Impoliteness in Hospitals: A Study of Five Government Hospitals in Anioma, Delta State, Nigeria

Success Ifeyinwa Asuzu & Prof. Ngozi Ezenwa Ohaeto
Department of English and Literature
Nnamdi Azikiwe University, Awka
Email: ifeyinwais82@gmail.com.

Abstract
Impoliteness is the selection and use of linguistic acts which are considered inappropriate, uncivil and rude. Nevertheless, it is an important discourse in language studies. This paper therefore, examines impoliteness in General Out-Patient department (GOPD) in five government–owned hospital in Anioma, Delta state. The aim is to investigate the popular patients' claim that hospital personnel at the GOPD are extremely impolite and also to examine how patients respond to impoliteness. Questionnaire was used to elicit data from patients. Premising the study on Culpeper (1996) impoliteness theory, Bousefield (2008) impoliteness response classification was adopted as theoretical insight. The paper utilizes simple percentage method that was computed by the authors to analyze data from 240 patients and the results were presented in tables and graphs. The study finds that hospital personnel at the registry are not as extremely impolite as claimed by patient. The study also finds that patient use offensive and defensive counter responses mostly when they perceive that personnel in medical record department (GOPD) are impolite to them.
Keywords: Extreme, offensive, defensive, uncivil, Anioma, GOPD

Introduction
Language is the human–specific means of communication. All human experiences are interpreted through language. Fischer (2001:11) explains that language "signals where we come from, what we espouse, to whom we belong; it invests our individual, gender or ethnic franchise; it authorizes our pilgrimage through societies; it signals to others, what we want and how we intend to achieve it". No doubt, language remains the most powerful tool of communication. Ugoji (2011:69) declares that "language is the soul and life blood of communication". The entire human race depends on language. Fromkin et al (2011:284) says that "the possession of language, perhaps distinguishes humans from other... to understand our humanity; one must understand the nature of language that makes us human". Language is the most important facilitator in the hospital. All the processes of health and care are realized through language. Language is essential for providing satisfactory/dissatisfactory health care. Hence, language plays a powerful role in human existence and in hospital interactions. Language has several behaviours, which include: politeness and impoliteness. Impoliteness is a cover term for such behavior as; uncivil, rude, negative. It is believed that the study of impoliteness is necessary because it is an important social phenomenon.

Impoliteness is one of the features of human interactional engagements. It sparks up negative feelings. It embarrasses and makes the target uncomfortable. Lakoff (1989:103), considers rude behavior as a behavior that is impolite. In this study, rudeness and impoliteness will be used interchangeable. Bousfield (2008:72) states that impoliteness is the "evil twin" of politeness, noting that: "impoliteness constitutes the communication of intentionally gratuitous and conflictive verbal face-threatening acts (FTAs) which are purposefully delivered". She confirms that "rude behaviour does not utilize politeness strategies where they would be expected, in such a way that the utterance can only almost plausibly be interpreted as intentionally and negatively confrontational".

Prior to Culpeper's (1996) study on impoliteness, earlier works on 'face' management in interactional discourse have been on politeness even though, both politeness as well as impoliteness are language behaviours and are both tied to the notion of 'face' While politeness is a face saving act, impoliteness is a face threatening act. For example, a behaviour where a speaker openly insults the hearer and the hearer interprets it as such. The hearer having been acted to impolitely, may react to such impolite behavior through protest, resistant, ignoring or even paralanguage forms as; hardening of face or repeated clapping of hands. In other words, before impoliteness is said to be successful, the intention

of the speaker to hurt or aggravate must be clearly understood by the hearer. A hearer's understanding that a behaviour is rude is seen in their responses to impoliteness. Perhaps, this behavior is noticeable in the hospital and between patients and hospital personnel in GOPD. They include; the staff in charge of patient's registration, the cleaners who clean the reception and ensures it is always neat and sometimes the health assistants who assist in moving patients' files to the nursing sections and of course, the patients who are the clients.

