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Impoliteness Strategies in Medical Staff-Patients Encounter in Zamfara State Public Health Facilities

Isah Abdulmumini
Department of English and Literature
Federal University Gusau, Zamfara State
isahmafara76@gmail.com

&

Jamilu Abdulmumin
Department of Liberal Studies
Abdu Gusau Polytechnic, Talata Mafara
jamiluabdulmumin00@gmail.com

Abstract

This article focuses on the impoliteness strategies by medical staff of selected public health facilities in Zamfara state. The study interprets and analyses the excerpts of discourse strategies of some medical staff and patients using Culpeper's (2005) model of impoliteness theory. The data collection methods employed were participant observation and paper recordings. Data were collected from twelve discourse encounters of medical staff and patients from nine (9) public health facilities across the three senatorial zones in the state. Three hospitals were selected from each zone. The data consists of eye-witness events involving the medical staff and patients in the selected health facilities. This research reveals that the language used by some medical staff portrays impoliteness behaviour at varying degrees. The study equally shows that staff of health facilities in the cities mostly employ negative impoliteness strategies while semi-urban hospital staff employ sarcasm or mock politeness in their language use to the patients. The bald on-record impoliteness strategy is employed by health personnel in the rural hospitals while the other impolite strategies are rarely used. Their responses to the patients show an attack on the patients' face. The article recommends that medical staff shall learn to be polite by

using expressions that show sympathy in their talk with the patients who attend public hospitals.

Keywords: Politeness, impoliteness, discourse analysis, hospital, patient, communication

Introduction

Human beings use language for communication and the words we choose in communication have their specific meaning in writing or speaking. It can be either polite or impolite, depending on certain contexts. Polite behaviours and impolite behaviours are two opposite behaviours but coexist, and the impoliteness theory is proposed on the basis of the politeness theory. Contrary to politeness, impoliteness emerges relatively later and attracts less attention from scholars but nowadays, it is becoming more common and ubiquitous. It is worth mentioning that Culpeper (1996) was the pioneer in the study of Impoliteness theory and used the term of impoliteness. Culpeper defines impoliteness as a set of strategies that is employed to attack the interlocutor's face and to effect social disruption. Culpeper (1996) proposed that there are five strategies that a speaker can use to make impolite utterance accordingly: bald on-record strategies; positive impoliteness; negative impoliteness; mock impoliteness and withhold impoliteness. About a decade later, Culpeper (2005) revised the five major impoliteness strategies by replacing mock politeness with off-record impoliteness and adding a meta-strategy of impoliteness that includes mock sarcasm.

It needs to be made clear that, this study is not meant to launch an attack on the medical staff or dent their image in any way. Rather, it is a tradition in the academic community to analyse conversations regardless of the contexts in which they occur. That is why even religious sermons and military discourses are being analysed by linguists and scholars from time to time. The study sets out to extract and discuss the language use in hospital settings for research and reference purposes only.

This study is motivated by Zhao's (2022) statement that 'impoliteness emerges relatively later and attracts less attention from scholars. This article therefore, analyses the statements of some medical staff with their patients in some public hospitals in Zamfara state considering the nature of the health personnel and the environment where Shari'a legal system is being implemented. The nature of interaction that occurs in their communication calls for attention not only by the academic community who subject their expressions into critical analysis but also by the hospital managements in order to protect the integrity of the health sector where respect to the patients is expected to be portrayed while offering medical services. Some of the patients attended to by the medical staff are elite and the way they are being treated in language use is one of the motivations for carrying out this research. In addition, health institutions are set-ups where people converge almost every minute either for medical advice or for treatment of their ailments. This study is only concerned with the way in which language is used in creating impressions negatively. It needs to be stressed that not all the medical personnel in the selected hospitals are found being impolite in their interaction with the patients. In fact, there are many of them in different health facilities who are polite, kind, humble, and gentle.

