

A Discursive Analysis of the Language of Hospital Receptionists: The Case of Some Hospitals in Yaounde

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Abstract

This research on the language used by hospital receptionists stems from the premise that many hospitals in Cameroon, though with well-trained personnel, still do not use language appropriately, especially when receiving patients. The conviction in this research is that, by examining the issue from the point of view of how receptionists talk to patients, some insights might be revealed as to why complaints persist despite improvements in the health care facilities. In this light, the main objective of this work is to investigate the discursive and linguistic strategies used in the hospital reception discourse in two well-selected hospitals in the capital city, Yaounde. Two methods are used in the collection of the data for this work; the use of recorded reception sessions and questionnaires. Discursive and linguistic strategies are noted as they are vital in shaping healthcare moods. This work is undertaken within the framework of Critical Discourse Analysis drawing especially from Teun van Dijk's Socio-Cognitive Approach which states that properties of language that can vary as a function of social power should be considered when analyzing language (Van Dijk, 2023). Discourse plays an essential part in medicine and medical discourse in the broadest sense has profound anthropological significance, as modes of social action, writing, and speaking help constitute medical institutions, curative practices, and relations of authority in and beyond particular healing encounters. Based on the analysis of the corpus under study, we realized that the manner or ways in which hospital receptionists use language is inappropriate, as seen from the discursive and linguistic strategies emanating from the data. The study also revealed the poor use of kinetics in communication and interaction. These findings led us to the conclusion that language used during receptionists-patients interaction in hospitals is the cause of the persistent complaints about how receptionists receive patients in hospitals. A change in the language during patient-nurse/doctor encounter at the receptionist level will boost healthcare processes and improve the healing situation in our hospitals.

Introduction

According to Abram (1997), every attempt to definitively say what language is has been subject to a curious limitation. This is because the only medium with which we can define language is language itself. We are therefore unable to circumscribe the whole of language within our definition. It may be best, then, to leave language undefined and to thus acknowledge its open-endedness, its mysteriousness. Nevertheless, by paying attention to this mystery, we may develop a conscious familiarity with it, a sense of its texture, habits, and sources of sustenance. Abram (ibid: 53) follows that the more prevalent view of language, at least since the scientific revolution, and still assumed in some manner by most linguists today, considers any language to be a set of arbitrary but conventionally agreed upon words, or "signs," linked by a purely formal system of syntactic and grammatical rules. In this view, language is somewhat

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like a code; it represents actual things and events in the perceived world. However, it has no internal, non-arbitrary connections to that world and is therefore readily separable from it.

Medical Discourse

Historically situated, medical discourse plays a role in cultural production and reproduction, and effective intervention in those practices requires insightful assessment of communicative practices in a sociocultural context. (Hodge et al., 1996) affirms that Speech, gestures, postures and other acts produce meaning in medical interaction. During the physical examination, patients constitute themselves as clinical objects, gazing away with apparent disregard while making their subjectivity a clinical resource. Medical teamwork is coordinated by talk and gestures, starting with the receptionists. Talk can elicit and coordinate physical activities, as when a receptionist or staff member tells a patient how he/she should act.

The prerequisite for developing effective interventions to improve communication in medical settings is an adequate understanding of site-particular communicative practices, including the linguistic genres and registers in use and ideologies of communication that shape these practices. Instances of medical discourse typically circulate to the extent that they are coherently structured. That is, their linguistic expressions and denotative meanings are memorably patterned.

Studies in medical discourse have contributed to broader anthropological projects, including the analysis of ideologies that empower some communicators and stigmatise others as pre-modern (Briggs, 2005). Rooted in close analysis of dyadic clinical encounters and other forms of medical discourse, recent studies trace interaction between globally circulating discourse forms and local traditions constituting medical relationships, broadly construed.