Patients are persons who visit the hospital any time they feel the need for medical attention. They approach the hospital with the mind of finding a solution to their health challenges. To get medical attention, patient is first registered. Those who are already registered, in the hospital they wish to use, go there with their registration card. On presentation of cards to the persona in the registration unit, the patient record is sourced for and patient information is forwarded to the nurse who further prepares the patient to meet with the doctor. It is also at the point that patients who are using the hospital for the first time are registered; their names, addresses, gender, birth dates, identification, contact information are all collected, they are properly registered before they can access the facilities of the hospital. The procedure for registering a patient is straight forward with language bearing the entire burden of registration process.

Understanding how patients perceive and respond to language behavior is essential in comprehending their overall health and care experiences. Pearson (2003:321) points out that patients are the ultimate judges of whether customer service interactions, including healthcare interactions, are satisfactory. When patients interact with staff at the point of registration, their reactions can indicate satisfaction or dissatisfaction. These feelings of satisfaction or dissatisfaction often stem from the verbal, nonverbal or a combination of both forms of communication. Silverman et al. (2005) stress the significance of researching communication within the hospital setting, as the quality of communication can impact patients' health education, satisfaction with care, and overall well-being. This lends credence to the general belief that health is encompassing. The handling of health does not rest in the hands of the health givers only. Hence, the sociologist, herbalist, anthropologist as well as linguists who now have greater interest in issues of health and care. Irrespective of the fact that impoliteness can deter good hospital care process, patient complain that staff in GOPD are overwhelmingly impolite. This has attracted the attention of the researchers to study impoliteness in five government owned hospitals, in Anioma speaking area of Delta State.

There are many hospitals where the researchesr could have done the investigation but since the research is limited to five government hospitals, the researchers has decided to carry out the research in Asaba specialist hospital, General hospital, Okwe, General hospital, Ogwashi-uku, Obiaruku general hospital and Central hospital, Agbor. The hospitals were chosen for even representation as they were selected from different axis: North, South, West and East axis of Delta North. General hospital Obiaruku, for instance is located in a boundary town between the Ukwuani and the Urhobo speaking Deltans and also General hospital, Okwe is located close to a boundary town between Delta state and Anambra state for this influences more people use the hospitals. Besides, the researchers' ability to understand and speak the languages (Ukwani, Igbo and Ika) of the people where the hospitals are domicile created an easy flow of communication with the respondents.

All the hospitals chosen: Central hospital, Agbor (1947). Obiaruku General hospital (1969). General hospital, Ogwashi-uku (1985). General hospital, Okwe (2001) besides ASH are foremost government hospitals in their domicile area. These hospitals have patients and nurses from different parts of the state. The locations of the hospitals make them accessible to the aged who with little or no assistant can access the hospital for their health care. Majority of the populace both old and young use the facilities in these hospitals. In addition, the choice of ASH even though not a foremost hospital is necessitated because the hospital is rated one of the best in Delta state in terms of staff strength, facilities and mode of operation. ASH was established in 2019 and it is located in a core area of the capital city of Asaba. It is a standard hospital yet relatively affordable to the poor hence the poor and rich access its facility. Patients who depict the language behavior in Delta State use ASH unlike the private hospitals where mostly the elites and the rich can access.

Finally, the selection from urban and rural areas is intended to give the study some level of balance. The mixture of old and new hospitals, urban and rural hospitals will give the research a leading and current position over the private hospitals. Besides, examining impoliteness in the five hospitals gave the researcher the opportunity to mirror the polite behaviours in the hospitals. The researchers therefore belief that the hospital chosen will serve the research purpose as it will provide the required population. It is hoped that findings from this study will help those who claim and peddle the news that staff at medical record's unit are extremely rude, see the verified result to their claim and also make the staff know the best way to respond to patients impolite behaviours in order to curtail patients' complains.

Statement of Research Problem

Extreme impoliteness and the subsequent reactions in General out-patient unit in government hospitals is the problem of this study. Patients complain that nurses in government owned hospitals in Asaba, Delta state are highly rude, and lack empathy, although this can be judged as a perception. However, patients have noticed and interpreted what their senses told them. They feel hurt, they complain and as a consequence, they have created a meaningful picture to their claim. Nevertheless, many researches are yet to ascertain this claim, which is the gap this study intends to fill.