The Concept of Politeness

Politeness means courteousness. In other words, to be polite most of the time means to be socially correct, but does not always mean being sincere. Politeness is a social phenomenon– and yet a social phenomenon largely manifested through the use of language. Politeness has to be studied in terms of the relationship between language use and social behavior. Generally, impoliteness is interpreted negatively and politeness positively, although it is a behaviour that has to be learnt. Politeness means learning to accommodate others within a given social group (Watts, 2003; 31). Politeness thus ends up being a set of norms for cooperative behaviour; it does not escape from the evaluative framework in

which impoliteness is used. Leech (1980: 19) defines politeness as 'a strategic conflict avoidance', which can be measured in terms of the degree of effort put into the avoidance of a conflict situation, and the establishment and maintenance of comity. Sifianou (1992) sees it as 'the set of social values which instructs interactants to consider each other by satisfying shared expectations' (p. 86).

Impoliteness

Politeness and impoliteness and their rough equivalents in other languages are terms referring to ways in which individuals use language socially (Watts, 2003:48). Brown & Levinson (1987) view politeness as 'a complex system for softening face-threatening acts'. Politeness is therefore a term that refers to the strategies available to interactants to defuse the danger and to minimalise the antagonism. Impoliteness is a behaviour that is face-aggravating in a particular context (Holmes & Schnurr, 2005). Verbal impoliteness is a linguistic behaviour assessed by the hearer as threatening her or his face or social identity, and infringing the norms of appropriate behaviour that prevail in particular context and among particular interlocutors, whether intentionally or not (Holmes *et al* 2008: 196). To make it more-clearer, the concept is explained in the sentence that follows: Impoliteness comes about when: (i) the speaker communicates face-attack intentionally; (ii) the hearer perceives and/or constructs behaviour as intentionally face-attacking or a combination of (i) and (ii) above (Culpeper, 2005).

Types of Impoliteness Strategies

Culpeper (1996) identifies five impoliteness strategies, which are described below:

i) Bald On-Record Impoliteness

The act that threatens an individual's face is clearly expressed. Different from Brown and Levinson's—where the minimal face is at stake, and the interlocutor's purpose is not to attack the recipient's face—this bald on-record is used when there are many

faces at risk intending to attack the recipient's face down with the use of impolite language (Arendholz, 2013).

ii) Positive Impoliteness

This strategy is used to attack the recipient's positive face by not accepting his desire. Positive impoliteness is performed by insulting another individual, refusing common ground with the recipient, choosing unpleasant or unwanted topics to talk about, employing irrelevant code, being ignorant in a conversation with others, awaiting disagreements, employing ambiguous and confidential language, and employing taboo words (Capone & Mey, 2016).

iii) Negative Impoliteness

In contrast to positive impoliteness, negative impoliteness is intended to attack the recipient's negative face desire. For example, intimidating the recipient for his action that is viewed as harmful by the interlocutor, speaking rudely, mocking, not treating another interactant earnestly, and invading the recipient's space (Culpeper *et al*, 2017).

iv) Sarcasm or Mock Politeness

This strategy is deceitful in that it appears polite and respectful on the surface but is actually meant to convey the opposite sentiment. Sarcasm or mock politeness is performed by using Brown and Levinson's politeness strategies (Mohammed & Abbas, 2015).

v) Withhold Politeness

This strategy lacks of politeness that the recipient expects. For example, failing to thank others for something they give may be considered intentional impoliteness (Bączkowska, 2017).