Motivation

Having observed that patients complain a lot about the health care services provided by some hospitals, I was prompted to carry out a comparative study of the health care services provided by two different hospitals; one being a public hospital, and the other a private hospital, at the level of the services offered by receptionists. In order to observe the various problems faced by patients when they visit the hospitals and, in the problems, faced by the receptionists which hinder them in providing good quality health care at their level, this research, there was a need to carry out this research. I was also motivated to carry out this research to obtain an academic certificate, which will enable me to further research in the language and health domain. Our motivation is on the language hospital receptionists use in communicating with patients in some hospitals in Yaounde.

Research Problem

Within the Cameroonian context, it has been observed that most of the hospitals which are well equipped, with well-trained doctors and nurses, still do not provide adequate healthcare services for their patients. Most of the time, the receptionists do not even know their role or how to receive patients, nor have a mastery of good communicative skills, which are important in improving patients' health. Most of the patients who visit the hospitals, most of the time, do not come with a stable mindset due to the psychological and physical trauma they are facing. They sometimes have different thoughts running through their minds, and at that point, getting information correctly and following instructions given is a big task which the receptionists need to accomplish by using the right choice of words and gestures at the right time and place. The language used by the receptionist does not help patients in carrying out what is demanded of them since the receptionist does not take note of the non-verbal elements of communication such as facial expressions, eye contact and gestures such as agitations made by patients. This work sets out to investigate why patients are disgruntled about the services offered by the receptionist, taking into consideration the language aspects.

Objectives

This work aims to investigate the language used by hospital receptionists, identify the inconsistencies in the various discourses uncovered in the data, examine the discourses, and analyse them from a critical discourse analytical perspective in relation to the communicative patterns obtained in the data.

We will equally identify and analyse the different linguistic strategies used in the data. This will show the importance of linguistic strategies in communication, and when used inappropriately, they can lead to misunderstandings and disputes between the parties involved.

Scope

This work is limited to two hospitals in Yaoundé: a state-owned and an institutional-owned hospital. The data collected are obtained from one-on-one interview sessions with the patients and the receptionist on the other side, questionnaires, observations, and confrontations between the patients and the receptionist. We limit the research to the Gynaecological and Obstetric hospital and the Presbyterian Health Complex in Yaoundé. This study generally falls under the sociolinguistic field of study, especially in discourse analysis. Therefore, the scope of this study can be identified as language in context, especially in discourse analysis. It explores linguistic forms and choices that are directly or indirectly used by receptionists in private and state hospitals to convey information or instructions to their patients or on how to make them feel at ease in the hospital environment. The hospitals are geographically located in an accessible area where an influx of patients is worth noting. This study is situated within the domain of sociolinguistics and limited to the subdomain of medical discourse, which is further limited to the language of hospital receptionists.

Framework for Analysis

Being critical to the successful use of the method by an experienced researcher, the framework analysis methodology approach allows researchers to ensure that they handle the data according to predetermined procedures. It is a set of codes organised into categories jointly developed by researchers involved in analysis that can be used to manage and organise the data. The framework creates a new structure for the data (rather than the full original accounts given by participants) that is helpful to summarise/reduce the data in a way that can support answering the research question. It is also considered a systematic and flexible approach to analysing qualitative data. It is appropriate for use in research terms, even where not all members have previous qualitative research experience. (Nicole K. et al., 2013). Also considered as a panacea for problematic issues commonly associated with qualitative data analysis (Richard Y. et al., 1995)

Within the overall framework of critical discourse analysis (CDA) studies, the socio-cognitive approach (SCA), developed by Teun A. van Dijk 2014a, b, 2015a, 2018), focuses on the cognitive aspects of discourse production and comprehension. Van Dijk posits that there are no linear correspondences between discourse structures and social structures but discourses function through a cognitive interface; the mental representative of language users as individuals and as social members as he points out, although discourse is socially conditioned and impacts upon the functioning of the society, the formulation and interpretation of discourse is the aggregate function of the participants' underlying cognitive processes, personal and socially shared knowledge.