Purpose of the Study

The aim of the study is to evaluate the extent of staff impoliteness and how patients respond or react to perceived impoliteness at the GOPD, in Asaba Specialist hospital (ASH), General hospital, Okwe, General hospital, Ogwashi-uku, Obiaruku general hospital, Central hospital Agbor

Language and Interactional Pattern in South –South Hospitals

Interactions within the hospital setting involve the use of a shared language that is understood by all participants. Heritage (1997) explains that in institutional encounters, individuals utilize specific linguistic and interactional resources that are appropriate to the situation and aligned with the participants' language abilities. In hospitals located in Delta State, South-South Nigeria, various languages are employed, including Standard English, Nigerian English, Nigerian Pidgin, and local languages like Anioma and Urhobo, among others. These languages and dialects can be used exclusively or in combination, depending on the local interactional context. Code-mixing and code-switching are also employed by the participants based on the requirements of the situation and the individuals involved. In most cases, during nurse-patient consultative meetings, the nurse takes the lead in determining the language of interaction for each encounter.

Linguistic choices, particularly when doctors opt for English, are often based on the perceived approach or appearance of individual clients. However, these judgments can be mistaken, leading nurses to need to correct the chosen language. For instance, a client who may appear illiterate might actually be a professor, while someone who appears literate could be a village farmer with no knowledge of English. It is important to note that the hospitals selected for this study serve as meeting places for individuals from diverse linguistic, ethnic, religious, and social backgrounds. Asaba Specialist Hospital is located in an environment characterized by a rich linguistic diversity, encompassing the Anioma (Igbo, Agbor, Ukwuani) and Urhobo people of the South-South region of Nigeria. On the other hand, General Hospital in Okwe is situated in a border town between two states, Delta and Anambra. Therefore, participants in these hospitals may use any of the native languages spoken by the local population, as well as English, Pidgin, or a combination of these languages.

Theoretical Framework

The primary purpose of this study is to investigate the frequency of hospital staff impolite behavior and patient's responses to the impolite behaviours. This study motivation is the theoretical perspectives of Derek Bousfield (2008) categorization of impoliteness responses, which has its footing on Culpeper's (1996) impoliteness theory. Culpeper and Bousefield belongs to different models of politeness. The former belongs to the classic, traditional or first wave politeness while the latter the discursive or postmodern politeness approaches. The classic model focuses on the specific means by of realization of the super strategies while the discursive model centres on a model which has its basis on empirical evidence.

Bousefield (2008) sees impoliteness as: "the intentional communication of gratuitously confrontational and conflict-inducing verbal acts that threaten someone's dignity. Impoliteness occurs when the speaker communicates face-attack intentionally and the hearer perceives the behaviour and responds". Bousefield's second wave approaches centeres around a specific perspective on social interaction in which politeness or impoliteness could be understood. The emphasis is on how ordinary people's own conceptions of impoliteness are revealed in their discourse, rather than fitting them into academic frameworks. Bousefield (2008:3) highlights that impoliteness is constructed through the dynamics of interaction and that the very concept of impoliteness and its definition are subject to discursive struggle.

Bousfield expands on Culpeper's Impoliteness theory and aims to demonstrate how impoliteness could be countered, controlled, and managed within the context of discourse, particularly interactive spoken discourse. He argues that for impoliteness to be considered successful, it must be understood by the recipient. He identifies and classifies impoliteness response option. The recipient has the choice to accept or counter impoliteness. Countering impoliteness are in two ways; offensive counter- response and defensive counter-response. Offensive strategies involve responding to a face attack with another face attack, such as yelling back when the speaker yells at the hearer. Defensive strategies, on the other hand, involve defending one's own face, for example, by making a joke or providing an explanation. Accepting a face attack could involve apologizing or showing agreement Accepting the face attack could sometimes be the most successful strategy. Although, it might also indicate that the hearer didn't hear or understand what the speaker said.
Bousfield highlights five ways to terminate a conflict: submission to the opponent, dominant third-party intervention, compromise, stand-off, and withdrawal. Submission means accepting the opponent's position, dominant third-party intervention involves a third person intervening and resolving the conflict, compromise entails negotiation between the opponents, stand-off occurs when neither party agrees to submit or compromise, and withdrawal involves both opponents leaving the conflictive situation.
Bousfield also notes that impoliteness does not occur in isolation but is triggered by antecedent events. He identified three stages of impolite occurrences: preparing for impoliteness or pre-impoliteness, where utterances function as a prelude to impoliteness; impoliteness strategies involving criticism, hindrance/blocking, enforcing role shift, and challenge; and different levels of complexity in impoliteness utterances, ranging from simple to middle to complex. Complex impoliteness involves repeated realization of utterances, where certain features like words, phrases, or grammatical structures are used repeatedly. Impolite utterance endings can also include forcing feedback, intensifying the impact of the face attack.