Discourse Analysis

Discourse Analysis (DA) is generally viewed as language above the sentence. It is the aspect of linguistics that is concerned with how we build up meaning in larger communicative, rather than grammatical units. DA studies meaning in text, paragraph and conversation, rather than in a single sentence. Discourse Analysis is also concerned with language in use in social contexts and in

particular with the interaction or dialogue between speakers (Stubbs 1983: 1). Similarly, Cutting (2002: 28) defines Discourse Analysis as 'a general term for a number of approaches to analysing written, spoken or sign language use'. The scholar is of the view that, 'DA takes the concepts and terms of linguistics and then examines their roles in data'. Discourse Analysis is a term used to refer to any study of language beyond the utterance/sentence level (Boxer 2002). With these definitions, the researchers engage in analysing medical staff-patient discourse in health institutions with a view to ascertaining the level of adherence to politeness as a behaviour in speech.

Statement of the Problem

A number of communication gaps are noticeable in some health facilities. Many patients in Zamfara state are heard of complaining on the way they are being treated by medical personnel in public hospitals. On the part of some patients, there are problems of backgrounds and negative approaches from the medical staff. These behaviours serve as factors that hinder the effectiveness of interpersonal communication in health facilities. That is why some of them sometimes prefer patronising illegal private clinics for treatment despite the risks involved in doing so. Their use of the language portrays some meanings in the minds of listeners which need to be explored for better understanding especially in academic context. The issue is that, research needs to be conducted to ascertain what such expressions mean in real-life interaction. While in pragmatic terms it is not possible to map every response or pattern in a cross-cultural setting, it is possible "to build the skills to interpret, evaluate and develop effective communicative strategies (O'sullivan, 1994). One way to address these issues is to explore the application of impoliteness strategies in the communicative behaviour of medical staff and patients with a view to enhancing good rapport between the two parties in health facilities.

Many studies on impoliteness have been conducted in different contexts. Brown & Levinson (1987) point out how the "formal protocol" of the courtroom can manage and reduce effectively any potential aggression between parties. Kurzon (2001) states that judges show a high level of formal politeness, and they are attentive to maintain politeness as much as possible, because of the high stakes in the legal environment.

Culpeper (2011) explores "It's not what you said, it's how you said it" Prosody and impoliteness. The scholar discovers that despite the importance of prosody in communication, the vast bulk of research on politeness or impoliteness pays little attention to the role of prosody. From the little above, it is clear that studies on impoliteness are available but to the best of the researchers' knowledge, less was done in analysisng medical staff-patients' interaction especially in Zamfara state where several institutions of higher learning exist who may require such researches for knowledge, scholarship and reference purposes. Investigating the use of language in hospital domains therefore becomes necessary in this day and age when education is a priority of both government and the public. This is in order to disclose what the speakers' use of language portrays in such contexts. This is the research gap that this research intends to fill.

Research Questions

i- What impoliteness strategies were employed in the staff-patient discourse in the select health facilities?
ii- How do hospitals create effective linguistic rapport between medical staff and patients?
iii- What is the implication of the use of such discursive strategies in the doctor-patient interaction?

Significance of the Study

Politeness is regarded as an important tool in managing social relations because it enhances organisational achievement and

serves as motivation for human development. This research is essential for the understanding of the social order that promotes human cooperation within organisations like hospitals. The discursive strategies examined within the utterances of the participants help to negotiate a cordial relationship between staff and patients, which is the primary reason for the social encounter in the health facilities. It is hoped that this research will serve as a model for the need to adopt polite behaviour by staff in any given organisation as well as a contribution to the body of knowledge in the academic institutions and research in general. All scholars seem to agree that in some way politeness is related to the harmonious/conflictual interpersonal relations, which Spencer-Oatey (2008) refers to as 'rapport management'.

Face

The notion of 'face' has been in use as a metaphor for individual qualities and/or abstract entities such as honour, respect, esteem, the self, for a very long time. In general, the term appears to have been of greater interest to anthropologists than to sociologists and linguists (Watts, 2003)

Face Threatening Acts

Brown & Levinson (1987) assume that every individual has two types of face: positive and negative. Positive face is defined as the individual's desire that her/his wants be appreciated and approved of in social interaction, whereas negative face is the desire for freedom of action and freedom from imposition. Goffman (1967) postulates that, face work involves the maintenance of every participant's face for the duration of the social interaction (as far as this is possible), it is therefore in the interest of all the participants to reduce face-threatening to the barest minimum. Politeness strategies will therefore be those which aim (a) at supporting or enhancing the addressee's positive face (positive-politeness) and (b) at avoiding transgression of the addressee's freedom of action and freedom from imposition (negative face).

