

Bridging Understanding in Medicare: Template for Effective Communication in Indigenous Languages

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Abstract: *One of the implications of globalization is to include all possible stakeholders in every enterprise, taking into consideration all enabling variables. The maintenance of a good patient-doctor relationship otherwise known as clinical relationship is central to the health care delivery in medical practice. For this reason, it is the usual practice in medical schools all around the globe to make the attainment of communication skills compulsory for all. A doctor's good communication skill therefore is a function of a well-built medical vocabulary with which he communicates with his patients. It has been observed that medical jargons in a contemporary African society, especially Yorubaland are mostly in the English language which inadvertently breaches clinical relationships. This paper however seeks to address the issue by proposing a template for the creation of medical terms in respect of consultation procedures and directional information labels in the hospital environment in the Yoruba language as a medium of clinical communication. Appealing to concepts embedded in the theory of lexical morphology, we aim in this paper to go through word formation processes to achieve a Yoruba language template for medical terminologies.*

Keywords: Medical, communication, indigenous languages, Yorùbá language and vocabulary.

1. Introduction

The need to foster a purposeful and effective healthcare delivery is primary to medical practice. The attainment of this is linked to considerate knowledge of medicine as an academic discipline and the ability to ensure that the knowledge is used for the benefit of human beings. The formal is attainable in the medical school but the application of this knowledge can only be enhanced if medical curriculum takes into consideration the importance of communication between the doctor and the patient. This makes for profound synergy of both medical knowledge and communicative skill. Healthcare delivery can only serve its purpose if a doctor fully comprehends the feelings of his patient. It has been observed that in most African counties, colonial languages, such as English, French, Portuguese and Spanish are mostly used as means of communication between doctors and patients. In Nigeria, healthcare delivery is being mainly done in the English language even when doctors practice in the rural areas where majority of citizens live and whose medical needs are somewhat complex as a result of environmental hazards. The best means of communication has been through interpreters. One frustrating observation is even common with doctors who share the same indigenous languages with their patients where it appears that medical training obliterates their competence in their indigenous languages such that patients are hardly comfortable with them during consultations. This paper however looks at this distressing situation by proposing the injection of the dose of communication in the indigenous languages in medical curriculum as a long term solution but proposes an immediate solution by opening a window for effective communication in the Yorùbá language for consultation procedures and directional information labels in the hospital environment. Our worry is based on the fear that diagnoses may not be appropriate if the patient feelings are not perfectly understood by the doctor. The present situation may be achieving some success in the urban areas where patients have considerable competence in

the English language, but the majority of patients in the rural areas would definitely not enjoy the gains of modern medical practice. Perhaps this is why rural dwellers still have more faith in traditional medical solutions to their health problems.

The problem of disharmony between contemporary medical education and African indigenous languages has been captured in this quotation which Owolabi (2006:17) rightly called Native Language Prejudice Syndrome (NALPS henceforth):

If anything, our local languages are constrained in a number of ways. Most of them are not developed enough to accommodate the intricacies and inflections that a dynamic language should have. New ways of doing things especially in the areas of science and technology as well as information technology can hardly be captured by the lexis and structure of our indigenous languages (Editorial comment of SUNDAY SUN of March 28, 2004, pp2.)

This paper will upturn this prejudice by aligning with previous efforts which will be mentioned in the fifth section of this paper.

2. Theoretical Framework

Our analysis will greatly benefit from the lexicalist theory of Generative Morphology which is an advancement of the treatment of lexical items in Generative Grammar and Generative Semantics. The theory has two approaches to the study of words and the nature of the lexicon. One of the approaches which we refer to as *lax* allows "syntactic derivation of some words but also agrees to the fact that the lexicon contains idiosyncratic and unpredictable items" (Yusuff 2008:19). The proponents of this approach are Baker (1988) and Lieber (1992). The second approach

which we label *strict* does not allow transformational approach or syntactic solution to the nature of word. It believes that all words are lexically derived. This approach is traceable to Chomsky (1970), Selkirk (1982), Di Sciullo and Williams (1987) among others. We find the lax version suitable to the analysis of our data.

