

CHAPTER I

INTRODUCTION

I.1 Background of the study

Language plays an important role in human life. It is language which distinguishes human from other living creatures. We use language to communicate, reveal our ideas and express our feeling to another. Moreover, language may convey several information of the speaker in regard to the educational degree or the origin of the speaker.

Language may be used differently in a different society. Each group of people may use different choice of language in order to be accepted in his society, be considered as the polite one, or understood by someone to whom he is speaking to. Language may vary in many ways and there are no restrictions on the relations among varieties. The defining characteristics of each variety is the relevant relation to society.

Generally, the varieties of language according to use are called registers. They are linked to occupations, professions or topics. There are always sets of terms used

in certain disciplines, professions, trade, or occupations which may not be understood by outsiders. They are only known and used in their own society.

But in this modern age, there is a need to broaden knowledge in many fields, including in medical one. Since health is the most valuable thing in our life, it is important for us to know about medical things, in this case medical terms. As we all understand that medical practitioners have their own language which may not often be understood by the laymen, the writer believes that many people would like to know as many details as possible about the specific and difficult medical terms used by their doctors, whether or not they hide the results medical tests or procedures that have to be undergone. In linguistics those terms are called *jargons*, i.e. a set of terms and expressions used by a social or occupational group but not used and often not understood by the speech community as a whole (Hartman & Stork, 1972:121). For example, medical students may not understand the linguistic jargons such as *phoneme*, *morpheme*, or *speech community* which are familiar to linguistic students. Conversely, linguistic students may not understand either medical jargons such as *juxtaspinal*, *keloid* or *maggot*.

Concerned with medical jargons, a doctor as one of

the medical practitioners may speak in different ways about uttering the same subject to a different group of people. This language phenomena can be easily found in a hospital where doctors may interact with different kinds of people. For those who are in the same field such as nurses or medical students, they may use medical jargons in discussing medical matters such as diseases, medical treatment, or medical cases. But when they speak to the laymen such as patients, they may "simplify" the language so it can be easily understood.

In studying such phenomena, the writer uses the theory of Dell Hymes, the ethnographer, who is famous with his SPEAKING. According to Hymes, there are always features of contexts in communicative events. Briefly put, Setting and Scene, Participants, Ends, Acts, Keys, Instrumentalities, Norms, and Genres. Those are the components of speech that may influence the choosing of language variety, in this case the use of medical jargons.

Referring to Hymes' theory, the writer would like to analyze the use of medical jargons by doctors in hospitals, in this case in RSUD Dr. Soetomo Surabaya. As stated above, doctors and other paramedics have their own language concerning the medical terms, and it is obvious

that they are used differently to different people. The level of language used by doctors varies from very technical one to informal usage as between professionals, or between professional and patient.

It is interesting to analyze this phenomena linguistically. There may be a lot of factors that influence them to choose certain language variety, as stated by Hymes in his theory in regard to the components of speech. In analyzing such phenomena, the writer chooses hospital as the location of sampling. The reason is that in hospital the distinction of language usage spoken to one person and another is clear enough.

I.2 Statement of the problem

The problem that would intend to be solved by the writer in this study is : *"What are the features of contexts that influence the use of medical jargons in RSUD. Dr. Soetomo Surabaya ?"*

I.3 Objective of the study

This study would intend to find out the influence of the features of contexts upon the use of medical jargons in a hospital, in this case RSUD. Dr. Soetomo Surabaya.

I.4 Significance of the study

This study is expected to give a meaningful contribution to the linguistic studies, particularly to the English Department students who are interested in Sociolinguistics, and generally to the linguistic observers who are interested in studying and analyzing language phenomena in society.

Hopefully, this study would give information to society so it can increase their interest in knowing medical jargons used by doctors in hospital.

I.5 Scope and limitation

In analyzing this language phenomena, this study would be limited only to the conversations concerned with the medical terms, such as patients' conditions, both the conversations between professionals or between doctors and patients. The theory applied will also be limited only five components of Hymes' SPEAKING, they are Setting and Scene, Participants, Ends, Act, and Key.