Theoretical Framework

Culpeper (1996) was the pioneer in the study of Impoliteness theory and used the term of impoliteness. Culpeper defines impoliteness as a set of strategies that is employed to attack the interlocutor's face and to effect social disruption. Culpeper (1996) proposed that there are five strategies that speaker can use to make impolite utterance accordingly: bald on record strategies; positive impoliteness; negative impoliteness; mock impoliteness and withhold impoliteness. About a decade later, Culpeper (2005) revised the five major impoliteness strategies by replacing mock politeness with off-record impoliteness and adding a meta-strategy of impoliteness that includes mock sarcasm.

In line with the foregoing views, this study adopts the theory formulated Culpeper by (2005) for the analysis of data collected for the study. This is done in order to identify the different types of impoliteness strategies used in the organisation being studied (the hospital).

Methodology

This research is both qualitative and descriptive in nature. It involves the description of interaction between medical staff and patients of selected public health facilities in Zamfara state. The sampling technique used was stratified random sampling in order to obtain a more representation sample from the various health facilities and avoid undue proportion of one type in the sample. Observation and paper recordings were used to collate the data. The secondary sources include books, journals, internet and other relevant hard copy materials.

For the purpose of this research, nine (9) public hospitals are randomly selected from the three senatorial zones of the state. Three hospitals selected from the central zone were: Federal Medical Centre Gusau, Ahmed Sani Yariman Bakura Specialist Hospital Gusau, and General Hospital Maru. From the western zone, three public hospitals chosen were General Hospital Anka,

General Hospital Talata Mafara, and General Hospital Maradun. While from the southern zone General Hospital Kaura Namoda, General Hospital Moriki and General Hospital Zurmi were chosen for the collection of primary data. The rational for choosing these hospitals was to ensure equitable representation of the data and to ensure that all parts of the state were represented which assisted in arriving at the findings.

The subjects used in data collection were divided on the basis of relevant features of sex. The data was collated from twelve (12) discourse encounters. All of them were between male and female hospital staff as well as male and female patients. The medical staff consists of medical doctors, staff nurses and laboratory staff. The data used for the research were mainly collected form observation and paper recordings which were subjected to analysis using Culpeper (2005) impoliteness theory. The medium used in the discourse between the subjects is Hausa being the language of the immediate community and most of the clients especially those from the rural areas do not understand English language except on a few situations where the English language was used when both subjects are literate in English.

Data Presentation and Analysis

This section presents, interprets and analyse the data for the study. The data was translated into English in order to simplify the analysis and make it relevant in academic setting. The analysis aligns with Culpeper's (2005) impoliteness theory.

Excerpt One

This conversation ensued between a patient and a medical staff in General Hospital Maru (central zone):

Patient: Likita Ina kwana (Dr. Good morning)

Staff Nurse: Lafia Qalau (Good morning) Where is your hospital card?

Patient: I don't have a card.

Staff nurse: Je ka karbo kati (Go and bring your card)
Patient: the patient (who is from a rural area) went outside and brought a disposed card and brought to the staff nurse.
Staff nurse: Shouted at the patient. Hey! Kai wane irin baqauye ne? (What sort of villager are you)?
In the above encounter the patient began the interaction by greeting the medical personnel and even addressed him as a doctor which is a sign of politeness. On the other hand, the medical staff shouted at the patient for not having a hospital card.