3. Data for Study

The major motivation for this choice of data sources is the observation that medical terms need to be reduced to indigenous languages. We intend to exemplify with Yorùbá language. Our data were collected in English from the staff of University of Lagos Medical Centre and the data in respect of the empowerment of Yorùbá language to capture contemporary medical notions and ideas were collected from recorded Yorùbá music, contemporary literary works, and researchers' introspection as native speakers and collections of scientific and technical terms.

4. The Yoruba Language

Yoruba language is one of the three major languages of Nigeria. The other two are Hausa and Igbo. Yorùbá is the mother tongue of a huge number of speakers in South-West Nigeria. This is expressed in Fakoya (2008) that the Yorùbá language is spoken as a first language by more than 22 million people spanning the south-western parts of Nigeria, the neighboring countries of the Republic of Benin and Togo and even outside the shores of Nigeria. The oral literature of the Yorùbá race also has a trace in the cultures of countries like Brazil, Cuba and parts of West Indies, Trinidad and Tobago as a result of Yorùbá descendants now domiciled in countries. Yorùbá language is spoken wholly in Nigeria in states such as Lagos, Ondó, Kwara, Ògùn, Èkítì, Òyó and Òsun States as well as in parts of Kogí and Edo States. The speakers are contiguously located in southwest Nigeria (Adétugbo 1967).

5. Previous Efforts

The deliberate efforts on Yorùbá language development can be said to be in two different categories namely: documented and undocumented. The documented are published works which are listed below:

- Nigeria Educational Research and Development Council (NERDC) 1990: A Vocabulary of Primary Science and Mathematics in Nine Nigerian Languages Vol.1
- Bamgbose (ed) (1992): Yorùbá Metalanguage Volume 1
- Awobuluyi (1990): Yorùbá Metalanguage Volume 2
- Federal Government of Nigeria (FGN) (1991): The Quadrilingual Glossary of Legislative Terms.

The undocumented source is the media. The media is an important source of language engineering. This is so because the media shapes the idea conceived of anything by the people. In line with this, Adeniyi and Bello (2006:154) agree that the media is a fast means through which we could get anything promoted. This however does not sidestep the deliberate language development activities of any nation. Apart from the media, Yorùbá language through the retinue

of oral literature passed down from the rich historical past have witnessed a resourceful development over the years.

6. Strategies

In response to NALPS, aside from the existing words in Yorùbá language whose meanings could be directly used, some meanings could be extended and various strategies such as compounding, coinage, reduplication, slang and borrowing, though as a last resort could be applied to formulate terms for expression of contemporary ideas and notions in whatever fields of human endeavor. Some examples of the strategies are discussed below:

• Compounding

Compounding is the process of putting words together to build a new one that does not connote two senses, but one and that is pronounced as one unit. Words that come together in this form are mostly nouns or nominal as well as other major lexical categories (Wisniewski 2007, Yusuff 2008). Examples of this in Yorùbá are:

- i. Certificate - ìwé èrí (*lit.* book evidence) = ìwèèrí
- ii. Ascaris – aràn inú (*lit.* worm inside) = aràn-annú
- iii. Radiate – fẹ́ ká (*lit.* blow around) = fẹ́ká

• Reduplication

Reduplication is described as a morphological process whereby a copy of a morpheme (free or bound), in either slightly altered or identical form, is added to the form in order to produce a new word possessing a syntagmatic relationship with the copy (Awoyale 1989). Examples of this in Yorùbá are:

- i. Monthly - oṣu + oṣu (month + month) = oṣoosù
- ii. Prostitute – dó ọkọ + dó ọkọ (copulate husband + copulate husband) = dọkọdọkọ
- iii. Chapter by chapter/in chapters – ori + orí (chapter + chapter) = oroorí

• Coinage

This is a process of word formation which takes cognizance of only the description of some aspects of an item in finding a name for it. In words of Delahunty and Garvey (2010), coining is the creation of new words without reference to the existing morphological resources of the language. Words in this process can be derived from the description of the appearance and sound of the item. It is employed in Yorùbá language in the following examples.