Literature Review

Since the introduction of the term impoliteness, many studies have been conducted to explore this phenomenon. Research on impoliteness and responses to impolite behaviour covers a wide range of areas in medical field both in Nigeria and across the globe.

Ojwang, Ogutu and Matu (2010) explored impoliteness among nurses and patients in a Kenyan hospital. to investigate the impoliteness exhibited by nurses towards patients. Drawing on Culpeper's impoliteness theory, the researchers collected natural conversations as data for their study. They found that the nurses' impolite utterances do not only indicate "rudeness," but also a violation of patients' dignity, which hinders "broader human rights such as the right to autonomy, free expression, self-determination, information, personalized attention, and non-discrimination". The study also revealed that patients were primarily concerned with preserving their own dignity as well as the nurses' dignity. Although this study focused on nurses' impoliteness and did not address patients' impoliteness, it shares similarities with the present study, as both explore nurses' impoliteness in a hospital setting, albeit in different cultural contexts.

Odebunmi (2013) examined greetings and politeness in doctor-patient encounters to unpack the discursive elements that characterize interactive confluence and divergence in selected hospitals. Data for the study were drawn from the natural occurring conversations of doctors and patients who speak

the Yoruba language in selected Southwestern Nigerian hospitals. Using Leech's (1983) politeness maxims and Brown and Levinson's (1987) face work as theoretical underpinnings, the study discovered that institutional and cultural (dis)alignments occur in respect of adjacency and non-adjacency pair greetings where adjacency pair greetings attract mutual interpretations between the parties and interactive misalignments are differentially pragmatically accommodated by doctors and clients. In non-adjacency pair greeting, doctors' threats are co-constituted as appropriate by both parties because of the institutional power of doctor and divergent cultural orientation to politeness cues. In other words, doctors and patients use politeness during consultation encounters for face support they however, sometimes experience interactive clashes which possesses a threat on face. Nevertheless, interactive clashes in Odebunmi's study are co-constituted as appropriate by both parties

Ledford et al. (2010) conducted a study that revealed patients' positive attitudes towards physicians, considering them trustworthy sources of information about prescription medications. Patients felt comfortable meeting with doctors and accepting their prescribed medications, leading to the development of positive physician-patient relationships. Laitinen's findings are similar to Ledford et al.'s (2010) study, which demonstrated that patients feel comfortable meeting with doctors and accepting their medications when positive relationships with physicians have been established. Hodgins (2014) identified other behaviors that could be term uncivil workplace behavior such behavior include spreading rumors, being passive aggressive, sarcastic, or intimidating, putting others down publicly, undermining, or refusing to help co-workers.

Laitinen (2011) found that when a patient perceives a doctor as impolite, it leads to discomfort and dissatisfaction. For instance, when a patient was insulted by a doctor who referred to them using a derogatory term (e.g., "Moron" for a Black patient), the patient responded defensively by expressing a desire to see another doctor. Although the doctor attempted to rectify the situation by changing the term to "African American," the patient had already become too irritated to continue the conversation with that doctor. As a result, the patient decided to seek another doctor, reflecting their dissatisfaction and negative attitude towards the impolite doctor. Generally, when patients are treated with respect, they tend to feel comfortable and develop a positive attitude towards medical practitioners. This collaborates Davik (2003) that "uncivil behaviors in the … contribute to more errors in patient care, decreased quality of care, increased costs, and a loss of high quality nursing providers and leaders"

This study is not considering strategegies in patient communication. It is also a deviation from the popular Culpeper's theory to account for impoliteness strategies. It evaluates patients' claims to agree or disagree with it and also investigate patients' contributions to impoliteness through their responses.