Excerpt Two
This interaction was between a patient's father and a laboratory staff of Federal Medical Centre Gusau (sample collection room) in the central zone:
Patient: Ina kwana (Good morning)
Medical Staff: Yauwa (Thank you). Mallam ka riqa yaronka da kyau (Hold your child very well)
Patient: Ba matsala (No problem).
Medical Staff: Mallam! ka riqashi da kyau kada kabari jini ya watso man (Hold him very well. Don't allow blood to pour on my body).
The language use by the staff in question at the patient is the concern of this research which hurts the patient's father.

Excerpt Three
This dialogue occurred between a patient who teaches in a federal university and a female staff nurse (Blood Pressure measuring room) during COVID-19 at Federal Medical Centre Gusau (central zone):
Patient: Good morning madam.
Staff Nurse: Morning. Where is your face mask?
Patient: I am having problem using it. My lips are paining seriously.
Staff Nurse: Shouted at the patient saying *get out of this office quickly!*

Patient: I want to see a doctor on the problem.
Staff Nurse: Will you go and bring your face mask! Nobody will attend to you today without face mask.
In the above excerpt, a university lecturer was disgraced by a staff nurse on duty simply because he didn't put on a face mask. The approach in the language use by the staff in question is what this research seeks to analyse.

Excerpt Four
This encounter was between a patient's mother and a medical doctor at the General Hospital Kaura Namoda (northern zone):
Patient: Likita Ina kwana? (Good morning doctor).
Doctor: Morning. Mike damun yaronki? (What is wrong with your child?)
Patient: Ka dubi yanayin sa (Look at his condition).
Doctor: Ni dan duba ne? (Am I a magician)? Gaya man ko ki fita (Tell me his problem or you leave).
Patient: Yi haquri (Sorry).
The behaviour disclosed by the patient in the above interaction is not welcomed by the medical doctor. In the end, the doctor threatened to send the patient's mother out of the consultation room through his expressions.

Excerpt Five
This encounter was between a patient's son and a medical doctor at General Hospital Maradun:
Patient: Ina kwana? (Good morning).
Doctor: Morning. Mike damun babanka? (What is wrong with your father?)
Patient: Tun jiya baya Magana. Ka bincika mana (He stopped talking since yesterday. Find out).
Doctor: Haba Mallam. An gayama ni takkwali ne? Ko zaka qara gaba ne? (Do you think I am not a professional?) You can go to another hospital.
Patient: Yi haquri (Sorry).

In the above, the politeness behaviour disclosed by the patient in the above interaction is not welcomed by the medical doctor. On the contrary, the doctor feels pompous and highly professional. He later on harassed his client and challenged him to proceed further if he is not contented with their service.

Excerpt Six

This dialogue ensued between a patient's brother and a laboratory staff at the General Hospital Talata Mafara:

Patient: Ina kwana? (Good morning). Ga takardar awo (Here's a test request form)

Medical staff: Na'am. Ina marasa lafia? (Where is the patient)?

Patient: An bashi gado (He's been admitted at the male ward)

Medical staff: To me kake son nayi? Ba aiki na bane inje dibar jini (Is not my responsibility to go for sample collection).

Patient: Yi haquri (Sorry). The patient left very angry.

In the above dialogue, the laboratory staff behaviour is portrays an attack to the patient that provoked him considering his critical condition.

Excerpt Seven

This conversation also took place between a patient's husband and a female staff nurse at the maternity ward of General Hospital Talata Mafara (western zone):

Patient: Ina kwana? (Good morning). Ga allurer da za'a yiwa mata ta (Here's the injection required for my wife).

Medical staff: Ba za'a yi amfani da it aba, ka kawo kudi sabuwa muke so (we are not going to use it, give us money to buy a new one).

Patient's husband: Do you think I will poison my wife?

Medical staff: That's your business. The husband left very angry.

Just like the last excerpt, the laboratory staff's behaviour provoked the client through language use.

Excerpt Eight

This conversation took place between a patient's eldest son and a staff nurse at the emergency ward of Ahmed Sani Yariman Bakura Specialist Hospital Gusau (central zone):

Patient: Ina kwana? (Good morning).

