

## CHAPTER IV

## CONCLUSION

As a result of this study, the writer comes to the conclusion that the different use of medical jargons by doctors in hospital may be influenced by the setting of conversation, participants, goals and purposes of language usage, topics, how they are supposed to deliver the information and the manner and emphasizing of the subject. As a public health service where various people are joined together, there must be variation of medical jargons usage in hospital.

The first influencing component is the setting in which the conversation is conducted. Setting here means both physical and psychological setting. Physical setting which affects the use of medical jargons is the setting of the inside of a hospital which certainly has 'medical atmosphere'. As a matter of fact, it is the atmosphere which is the most important aspect of the setting. That is why the use of medical jargons inside hospital is more frequent than outside hospital which do not always have 'medical atmosphere'. The psychological setting may refer to the seriousness of conversation and it alone may not affect the use of medical jargons unless it is followed

by sophisticated topics.

The second influencing component i.e participants do influence the doctors in choosing certain variety of language. The first consideration of speaker in determining language variety is the profession or occupation of the hearer. Medical jargons may come out if they talk to anyone who have same background of education i.e medical education. Level of education is the second consideration, since not all of those who have high level of education are familiar with medical terms. However, the doctors may use medical jargons in communicating with them with the consideration that one who are well educated may also have a broad knowledge. So, they will understand some medical jargons, at least those which are concerned to themselves.

The next influencing component is the component of ends or purposes. The use of medical jargons obviously depend on the purpose the speaker wants to reach. Each speaker may have different purpose in communicating with different hearer. The primary purpose in using medical jargons to the nurse may be different from that of medical jargons used to the patients. In having conversation with the nurse the primary purpose may be to make them familiar with those terms, while in speaking with patients the

purpose of medical jargons may be to make them understand what the doctor wants to know during medical interviews. The use of medical jargons to other doctors or senior doctors may be aimed to have some kind of "equal feeling", to make them understand that they are also familiar with those terms, so that they will not be underestimated by the others. Other purpose may be to ease communication between professionals. In speaking to medical students medical jargons may be used to teach them so that they can be more familiar with those terms.

The fourth component i.e act sequences also influence the use of medical jargons in hospital. It includes the way of message delivery and the topic being talked about. The sophisticated topic which may need the rare complicated terms may make them to choose medical jargons over another. It is different when they give an explanation during medical interview to patients or medical lecture to medical students. During medical interviews they may choose simpler medical jargons so that it can be understood. While during medical lecture the technical medical jargons may be used.

The fifth component is the component of key. The influence here is on the dimension of polite-impolite.

During medical interview when it is concerned to pelvic area the use of medical jargons may eliminate the feeling of embarrassment by mentioning words which are considered as 'taboo' words in common language. So, the use of medical jargons here is expected to build 'medical situation', so that there will be no feeling of embarrassment for both of them.

## **BIBLIOGRAPHY**