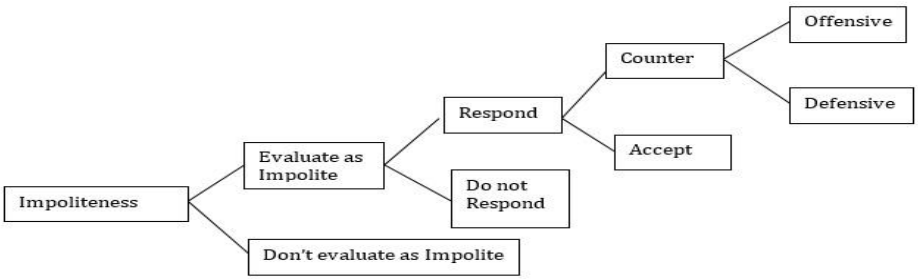
Methodology

The population of the study is all adult patients between the ages of eighteen to seventy who used Delta state government owned hospitals, in Anioma speaking area of the state within the period of this study and all medical record staff, cleaners and health assistants of the surveyed hospitals. The sample size is three hundred patients, fifty from each of the hospitals examined, were purposively selected to cover all the four axis of the population. The selection was done across sex, in the general out-patient unit. Closed ended questionnaires were used to elicit data from respondents. For the effectiveness of the data collection process and to elicit information easily from the interviewee, the researcher adopt the position of Schilling-Estes (2007:199) who opines that highlighting one's role as a learner and the role of the participants as experts in their communities can go a long way towards obtaining casual speech and building good relationship hence for this research, the researchers maximized casualness during the interview.

Data were collected through the use of questionnaires, between 13th June, 2023 and 27th July, 2023. For the purpose of collection of data, NHS Research Ethics Committee Approval was obtained from the Delta state ministry of health with which the researcher proceeded to the five hospitals: Asaba specialist hospital, General hospital, Okwe, General hospital, Ogwashi-uku, Obiaruku general hospital and Central hospital, Agbor on different dates. Some of the medical directors were approached. The patients were equally approached as to whether they would like to take part in the study. On their

consent, they were offered questionnaires which they ticked and returned to the researchers. The data was used to evaluate the degree of impolite occurrences as well as responses to impoliteness. The paper utilizes simple percentage method that was computed by the authors and Bousefield's (2008) impoliteness response options to analyze data from 240 patients and the results were presented in tables and graphs Below in figure 1, is a presentation of Bousefield (2008) impoliteness response options:

Figure 1.



Results and Discussion

Introduction

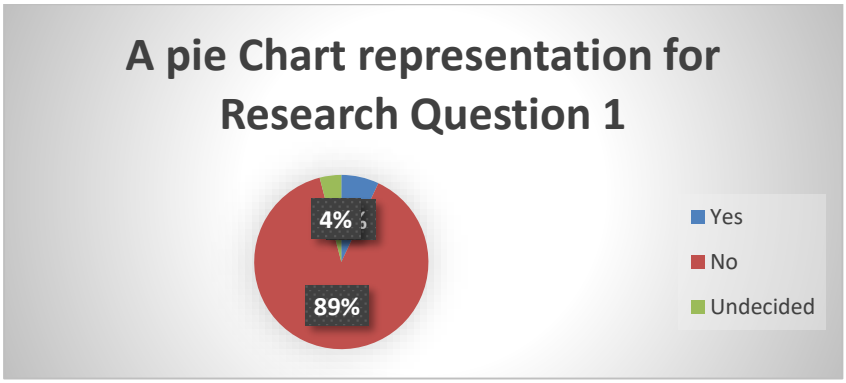
This chapter presents the data and analysis of data collected for the study.. The study is guided by two research questions which the study analysis is expected to provide answers to.

Research Question One

Have the hospital staff in General out-patient department been excessively impolite to you?