Medical staff: Na'am. Ina marasa lafia? (Where is the patient)?

Patient: Yana cikin mota. Yana cikin mawuyacin hali. A taimaka mana. (He's in the car and in a critical condition. Please assist us).

Medical staff: To ya kake son ayi? Baka ganin munada marasa lafia da yawa (What do you want me to do?). Can't you see the number of patients on the queue. (In baka iya haquri kaje wata asibiti). Please go to another hospital if you cannot be patient.

Patient: Yi haquri (Sorry). The patient left very angry.

In the above dialogue, the staff nurse's behaviour in response to the patient's son provoked the client looking at his father's critical situation.

Excerpt Nine

This conversation took place between a patient and a staff nurse at the nurses' station of Federal Medical Centre Gusau (central zone) after BP measurement:

Patient: Wane daki zamu ga likita? (Which consulting room are we going)?

Medical staff: Kuje daki na 4 (Go to Room 4)

Patient: Babu likita a daki na 4 (There's no doctor in room 4)

Medical staff: Shouted at the man. Kunada matasala, nasan aiki na fa (After shouting, the nurse said don't teach me how to work. Go to room 4 I said).

Patient: Yi haquri (Sorry).

In the above dialogue, the staff nurse's language was impolite especially considering the man's age who deserves some respect.

Excerpt Ten

This conversation took place at General Hospital Anka (western zone) between a patient and a medical doctor:

Patient: Good morning Dr.
Doctor: Morning. What's wrong after the investigation?
Patient: I am still having issues with frequent stomach pain.
Doctor: I told you to source for money for the operation! That's the only solution to your problem.
Patient: Okay no problem.
Doctor: When will you bring the money?
In the above excerpt, a patient was being threatened by a medical doctor. The doctor was ambitious by disclosing his interest in the patient's money.

Excerpt Eleven
This conversation took place at a General Hospital Zurmi (northern zone) between a patient and a male staff nurse:
Patient: Good morning sir.
Staff nurse: Morning. What's wrong with you?
Patient: I have been suffering from serious headache for years.
Nurse: What type of food do you take regularly?
Patient: Local food available in my home town.
Nurse: What rubbish are you telling me? Please get out and call the next patient.
In the above excerpt, the staff nurse's language to the patient was an attack on his face considering his reason for coming to the hospital.

Excerpt Twelve
This dialogue ensued at a General Hospital Moriki (northern zone) between a female patient and a staff nurse:
Patient: Ina kwana (Good morning sir).
Staff nurse: Lafia qalau (Morning). Mike damunki (What's wrong with you?)
Patient: (Covered her face) Ina fama da ciwon ciki mai tsanani. (I have been down with serious stomach pain).
Nurse: Bude fuskarki. Na duba mata masu yawa masu son addini anan. (Remove your niqab. I have attended to many pious women here).

Patient: Yi haquri. Ina bin koyarwar shari'a ne (Sorry. I'm trying to comply with the teachings of Islamic Shari'a).
Nurse: Kina ganin kin fini bin umarnin Allah ne (What rubbish are you telling me? Do you think you fear Allah better than me? Please get out and call the next patient.
In the above excerpt, the nurse's use of language is an attack on the patient's personality.