I.6 Theoretical Framework

In this study, the writer uses the theory of Dell Hymes about the features of contexts in communicative events. There is no normal person in a normal community

that is limited to a single way of speaking. An unchanging monotony would preclude the indication of seriousness, respect, role distant or even humour by switching from one mode of speech to another. According to Hymes, there are eight components which influence the speaker to prefer certain kinds of language to another. They are :

Setting and Scene in which communication is permitted, enjoined, encouraged, or abridged. *Setting* refers to the time and place of a speech act and in general to the physical circumstances. *Scene* indicates the psychological setting such as serious or festive, formal or informal, or the like (Dell Hymes, 1974 :55).

Participants They are people which are involved or taking part in communicative events. The character of the hearer must be identified in an adequate way by a speaker. In choosing a certain kind of language it is necessary

for a speaker to know not only observable traits of the hearer, but also background information on the composition and role relationships within social institution (Dell Hymes, 1974 : 54).

Ends (purposes)

in regard both to the outcomes and goals of communicative events, it is necessary to distinguish the conventionally expected or ascribed from the purely situational or personal, and from the latent and unintended (Dell Hymes, 1974: 57). In terms of purposiveness, those two aspects of purpose can be grouped together as *ends in view* (goals) and *ends as outcomes*.

Act sequences

involve message form and message content. How things are said refer to the message form,

while what are being talked about refer to the message content (Dell Hymes, 1974 : 56). Both of them are central to the speech act and the focus of its "syntactic structure" : they are also tightly interdependent. Mastery of the way of speaking is prerequisite to personal expression.

Key

It provides for the tone, manner, or spirit in which an act is done. Key is often conventionally ascribed as an attribute of component such as seriousness, painstaking, or even perfunctory. There is a possibility that one may substitute an alternative key, and this possibility may correspond to the general possibility of choosing one speech style or register as against another. Key can also be the reflection of emphasis, clarity and politeness.

Instrumentalities

It is a means or agencies of speaking that can be divided into two part i.e channels and forms of speech. Channels are medium of transmission of speech, such as oral, written, telegraphic, semaphore or other medium. Forms of speech refer to the speech styles in relation to a social context. It also deals with the mutual intelligibility and the use of some organized set of terms. The term "style" implies the selection of alternatives according to the purpose (Dell Hymes, 1974 : 59).

Norms

There are two kinds of norms. They are Norms of Interaction and Norms of Interpretation. The former involves the specific behaviours and proprieties that attach in each communicative events. It implicates analysis of

social structure and social relationships in a community. While the latter implicates the belief system of a community.

Genres

Genres here are meant categories such as poem, myth, tale, proverb, oration, lecture, etc. It corresponds with the form and variety of language. That is why genres often coincide with speech events. But they must be differed since they also may occur in different events.

Related to Hymes's theory the writer would like to analyze factors which may influence hospital doctors in using medical jargons. With patients, doctors can use either scientific or vernacular speech. Both highly jargonistic, the bland and non commital are calculated to put emotional distance between doctors and patients. But with each other they speak about Science, strange Latin terms, new words and acronyms.

The doctor-patient interaction such as a medical interview is not speech situations that speakers can normally manage following a routine script. Language users

involved in institutionalized encounters exploit different communicative strategies with differing degree of success in order to participate in these interactions. An institutional setting is a social construct bound by rules and set patterns of socially determined behavior. These patterns of behavior can be maintained as an internal system of organization such as role, hierarchy, and group relations. These relations are guided by several concerns, like professional competence, bureaucratic efficiency, public satisfactions, and the maintenance of professional identity. The professional is also concerned with the reorienting of some of the conventional rules of language use. In the doctor-patient interaction, the use of language exhibits some of the same preconceptions, conflicts of interest, and potential for misunderstanding. We all understand that doctors have been taught to think of themselves as scientists. The use of scientific language itself may become a "tool" to control and "confuse" us. We are terrified, of course, to learn that we have "prolapse of the mitral valve" - we promise to take our medicine and stay on our diet, eventhough it may describe a usually innocuous finding in the investigation of an innocent heart murmur. We can also be lulled into a

false sense of security when the doctor avoids a scientific term : "You have a little spot on your lung" - even when what he puts on the chart is "probable bronchogenic carcinoma".