Methodology

This study relies on a single framework because of its focus on the aspect of language in use. This work uses a case study research design, a form of quantitative and qualitative descriptive research design. The data were carefully selected from conversation recordings between receptionists and patients and questionnaires. In order to ensure the

validity of our study, recorded data from the discussions or conversations the receptionist had with patients in the two hospitals under study were recorded within three months. The design choice is justified because it deals with quantitative and qualitative data. The design aims to find out about what occurs in these hospitals and in particular, about the aspect of way they make use of language.

The data was collected in 2023, within a period of three months (from July to September). The data were collected during the day and the night, with the day period as a significant source of data collection due to the influx of patients during that period. About 97% of the data was collected during that period. The data was collected from the different sections of the hospitals, and it was on a one-on-one basis where patients could pour out their feelings and worries about the various services, not just at the level of the receptionists, but even about other aspects they were not satisfied with. The participants were mothers, fathers, young men and women aged 15 to 80 who came to the hospital because they were sick or visiting a patient to inquire about other issues. The discussions were done at random based on the patient's willingness to interact.

For this research, the data comprises audio recordings of discussions between receptionists and patients at various levels, including questionnaires and observation during a two-month intensive session in the two hospitals under study. The data is analysed both qualitatively and quantitatively. A qualitative analysis is carried out to investigate the linguistic and discursive strategies used when receptionists interact with patients in the hospitals under study to discover the loopholes in how they use language and how they use it to interact with the patients. The quantitative analysis is used to quantify and interpret the utterance and the acts they perform, and also to investigate the various levels of discourse at which language is used when interacting with patients.

The primary data for this work is in English and French, which happen to be the country's official languages, as well as Pidgin, which is a lingua franca in Cameroon. These languages happen to be the official working languages of the hospitals because the hospitals welcome patients who speak either English, French, or Pidgin English daily (Kouega, 2007).

Discourse Identification and Naming

The various discourses obtained from the primary and secondary data will be analysed using some linguistic components. Discourses do not just reflect or represent social entities and relations; they construct or constitute them. Different discourses constitute key entities in different ways and position people in different ways as social subjects (patients, receptionists), and discourse analysis focuses on these social effects of discourse. The discourses used are identified through linguistic traces, vocabulary, phrases, and clauses found in the data.

Discourse of Impatience

Worthy of note in the ethics of health workers is an essential characteristic known as patience. The noun "patience" is the capacity to accept or tolerate delay, problems, and suffering without annoyance or anxiety (Oxford Advanced Learner's Dictionary; 7th edition). Health workers are to exercise patience beyond the patients' physical eyes. This is important because it creates an environment where patients can freely express themselves without fear or guilt. It creates an environment built on trust and the freedom of expression. You cannot be able to help someone without listening to what they have to say, which is why it is an essential factor at the level of medical discourse. Impatience is one of the named discourses highlighted in the data collected. Just one example from the data collected will be used for this analysis.

R: 12, 12....13....14...15...I deh call all this number now, no man no wan answer small tim you go see as them go slop for front we start deh tok foolish weh man don fes tire finish (talking to a colleague beside)

R1: **I no fes get me that kind time for waste.** If a call yah nam or numba one tim you no answer, I just pass the tin if you like you bi na big mami that one no concern me. Them no fes know how stress deh for this tin weh man deh do here say wor ... **I no fit jus wait make dem transfer me comot for this useless place man deh shidon every day...I don tire mi** (speaking with an angry face) (aside;patient asking another patient if her number has been called)

P: a salute ma. U don call ma numba, a bi go deh for dat cona deh ansah some call (pointing at the direction)

R: woana see how wona deh mak man deh vex hala wona nor... before a wan stat call numba nobi a tok for here say make anyman put ear for ground so make wok waka quick quick? **A don pass you numba since and a no dh go back for deh ma** (continue calling other numbers)

Discourse is identified through linguistic traces, which can be a word, a phrase, a clause or a sentence. The linguistic trace that shows impatience is the clause **“I no fit jus wait for comot for this useless place”** [*I cannot wait to leave this useless place*]. This clause reveals the degree of impatience and carefree attitude that the receptionists portray when dealing with patients in the hospital. To them, the area of work they are in is considered as nothing, “useless”, so they can do whatever they deem fit to do or how to receive the patients.