Table 1: Classification of impolite strategies according to hospitals & zones

Excerpt	Hospital/Zone	Utterance Containing Impoliteness	Impoliteness Strategies Used
1	General Hospital Maru (Central Zone)	Hey! Kai wane irin baqauye ne? (What sort of villager are you)?	Positive impoliteness
2	Federal Medical Centre Gusau (Central Zone)	Ka riqashi da kyau kada kabari jini ya watso man (Hold him very well. Don't allow blood to pour on my body)	Negative impoliteness
3	Federal Medical Centre Gusau (Central Zone)	Get out of this office quickly!	Negative impoliteness
4	General Hospital Kaura Namoda (Northern Zone)	(Am I a magician)? Gaya man ko ki fita (Tell me his problem or you get out).	Negative impoliteness
5	General Hospital Maradun (Western Zone)	Haba Mallam. An gayama ni takkwali ne? Ko zaka qara gaba ne? (Do you think I am not a professional?) You can go to another hospital.	Sarcasm or Mock impoliteness
6	General Hospital Talata Mafara (Western Zone)	To me kake son nayi? Ba aiki na bane inje dibar jini (what do you want me to do? It is not my responsibility to go for sample collection)	Sarcasm or Mock impoliteness
7	General Hospital Talata Mafara (Western Zone)	Ba za'a yi amfani da ita ba, ka kawo kudi sabuwa muke so (We are not going to use it, give us money to buy a new one).	Sarcasm or Mock Politeness
8	Ahmed Sani Yariman Bakura Specialist Hospital Gusau (Central Zone)	Can't you see the number of patients that are on the queue? Please go to another hospital if you cannot be patient.	Negative impoliteness
9	Federal Medical Centre Gusau (Central Zone)	Kunada matasala, nasan aiki na fa (After shouting, the nurse said don't teach me how to work. Go to room 4 I said).	Negative impoliteness
10	General Hospital Anka (Western Zone)	I told you to source for money for the operation! That's the only solution to your problem.	Sarcasm or Mock Politeness
11	General Hospital Zurmi (Northern Zone)	What rubbish are you telling me? Please get out and call the next patient.	Sarcasm or Mock Politeness
12	General Hospital Moriki (Northern Zone)	Bude fuskarki. Na duba mata masu yawa masu son addini anan. (Remove your niqab. I have attended to many pious women here).	Bald on-record impoliteness

From the data presented in table 1 above, there are five excerpts where negative impoliteness strategies are employed, among them is Federal Medical Centre Gusau in the central zone which takes the lead where three of such expressions have been noticed. The reader may begin to wonder why this has happened but this is not surprising because the hospital is the only federal health facility situated in the state capital and is the best among the selected hospitals which is more equipped with qualified personnel compared to the other health facilities being investigated. The position in health practice and high knowledge personnel of the medical staff is the major reason for impolite behaviours in dealing with their patients.

Another instance of the use of negative impoliteness strategy has been found in a specialist hospital which is also situated in the state capital, which ranks second in quality, staff personnel and equipment after the Federal Medical Center. It is common to have people with high knowledge to be involved in attacking the patient's face. This is rarely found in the rural hospitals.

Next, is the use of sarcasm or mock impoliteness which is demonstrated by five hospitals found in semi-urban areas with two in Talata Mafara which is the second largest town in the state after the state capital. The same impolite expressions are found in the language use by health personnel in Anka and Zurmi general hospitals which also have their own level of exposure second in level after the state capital. From the data, it is also clear that only one hospital uses positive impoliteness strategy which is General Hospital Maru. This is because the hospital is located in a semi-rural area where there is respect for the patients being attended.
The least used impolite behaviour is bald on-record found only in General Hospital Moriki which is a remote area compared to the other towns in the state. It is the only hospital found in a rural area which is not a local government headquarter covered by this research. Having this kind of impolite expression is not surprising

because of the nature of how people talk to one another in day-to-day conversation which may be applied in the doctor-patient talk.

Discussion

From the above data as collated from field work, a lot of language usage can be observed. These include shouting at the patients, get out and call the next person, you are a Shari'a compliant, nobody will attend to you, what sort of villager are you? Go to another hospital, and the rest. These are some of the medical personnel's utterances to the patients which portray signs of impoliteness in speech.

