a promising and worthwhile area for research. The speech acts employed by the elderly clients of different genders are shared in most of the instances but are different in others. The uncooperative type of answers given by the male elderly client, for instance, is particular useful to further examine in a large dataset.

7 Conclusion and implications

This preliminary speech act study is the first-step to a large-scale study of gender and discourse in face-to-face nurse-elderly client interactions, with a focus on the relative distribution of both speech act frequencies and types used to negotiate meanings, interpersonal relationships, and institutional roles and goals. The study has identified similarities and differences in the speech actions performed by the speakers and accounted for the findings by considering both institutional communicative purposes as well as communicative purposes that are unique to individual nurse-elderly client interactions.

Further studies, in addition to examining a much larger dataset, need to take greater account of context-specificity, namely physical, social, and linguistic context (Thomas, 1994), in the study of critical moments of interaction in the critical sites of engagement. It is envisaged that the results will inform the construction of a framework that combines the issues and concerns in specific local context of interaction embedded in the broader nurse-elderly consultation genre and the discursive and communicative strategies and linguistic devices respectively employed by professionals and clients. The framework will be useful for evaluating communicative effectiveness in nurse-elderly consultations, which will hence empower healthcare professionals, in Hong Kong and elsewhere, with an informed understanding of the contextual components and inter-related constructs in healthcare interactions. An informed understanding of this kind will be useful for practitioners in similar and related healthcare contexts to become much more effective communicators, bringing about an improved quality of life for the elderly and other types of clients.

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性别与交际：移动综合医疗中心的护士与病人间的交际模式

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[摘要] 本文涉及的研究是一个更大规模的研究项目的一部分，该研究项目考察在香港护士和年老病人间的交际活动。作为一项初步研究，本文探讨了女性护士和女性病人及女性护士和男性病人在交流过程中使用的言语行为的种类和相对频率，进而证实了把言语行为的使用情况视作策略性过程的展现方式进行考察，对于从香港和其他地方医疗保健交际活动这一更广阔的语境出发去理解性别和交际活动是非常有效的。

[关键词] 性别和交际；医疗保健交际活动；护士-病人间的交际行为；言语行为