The next linguistic trace identified is the use of the negative auxiliary **“do not have such time to waste,”** which is used in this discourse. **Waste time is a verbal phrase that indicates that time is used in an unproductive manner. This shows the receptionists' lack of patience in dealing with patients when they visit the hospital.**

The Discourse of Inattentiveness

Inattentiveness, as defined by Nigg (2011), is the difficulty in concentrating and focusing, getting distracted, and having poor concentration and organisational skills. This notion stems from the viewpoint that most patients, as well as receptionists themselves, sometimes forget why they are there. Let us examine the following example.

P: Liboudi....yes after nkolbisson (interruption) chairman...na you take this piikin ei card, you hear tin weh ei tok...ei say na you don orientate ei badly... mal...na so ei tok for hear.

R2: You call that number?

R1: I don callam for deh woside ei deh...then ei deh tok say na you indicate for ei poorly.....mah tok make you hear tin weh ei deh tokam....na ur pikin nor

R2: They had called that number even the name since.....Why did you not answer?

P: I was here and I asked they said they did not hear my number

R1: I called more than two times and I even had to call from the other side. You did not hear but the man beside you tapped you but since you had an earphone, you did not know him, you chose to ignore him ...

Being inattentive sometimes leads to the patient becoming disgruntled and unable to see the positive side of the services being offered, which sometimes leads to verbal disputes between the two parties.

Discourse of Repetition

This discourse arises when the receptionists try to be on the same information line as the patients. He or she turns to reiterate certain information for emphasis because of its importance, to get the exact information from the patients. It also serves as a source of consciousness for the patients to rethink the information they give. Most patients sometimes fill out the forms given to them, which concern some vital information, and they sometimes give out incorrect information. The receptionist, on her part, has to take this form and key in the information in the machine, and by so

doing, she has to make sure that the information she is keying in is the correct information given by the patients. She/he turns to say or read out this information several times in the hearing of the patient or caregiver. This aspect can be seen in the dialogue between the receptionists and the patient

R: Tankou.....Tankou.....number 18.... (background noise)

P: Sorry, the noise was too much I could not hear you

R: Are you not those making such noise?...

...

R: when were you born and where?

P: 1972 in Garoua

R: you say 1972 in Garoua?

P: yes

R: where do you leave currently... I mean which quarter do you leave in and who can we contact in an emergency?

P: I leave in Sa'a. I just came for my appointment with the doctor and I leave alone but I have my neighbor who helps in taking care of me sometimes the one on that paper

R: you say Sa'a.....?? And the neighbour's name is Jackline?

P: yes Jackline

R: OK. Take your card... This is yours... (handing a paper over)

The above dialogue shows that though the patient has filled out the form with his/her vital information, it is said not to be enough, as writing sometimes may be distorted by other thoughts in the patient's mind while giving out information. The receptionist has to ask again or reiterate some of the information to ensure it is valid before saving it in the machine. **P: 1972 in Garoua..... R: you say 1972 in Garoua?** Repetition and interrogation are the linguistic elements used in achieving this objective.

Gendered Discourse

There are times when patients of the opposite sex confront receptionists in the way they receive patients or act in front of patients. Sometimes gender role attributes are brought out either to vindicate or accuse. Most male patients feel comfortable talking about their worries to male receptionists, while this is not the same for female patients. They prefer having male receptionists attend to them rather than female receptionists. This is because they feel that female receptionists who suffer from low self-esteem always tend to transfer their fears and failures to the female patients, especially if they notice that they are better off in one way or the other. This therefore hinders or turns to act on the way they receive their female patients, they extend it and become bitter to other women without minding who they are.

P: good morning.....good morning.....madam I am greeting you at least reply the greetings nahh

R: asayh ehheh.....na by force for answer your salute.....abeg.....A take God name beg you, ei too early for start add to my stress...wetin you want?