In Excerpt 1 for instance, the medical staff was observed saying: *what sort of villager are you?* This is an attack on the patient's personality which is a negative impoliteness behaviour. In Excerpt 2, the medical staff said 'get out of this office quickly'. In excerpt 3, the use of *Mallam* to a patients' father is an insult viewed as harmful by the health personnel speaking rudely, mocking, not treating another interactant earnestly (Culpeper *et al*, 2017). Looking at the above excerpts, it will not be out of point to state that the expressions used by the medical staff have met the impoliteness requirements proposed by Culpeper (2005) that: Impoliteness comes about when: (i) the speaker communicates face-attack intentionally; (ii) the hearer perceives and/or constructs behaviour as intentionally face-attacking or a combination of (i) and (ii) above. In addition, verbal impoliteness is linguistic behaviour assessed by the hearer as threatening her or his face or social identity, and infringing the norms of appropriate behaviour that prevail in particular context and among particular interlocutors, whether intentionally or not (Holmes & Wilson, 2017). It has also been noticed that the medical staff employed expressions such as *what do you want me to do*? (Excerpt 6), *we are not going to use it* (Excerpt 7), *I told you to source for money for the operation* (Excerpt 10) all portray sarcasm or mock politeness. This language strategy according to Culpeper *et al*

(2017) is deceitful in that it appears polite and respectful on the surface but is actually meant to convey the opposite sentiment.

It has been observed from the excerpts that, the patients tried to be polite by using the expression *good morning* to the medical staff and even addressed staff nurses as doctors which is are polite expressions. On the contrary, the medical staff who host the patients do not regard these courtesies from their clients. This is what Culpeper (1996) refers to withhold politeness including failure to thank others for something they give which is considered as an intentional impoliteness.

Furthermore, none of the excerpts demonstrates sympathy considering the patients' conditions. The expressions used mostly portray unexpected behaviour in the cited medical encounters. Ayoola (2006) states that, health personnel are seen as superior in these encounters shall learn to use *my friend*, *please*, and *thank you* etc. which have not been discovered in the excerpts analysed.
Even though some of the patients are elites, the hospital staff members in question also need to know that some of these patients are from the remote areas. They deserve maximum respect and honour as they attend public hospitals. This impolite behaviour hardly happen in private health facilities where clients pay for all the medical services rendered without any subsidy and are being respected.

The expressions used by the medical staff of the selected hospitals are considered as text materials that can be used for analysis in the academic settings where such expressions can be subjected to critical analysis and for research purposes. It can be seen that among the patients who serve as the victim of impoliteness behaviours are university lecturers. They observed the scenario and their observations also serve as part of the motivation for this research. The use of such impoliteness strategies by the medical

staff in question have linguistic implication especially when subjected to analysis in academic setting.

To balance our discussion, it must be made clear at this juncture that not all the medical personnel in the selected hospitals are found being impolite to the patients as revealed by this research. There are many of them in different health facilities that are being polite, kind, humble, gentle and easy going while talking to the patients only that this article is not concerned with the polite behaviour due to its limited scope.

Conclusion

Politeness and impoliteness strategies are being employed by both the medical staff and patients to achieve their various communication goals. This research reveals that the language used by some medical staff portrays impoliteness behaviour at varying degrees. This is contrary to the hospital ethics that patient's *rights* and *dignity* must be respected. The study equally shows that staff of health facilities in the cities mostly employ negative impoliteness strategies while semi-urban hospital staff employ sarcasm or mock politeness in their language use to the patients. The bald on-record impoliteness strategy is employed by health personnel in the rural hospitals while the other impoliteness strategies are rarely used. The-high pitched voice used in uttering words and expressions such as *hey*, *villager, get out, Mallam, call the next patient,* and *go to another hospital* in the way they are said portray impoliteness strategies. Brown & Levinson (1987) linked such a feature to another adult which may implicate self-humbling. The article recommends that health personnel shall try their best to be polite by using expressions that show sympathy to the patients in adherence to their job ethics. Medical personnel shall remember that they are not doing patients a favour for being in their hospitals.

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