- i. Omnipresent- A tẹ rẹrẹ ká ayé (*lit.* one who spreads upon the earth) = Atẹrẹrẹkáyé
- ii. Omniscient – A rí inú rí òde (*lit.* one who sees both in and out) = Arínúróde
- iii. Bicycle – kẹkẹ (coined from the way it sounds when riding on it) = kẹkẹ

• Slang

Ali, Chong et. al. (1993) define slang as a language whose use serves to mark the user as belonging to some distinct group within the society. Therefore, people who belong to more than one of such group may use very different slang depending on who they are communicating with. The Yorùbá examples for slang are:

- i. Chilled (drink) - *ṣe èwòn* (*lit.* be imprisoned (like a soft drink in a fridge)) = *ṣewòn*
- ii. Slim – *lẹ pa* (*lit.* very flat) = *lẹpa*
- iii. Defraud – *gbá*, (*lit.* to sweep (verb transitive)) = *gbá*

• Borrowing

This is a process of borrowing words from other languages. As resourceful as Yorùbá language is, borrowing is often allowed in the language but it is usually employed as a derivational process of last resort. It is highly imperative to mention here however, that all borrowed words must duly satisfy the phonological conditions of the language before they are used. Examples are:

- i. Machine- *máṣîni* (from English)
- ii. Fenêtre - ‘window’ - *fèrèsé* (from French)
- iii. As-salat ‘worship’ – *Àsàlàtù* (from Arabic)

• Folk etymology

This is a form of derivation where the form of a word changes in order for it to better correspond to its popular and new realization. According to Poruciuc (1991), this typically happens when a change in the meaning of a word occurs resulting from an incorrect popular notion of the origin or meaning of the term. Some Yorùbá examples are:

- i. Volkswagon-*ìjápá* ‘tortoise’ (similarity in shapes)
- ii. Mercedes Benz- *Òbòkún* ‘robust expensive fish’ (similarity in shape and cost)

7. Application to terms in medical consultation

Our major concern in this paper is to proffer a solution to healthcare delivery in the short run. In achieving this, we will look at terms as they relate to the minimal consultation procedures and labeling of section in the hospital in the Yorùbá Language.

a. Procedures

From our interview, we observed that medical consultation starts from registration. This leads to documentation and vital signs such as measurement of blood pressure, temperature and pulse. After this, a patient is referred to a doctor for consultation. During consultation, dialogue will ensue between the doctor and the patient. Such dialogue will center on drawing of information on likely symptoms from the patients. On retrieval of information from the patient, the doctor prescribes drugs, injection or further tests to the patient. A patient could be asked to take injection, drugs or both at this point.

For the purpose of analysis, we intend to formulate words for the following key terms observable in the process.

- i. **Registration**- *ìforúkòsílẹ̀*: *Ì+fi+orúkò+sílẹ̀*- the act of putting name down.
- ii. **Vital signs**-*Ìyerawò*: *I+yẹ+ara wò*- the act of examining the body (self).
- iii. **Blood Pressure**-*Ìfúnápá*: *Ì+fún+apá*- the act of squeezing the arm.
- iv. **Temperature**-*Ìgbóná ara*: *Ì+gbóná+ara*- gauging of hotness of the body.
- v. **Consultation**-*yẹ̀nwò*: In Yoruba traditional society, this word is used for consulting the Ifá priest whenever they

have challenges relating to health and spiritual matters. *Yẹ̀nwò* is derived from *yẹ mí wò* which literally means ‘cross-check me’. This term is drawn from folk etymology subjected to semantic extension.

- vi. **Prescription**- *Àkọfáláísàn*: This literally means “that which is written for the patient”.
- vii. **Drugs**-*egbò igi* (*lit.* root of tree): This is used to mean tangible medicine among the Yorùbá. *Oògùn* (medicine) is not appropriate for drugs because the meaning includes both tangible and intangible medicines among the Yorùbá people. Intangible medicine includes incisions, amulets and even verbal charms.
- viii. **Injection**-*abéré* (*lit.* needle): This is already commonly used in hospitals but it is also used to describe ‘syringe’ and ‘injectible drugs’. In this connection, witness the term *rélùwèè* “railway” which refers to ‘train’ itself in Yorùbá and not the ‘track’. *Track* however is called *ojú-irin* “the eye of iron”. This underscores the importance of folk etymology in the formulation of terms. The word *abéré* is already in existence in the language, meaning ‘needle’. It therefore refers to *injection* by semantic extension. Consider *abéré àjésára* (immunization/vaccination) which refers to injection for boosting body immunity. This also refers to oral vaccination in the language.
- ix. **Medical test**-*Ìyèwò*: This is formed through the process of composition. *Ìyèwò* means the process of cross-checking. We can now easily derive various forms of tests as follows:
 - x. **Urinalysis**- *Ìyètòwò* “act of cross-checking urine”
 - xi. **Stool test**- *Ìyègbèwò* “act of cross-checking stool”
 - xii. **Blood test** – *Ìyèjèwò* “act of cross-checking blood”
 - xiii. **X-ray** – *Ìyàgòarawò* (*i-yẹ àgò ara wò*) “act of cross-checking internal organs” Let us at this juncture consider **scanning** which even though may be covered by *ìyàgòarawò* but may be differentiated by suggesting *ìyàwòrán-inú* “the act of committing internal organ into graphical or pictorial forms”.
 - xiv. **Test result**- *Èsì/Àbájádé* *ìyèwò*.