P:hmmm... I do sometin bad for greet you? Or na mi don make you vex dis morning before you leave you house....a beg any man get ei problem but no carry your own deh come vex with pople weh no know wetin deg happen. If you nobi wan work today, you for better shidon for house

R: madam wetin you want? Or them send you for mi this morning?

P: What a bad way to talk to someone....yeusshhhh (walks to the next receptionist who happens to be a male) good morning Sah

RI: good morning, madam (with a smile) how can I be of help?

P: I am here to see a gynecologist... don't know if they work today.

R: let me check (looking in the computer) ... yes you have Dr. Mbu and Dr. Chu

P: Thank God. I will like to see Dr. Mbu please.

R: OK. You will have [...]

P: thank you very much for this information. I **almost went back home because of the way your colleague spoke to me.** She is so disrespectful and ill-mannered. She does not know how to talk to patients or **maybe she did that because I am a woman like her I don't know.** She has attended to two male patients while I was standing here and watching. **She did not talk to them like the way she spoke to me.**

R: You are welcome

Gender roles are generally neither positive nor negative; they are inaccurate generalisations of female attributes since each person has individual desires, thoughts, feelings and emotions they go through and learning how to deal with them regardless of their gender is a call for concern. From the dialogue above, it is evident that the female receptionist does not know how to deal with her emotions and feelings, which hamper her job, and her choice of words is not the best for a person serving people of diverse origins. Her action is said to bring about the issues of gender roles in communication. In the phrases **“assay hehhh...na by force for answer your salute (looking at her phone) ... na beg...I take God name beg you, ei too early for start add my stress...wetin you want...madam wetin you want or them send you for me this morning.”** It reveals the lack of language skills in dealing with and attending to patients. The exclamation **“hhmmmm”** by the patient reveals a sense of disbelief in the reply she gets from the receptionists. Someone she thinks should even be the first to welcome her in the hospital.

Other Discourses

The other discourses will be summarised in the following table. The linguistic traces will be mentioned, as well as examples of excerpts showing the discourses.

Discourse Identified	Linguistic traces and examples
The discourse of negligence (Failing to take proper care in doing something)	Using adverbs of time and frequency for reminders. R2: (to R1) I don't like what you do sometimes. What was there in checking the tests you registered for, and you always do this? You are lucky she had not paid for that test...the last time you did, and we had to help you pay for the extra tests you made that man pay for, which almost made you lose your job. Still, you have not learned your lesson.
Derelict Discourse (Failing to fulfil one's obligations or duties)	The use of sarcasm: R:stuipp... answer nor.... i don't have the whole day just for you. P: I dong deh show you ma card since you de na only for your phone...how you want make a do saah? Who na no know say wona shoulder people them live ehh

Stigmatisation and Negligence	The use of negative markers to show contempt <i>R: (receptionists gossiping) humm...have you seen that woman mah mah.....she has a very big wound on her leg.....I'm sure Doc. will not even touch it....He will send but those students.... You know him</i> <i>R1) that's what he always does and I hate it.....I feel sorry for the patients sometimes but me...I can't get involved ohh ... he behaves as if they forced him to be a doctor...if he sees them, you will see the way he will keep that his ugly face</i>
Frustration and Intolerance	The use of predicative adjectives to show disdain <i>R1: I no fes get me that kind time for waste. If a call yah name or number one time you no answer, I just pass the ting if you like you bi na big mami that one no concern me. Them no fes know how stress deh for this tin weh man deh do here say work... I no fit just wait make dem transfer me comot for this useless place man deh shidon every day...I don tire mi (with disdain on the face)</i>

Linguistic Strategies

Language plays a significant role in health care delivery and mediates people's experiences and beliefs about health care and its services. Linguistic strategies are how speakers manipulate the linguistic content of their speech for their purpose. Linguists build on the macro-sociologist notion of the group, status, role and social function in discussing social norms in language usage. Understanding presupposes attracting and sustaining others' attention in a conversation, which is only possible with the right choice of words. We will be looking at the linguistic strategies used in the data under study.