Table 2:

Yes	No	Undecided	Total
7%	89%	4%	100%

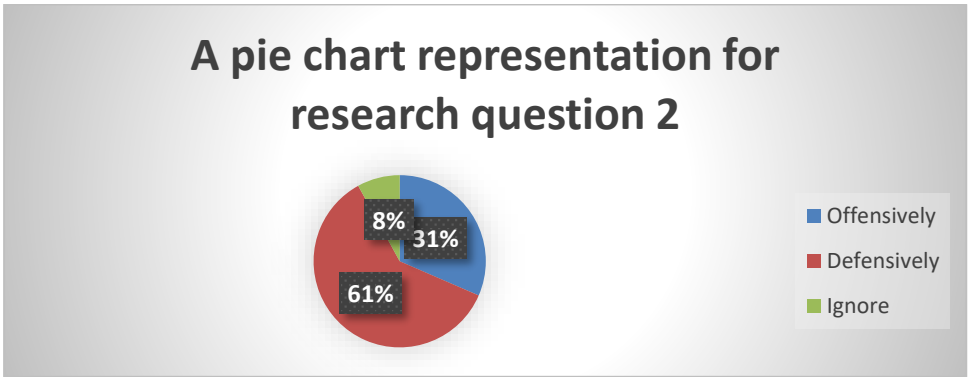


The presentation above, shows responses of the respondents to research question one. From table one, it is seen that 7% of the population agreed that the hospital staff in General out-patient department, i.e personnel at the registration point, cleaners and health assistants have been excessively impolite to them, 89% disagreed that GOPD staff are extremely impolite while 4% were indifferent to the question. It is evident from this result that hospital staff in General out-patient department have not been excessively impolite to patients. Although, there are instances of impoliteness hand, responses from questionaires administered to nurses showed that patients initiate, use and sustain impoliteness during interaction with nurses. However, the researchers is more concerned about staff impoliteness because they are the accused in this study.

Further analysis of the responses from the questionnaire, revealed that from the 7% of the population who agreed that GOPD staff are extremely impolite, 6% are youths within the ages of 18-40. Therfore, older people have no problem on impoliteness in the government hospitals examined. Patients between

the ages of 18- 30, are mostly the ones who attested to the fact that GOPD staff are rude and attack their faces directly. It can therefore be deduced from younger patients attestation that staff in GOPD are more impolite with youths, particularly, younger staff and the cleaners as some of the respondent claim when the researcher interrogated further.

Research Question Two
How do you respond to GOPD staff when they are impolite to you?



The above presentation shows patients responses to impolitenee, 31.5% agreed that their response to GOPD staff impoliteness is offensive counter-response, 60.5% agreed that they use defensive counter-response while 8% agreed that they ignore/accept staff impoliteness. Greater percentage of patients who accept GOPD staff rude behaviors on cross-examination claim they did so to reclaim their dignity, others say that they want peace to reign. While some further say they accepted impoliteness because it could be that a staff who negatively acted up has been saddled with much work loads or personal problems. We observe in this research, that actants perception of impoliteness were not all the same. To some patients, leaving them to attend to an emergency situation was intepreted as impolite behaviour, meanwhile to some patients leaving them to attend to an emergency case is not negatively evaluated. Thus, lending credence to Dynel (2012:189) that "intentionally produced impoliteness is meant to be perceived differently by distinct hearer types".

Majority of the patients agreed that they responded to impoliteness using counter-response, that is, they do not choose to ignore impoliteness rather they countered impoliteness. According to Bousefield (2008) countering involves actively challenging the impoliteness. Countering can either be offensive or defensive. An offensive strategy means that one attacks a face attack with another face attack while a defensive strategy means that one can counter impoliteness in defence of their own 'face'. Over 90% of patient agreed that they won't keep quite and take insult in a place where they pay for services. Hence, the number of patient who choose not to respond to impoliteness is minimal. This again is a challenge, in the process of counter responses, be they, offensive responses or defensive responses a new impoliteness results. From the analysis of response to impoliteness, patients themselves through their impoliteness response choices are triggers to impoliteness, as opposed to their claim that GOPD staff are the rude

,
In conclusion, impoliteness is not extreme as to hamper the envisaged good health care realizable in GOPD staff-patient's relationships, in the five government owned hospitals examined. Nevertheless, impoliteness, in whatever degree, is condemnable. Particularly, in the hospital where patients approach health care with challenges that makes them always nervous, angry, and impatient. They want to feel that the workers are perfectly doing their job. Therefore, personnel particularly at the registration point should always put all these into considerations when receiving and dealing with patients. This will increase the patients' level of satisfaction, and decrease their complaints.