7.2 Directional Information Labels (*àmì itónisónà*)

The need to formulate terms for directional information labels in the hospital environment cannot be overemphasized. Even though consultation procedure terms earlier discussed improves communication process verbally, labels will increase the effectiveness of healthcare delivery if patient that are literate in Yorùbá language are provide for. It is interesting to note that there are numerous Yorùbá speakers who through adult education that have been institutionalized since the western region times have acquired literacy in the Yorùbá language.

- i. **Outpatient department**- *Èka igbàwòsàn ránpé*
- ii. **Inpatient department** - *Èka igbàwòsàn adánidúró*
- iii. **Registration centre** – *Ibùdò ìforúkòsílẹ̀*
- iv. **Emergency**- *Ìwòsàn pàjáwírí*
- v. **Pharmacy**- *Yàrá egbòogi*
- vi. **Consulting room** – *Yàrá yẹ̀nwò*
- vii. **Pharmacy store** – *Yàrá itójú egbòogi*
- viii. **Laboratory** – *Ibùdò ìyèwò*
- ix. **Injection room** – *Yàrá igbàbéré*
- x. **Dressing room** – *Yàrá iwègbò*

8. Conclusion and Recommendations

This paper attempted to provide a pragmatic solution to the problem of doctor-patient communication in indigenous languages with a view to enhancing considerable delivery of sustainable healthcare to the greatest number possible, especially among the rural dwellers who are hardly interested in the so-called modern or developed languages. The training of doctors should pay more attention to effective communication in the language(s) of the patient. To achieve this, in this paper, we have formulated terms in the Yorùbá language for sample English medical related words as are relevant to basic consultation procedures and directional information labels in medical centers. Consequently, we have beckoned on the theory of lexical morphology and have also highlighted similar efforts in terminology formulation. Also, strategies that could serve as template for the formulation of other medical terms have been provided. Our analyses should provide the enabling capacity to at least improve patient-doctor communication if only as a first aid solution.

To have a Yorùbá comprehensive medical terminology for a long term use, we will need to have workshops comprising linguists and experts of various specializations in medical education. We request for a joint proposal for series of workshops for the realization of this comprehensive project. A further step would also be needed for compulsory Yorùbá courses to be included in the curriculum of our medical students. If French is made compulsory for science students at the University of Lagos presently, we cannot argue against recommending Yorùbá language as a compulsory course in Southwest Nigeria, Igbo in the East and Hausa in the Northern part of the nation for medical students. After all, Nigerians have been going to different countries of the world where they learn the language of the land before they study their major courses even up to PhD level.

We are not advocating for total breakaway from the use of English in our curriculum for now, we are only proving that it is possible to be properly educated in African languages in general and yet remain relevant in the affairs of the world and indeed in globalization as it is conceived in modern times. We are well aware of other nationals like Chinese, Japanese and German who can hardly speak English but are involved in major infrastructural development activities in Nigeria and indeed the whole of Africa. Examples are CCECC (China Civil Engineering Construction Corporation), Julius Berger (Germany), Solel Boneh (Israel) which is common sights in this country. Their engineers and technicians are trained in their countries and in their languages. This shows that knowledge can only be useful to people when they are transferred in their mother tongues. Also, we can only be creative with knowledge when they are immersed in indigenous cultures. The common and erroneous restraint of children from using their mother tongues is not only dangerous to the development of our nation but it is also a suicidal impediment to genuine emancipation. Technology can never be transferred for the benefit of a people if it is not soaked in the dye of an indigenous culture.

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