Modal Auxiliaries as a politeness strategy

Modal verbs are auxiliary verbs that express necessity, possibility, permission, willingness, obligation, or ability. Some modal auxiliary verbs show the politeness in tone that some patients have when they approach the receptionists.

P: Hello. **Could you recheck this?** I was at the cashier for the doctor's prescribed tests, which I know will not be more than 50 thousand, and I am surprised they are telling me it is sixty-five thousand. I do not understand.

The linguistic strategy brought out here is the use of the modal auxiliary. This is achieved through 'could,' which is used as a politeness strategy to show how the patients address receptionists when they address them. Politeness is also a source of encouragement, as the right choice of words sometimes boosts the confidence and morale of the patients, thereby reducing their frustration and anger.

The Use of Indirect Questioning

Questioning is used here as a linguistic strategy of politeness. It is one of the significant forms of interpersonal interaction and communication. Questioning sets the pace and sometimes directs the moods of communication and interaction. The data under study uses indirect questions as a form of politeness strategy.

R2: hello Ma.... **Can I have the paper?** Come over (patient hands in the paper while talking to the other receptionists) take...it has been corrected...you can pay (patient goes to pay).

The indirect questioning in the data is a source of politeness and comfort. After having been ill-treated by receptionist number 1(R1), the patient is called by R2 to help solve the patient's problem.

Kinesics (Body Language)

Body language is an important aspect in verbal as well as non-verbal communication. This enables the speakers to know if the topic of discussion is found interesting by the listener or if the receiver is comfortable with the topic under discussion. It also creates a sense of connection. Body language refers to gestures, facial expressions and postures of a person. Non-verbal behaviours (body language) can allow people to be at ease, build trust, connect people easily with others, as well as they can generate tension, and create uncomfortable environments for communication to take place. Receptionists while interacting with patients have to look at the positive sights of somebody language features in order to create a sense of understanding and connection or to be able to create trust and take away all levels of anxiety from the patients but this is not the case as most receptionist lack the understanding of the role body language has in communication. How we say it is more important than what we say. Body language can make or break the interaction. It can represent respect, empathy, and so much more.

R1: I no fes get me that kind time for waste. [...] I don tire me (**looking at a patient with an angry face**) (aside; patient asking another patient if her number has been called)

*[...I am tired (**looking at a patient with an angry face**) (aside: patient asking another patient if her number has been called)]*

The above is an example of the body language feature used in the data. The receptionists believe that all patients are the same and should be treated irrespective of the problem that brings them to the hospital, and they see no remorse in taking poorly to the patients. Smiling, they say, is a thousand words left unspoken, and smiles help build trust, create a sense of belonging, and renew hope in others. Most of the receptionists lack respect and therefore care less about their body language or the body language of the patient, who sometimes, due to pain and trauma, finds it difficult to communicate verbally.

Sighs and Murmurs

Emotions can be expressed in different ways, and the expression of these emotions is also considered part of language called paralanguage. People sometimes sigh or murmur when frustrated, in despair, or sad. Murmuring and sighing in communication is seen as disrespectful, especially if the speaker is older than the receiver. It also portrays a negative view of the person who commits the act. Receptionists tend to murmur and sigh, especially if they ask for clarification more than once.

*R1: heyyyy... Don't shout on my head I beg you. Why are you making like a saint? As if you have never made an error while keying in information merrdddee...you people should stop doing this...did you not hear the way the woman was talking to me? I did not see the writing very well and I registered what I saw. How was it my problem? (**Murmuring.**)*

*R: **stuiipp**... answer nor... I don't have the whole day just for you (looking at the patient with contempt)*

The data is obtained from two different discourses by different receptionists. The first example happens to be between two receptionists. R1 yells at R for pointing out what she did to the patient, which R sees as bad conduct and poor comportment in dealing with patients. However, R1 does not see the need for R to talk to her in that manner since she considers the act trivial. This leads to her getting angry and talking to herself by **murmuring**.