In the doctor-patient interaction, the language is not public, nor addressed to an audience; rather it is typically in the form of one - on - one exchanges, between doctors and patients. So, it can be understood that in order to gain such accurate diagnosis, sometimes doctors must speak vernacular language in their medical interview, eventhough it is apparently difficult for them. The patient's reply depend on their understanding of the language used by the doctors. This may enable the doctors to make the right diagnosis. As Helman (1984) points out, a physician who is unable to interpret the verbal/ nonverbal information presented by the patient is in danger of making the wrong diagnosis.

In a hospital, besides being used in the conversation among doctors and between doctor and patient, medical jargons are also used between doctors and other paramedics such as nurses. Since the level of language varies from the very technical to the informal one, the use of language also varies according to the level of education of the participants. It is these differences that the

writer wants to analyze. What are the features of contexts that may cause doctors choose certain level of technical language over another.

1.7 Method Of The Study

The method applied in this study is the descriptive-qualitative research method. It means that the sample obtained will be described qualitatively. The descriptive-qualitative research method concerns with an observation about population or a sample of population and it does not need to compare variables nor make a hypothesis.

1.7.1 Technique of data collecting

Since it is impossible to gain linguistic corpus only by using single technique (Samarin, 1988:118), the writer applied three techniques in this study. They are :

1. Observation

This technique is applied to obtain any information dealing with the object of the study. The writer did an observation to get secondary data, in this case everything about hospital and its paramedics.

2. Interview

The writer did this technique to find out any information about the use of medical jargons itself. There

may be a lot of things which may not be included in the questionnaire given to the doctors as the centers of research. It is stated that interview is one technique of research that can give the writer much of the required information (Samarin, 1988:42).

3. Questionnaire

Questionnaires are made to gain primary data. With this technique the writer may be able to know the details of the data that will be used to analyze the linguistic phenomena. In applying this technique, the writer gives the respondents a list of questions to be answered. There will be optional answers that can be chosen by the respondents. This will help the respondents to keep on topic.

I.7.2 Population

The population of this study is hospital doctors, in this case doctors who work in RSUD dr. Soetomo Surabaya.

I.7.3 Sample

In getting samples for the research, the writer applies the theory of random sampling. It means that all samples have the same chance to be chosen as respondent. The criteria for respondent are :

- doctors
- work experience in hospital not less than five years

I.7.4 Definition of key terms

Medical jargons : a set of terms and expressions used and understood only by those who work in medical world.

Scientific language : language that is only used by certain group of educated people in certain field.

Simple medical jargons : medical jargons which may be more familiar to the layman since it may concern with the daily disease or condition.

High technical medical jargons : medical jargons which may not be found in a layman's daily life and often considered as the complicated terms.

Indonesianized medical jargons : medical jargons which already have a substitute term in Bahasa Indonesia, such as kencing manis, darah tinggi, etc.

Simplified medical jargons : medical jargons which may be uttered in an understandable language, usually in longer simple sentences.

1.7.5 Technique of data analysis

All the data which have been collected will be analysed systematically. The obvious step is to reduce all data to percentage. The formula is $\frac{N}{P} \times 100\% = x$ (Notation of abbreviation : N = the number of doctors using medical jargons; P = the number of all respondents; x = the result of percentage). In order to make it clearer, the data will also be served in the form of tables.

1.8 Organization Of The Paper

This paper contains four chapters, and each chapter contains a particular topic of discussion.

Chapter 1 is the introduction of the whole paper. It contains the background of the study, statement of the problem, objective of the study, significance of the study, scope and limitation, theoretical framework, method of the study, and the organization of the paper.

Chapter 2 contains the general description of the object of the study. It includes the location and other characteristics of the object.

Chapter 3 contains the presentation and analysis of the data.

Chapter 4 is the conclusion of the whole discussion in the previous chapter.

This paper will be also completed with the bibliography as an addition to the information about references and sources that have been used.

CHAPTER II

GENERAL DESCRIPTION OF THE OBJECT OF RESEARCH