Conclusion
The staff degree of impoliteness and patients responses to impoliteness identified in this work could impact on language use for better work environment and health outcomes as it brings to fore the

frequency of impoliteness and responses to impoliteness that are made by staff and patient in GOPD in government hospitals. In this regard, some of the findings could be harnessed in planning and selecting appropriate bodies who will be in charge of cautioning patients and patients relatives who claim that GOPD staff are excessively rude and have bad attitude towards patients because such remarks are inhuman and particularly, demoralizing to the hospital staff . Again, towards achieving good staff-patient relationship for better health outcomes, GOPD staff should be cautioned not to always use the offensive counter-responses as it often sparks off rudeness or results in a new impoliteness

References

Abdulazeez, Y, Abimbola , A. Abolarinwa, S. and Onyenekwe, N. (2015)Challenges of Record Management in two Health Institutions in Lagos State, Nigeria in International Journal of Research in Humanities and Social Studies Volume 2, Issue 12, PP 1-9 ISSN 2394-6296 Online. Retrieved 31 August, 2023.

Bousfield, Derek.(2008). *Impoliteness in interaction.* Amsterdam: John Benjamins.

Brown, Penelope and Stephen Levinson. 1987. *Politeness: Some universals in language usage*. Cambridge: Cambridge University Press.

Culpeper J. (1996). ”Towards an Anatomy of Impoliteness.” Journal of Pragmatics, vol.25, no.3, pp.349 – 367

Dynel, M. (2012). “Setting our house in order: The workings of impoliteness in multi-party film discourse.” *Journal of Politeness Research* 8: 161-194.

Ghaleb Rabab‘ah, Rajai R. Al-Khanji and Muradi Bataineh (2022) Impoliteness strategies at Jordanian hospital Emergency Room. Kervan in International Journal of Afro-Asiatic Studies 26 (2022) **231**

Heritage, J. and Maynard, D. (2006)*Conversation in medical care*: interaction between primary care physicians and patients. Cambridge: Cambridge University Press.

Heritage, J. (1977). *Conversation analysis and institutional talk* in D. Silverman(ed.)

Hodgins, M. McNamara, P., MacCurtain, S(2014). Workplace Bullying and Incivility: A Systematic Review of Interventions. International Journal of Workplace Management 7(1) 54-72Kanatara (2010)

Lakoff, R. (1990). Talking Power: *The Politics of language*. New York: Basic Books.

Laitinen, M.(2011).Breaking the rules of communication: verbal and nonverbal impoliteness in the America drama house M.D. Masters thesis: University of Jyvaskyla. Department of Languages English

Lunan, M. (2019).*The Dynamics of Nurse Interaction:A Comparison of Speech with Older And Younger Patients.* A Thesis submitted to the Department of Linguistics and English Language for the degree of Doctor of Philosophy. Lancaster University Masoumeh

Regina Allande-Cussó, Elena Fernández-García, Juan Gómez-Salgado and Ana Porcel-Gálvez(2022) Understanding the nurse-patient relationship: A predictive approach to caring interaction. Australian College of Nursing.http://creativecommons.org/licenses/by-nc-nd/4.

Odebunmi, A. (2013). Greeting and Politeness in Southwestern Nigeria Hospitals. Iordic Journal of African Studies, 15(4),499-519

Ojwang, Benson, Emily Ogutu and Peter Maina. 2010. “Nurses’ impoliteness as an impediment to patients’ rights in selected Kenyan hospitals.” *Health and Human Rights* 12/2: 101-117.

Ononye, C. F. (2020). The concept of politeness: First/second order distinction. A lecture delivered on the Telegram platform of the Pragmatics Association of Nigeria (PrAN), on April 17, 2020.

Pierina, R. (2021*).Exploring Therapeutic Nurse-Patient Communication: Techniques and Barriers* .Thesis submitted in partial fulfillment of the requirements for graduation in the Honors Program: Liberty University. Spring *Purposes to Refusal as Employed by Iraqi English*
*Learners***.** Arab World English Journal (AWEJ) Proceedings of KUST, Iraq Conference 2022 Pp.44- DOI: https://dx.doi.org/10.24093/awej/KUST.4