Sighing here is an end product of disappointment, frustration and intolerance as receptionists find the presence of patients in front of them annoying and a waste of their time, especially if they feel tired or are about to take a break. 'Stuipp' here, which is a sigh of frustration, is seen in the way the receptionist demands information from the patient who happens to be standing in front of her. Her facial expression and comportment while talking to this patient reveal her frustration while attending to patients. Sighing in the above data also reveals the level of disrespect that some receptionists have towards their patients, which sometimes affects the psychology and self-esteem of the patients.

Exclamations

The next linguistic aspect we will be looking at is the use of exclamations. A narrowly defined exclamation is a sentence type used to express a strong emotional state. It contrasts syntax or morphology with other sentence types, typically expressing statements, commands, and questions (Eugene et al., 2003). Most of the time, the patients use it to show consternation, dissatisfaction or shock when they listen or sometimes observe how receptionists treat or respond to patients.

R: a say eeehhna by force for answer your salute.....a begI take God name beg you,ei too early for start add to my stress...wetin you want?

P: hmmmI do something bad for greet you? Or na mi don make you vex dis morning before you leave you housea beg [...]

R: **Stuipp**... answer nor....I don't have the whole day just for you.

R: (receptionists gossiping) hhhmm...weeehhh have you seen that woman mahh mmaaahhshe has a very big wound on her leg.....I'm sure Doc. will not even touch it....He will send but those studentsYou know him

The receptionist's first exclamation, "a say eh" (loosely translated as "what!"), indicates her attitude towards her patients. To her, the patients' greeting is not important, and she says it adds to her stress and disturbs her. It is important to note that greetings create room for conversation and a subtle atmosphere for interaction.

The second exclamation, 'hhmmm,' reveals the patient's shock at the receptionist's reply, just because she greeted her. She believes that the receptionist's bad mood should not be a reason for her to lash out at people who have nothing to do with what she is going through and how she feels.

The receptionist's third exclamation, 'stuipp,' reveals her frustration and intolerance towards her job. Scolding patients as if they were children reveals her arrogant and disrespectful attitude toward them. This also reveals the receptionist's laziness in administering her duties.

The fourth exclamation hhhmm weehh..... mahh mmaaahh made by the receptionists reveals the level of shock and compassion he has for the patient who has a big wound on the leg and feels sad because the doctor who is supposed to attend to patients with all forms of problems selects the ones to attend to. The one who does not appeal to his conscience is given to the medical doctors on internship, who sometimes do a 'trial and error method' of healing, since they are still learning the best way to provide proper care for the patients by the senior doctors who have been doing so for several years. This indicates some levels of discrimination that patients go through or face in the hospital due to the health challenges they have. This is not caused by the receptionists only, but a good number of such cases are caused by the medical practitioners towards their patients.

Conclusion

Based on the analysis made from the data under study, it is evident that receptionists do not have communicative competencies or discourse competencies, especially when receiving patients in the hospital. This assertion stems from the discourse naming, which tables and pie charts have backed. We have looked at the discourse naming at different

levels to understand better what they are all about. Also, we looked at the linguistic strategies used in the data to show how the receptionists manipulate words and the effects of the language on the patients.

This study has examined the use of language by hospital receptionists in some hospitals in Yaounde. Some discourses and linguistic strategies that emanated from the data were brought out and analysed. It also presented the discourses based on the frequency of distribution on tables and charts to ease the data clarification. The analysis of the discourses and linguistic strategies revealed that receptionists are aware of patients' complaints based on the language used and the choice of words. However, this blame can be shared to a lesser extent with the patients as they sometimes cause any dissatisfaction they might complain about due to their inattentiveness and a host of other factors put together, as revealed in the corpus. The receptionists sometimes forget about their important role in the patients' health, especially when they visit the hospital for whatever reason. Consequently, the study uncovers that language also happens to be a barrier to the level of satisfaction these patients and the receptionists might have in dealing with the patients.

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