

CHAPTER III

PRESENTATION AND ANALYSIS OF THE DATA

Here the writer presents the data obtained from the questionnaires and interviews, and tries to analyze them. In order to make it easier, all the data will be presented in the form of tables. As stated above, the writer would only take the first five of Hymes' theory since it is assumed as the most influencing components. So, the answers of questionnaires will also be classified into five groups according to the first five of Hymes' SPEAKING i.e Setting and Scene, Participants, Ends, Acts, and Key. The result is expected to give a representative description about the influencing factors of medical jargons used in Dr. Soetomo hospital.

III.1 The Influence of Setting and Scene

In this first component, the writer wants to know whether the setting of conversations influence the use of medical jargons or not. The writer asks the respondents which place encourage them more to use medical jargons, inside hospital (which automatically refers to

the medical environment) or outside hospital with its various environment. A special type of physical setting may affect linguistic choices. Physical surroundings can have considerable effects upon mood and frame of mind. It can be understood that one may modify his language and speech style when entering a religious place after a party. However, these speech modifications are not determined by physical surroundings alone, but principally by the social expectations with which they are associated. A hospital has an " atmosphere " conducive to the use of medical jargons. The table below will give a clear description :

Table III.1.1 The influence of setting upon the use of medical jargons

Setting	Frequency	Percentage
inside hospital	44	88 %
outside hospital	2	4 %
both	4	8 %

This research said that most of respondents (88 %) are encouraged by hospital environment, so they use more medical jargons inside hospital compared to other place outside hospital (4 %). There are respondents (8 %)

who tend to use medical jargons both inside and outside hospital for they always deal with 'medical business' no matter where they are. For example, doctors who also take charge in clinic laboratory, or they who often give medical lectures or seminars outside hospital. In other words it means that in using medical jargons they are not influenced by place, but they may be more influenced by the other components such as participants, ends (goals), or others.

In using medical jargons inside hospital, the doctors are much influenced by hospital atmosphere, in which they are always surrounded by medical things. In fact, when they are outside hospital, they will not use medical jargons, except if there is special occasion such as medical lecture, seminar or others. However, there are always other things to consider for using medical jargons. It can be said that the influence of setting are closely related to the atmosphere of the place. Just like doctors said that they rarely use medical jargons outside hospital except with colleagues or in special occasion concerning medical things. It can be understood, since they do not always find "medical atmosphere" outside hospital, medical jargons are used more frequently inside hospital compared to outside hospital.

Beside physical setting as explained above, there is Scene which refers to psychological setting. In this research the writer finds out that most of the respondents are influenced by psychological setting i.e serious or not, formal or informal or the like. A clear description can be seen in the table below :

Table III.1.2 The influence of psychological setting upon the use of medical jargons

State	Frequency	Percentage
Influenced	38	76 %
Not influenced	12	24 %

The influence of psychological setting according to the doctors are closely related to the topic. If the conversation is getting serious and followed by sophisticated topics, technicality and frequency of medical jargons usage raise. On the contrary, eventhough the conversation is getting serious but not followed by sophisticated topics, technicality and frequency of medical jargons usage remain the same. It means that psychological setting alone may not influence doctors for using more complicated medical jargons unless there are sophisticated topics which automatically need high

technical jargons.

III.2 The Influence of Participants

The second component is participants. From the interview the writer finds out that most of respondents have similar answers about this component. They always consider the hearer before deciding what kind of language they have to use, although they may not have the same primary consideration about the hearers themselves. There may be various considerations such as profession or occupation, level of education, social status or some others. The speaking is affected by the amount of information the hearer has about the subject matter. Speakers who speak with poorly-informed hearers on a topic tend to use more words, more repetitions, and give more complete descriptions of things being talked about compared to speakers with moderately well-informed hearers. From those various considerations, respondents may have different choices in deciding which one is the primary one. The table below will give a clear description:

Table III.2.1 The influence of occupations of participants upon the use of medical jargons

Consideration	Frequency	Percentage
Professions/ occupations	23	46 %
Level of education	12	24 %
Social status	2	4 %
All of them	13	26 %

From the table above it can be seen that most of respondents consider the profession or occupation of the hearer as the primary consideration in using medical jargons i.e 46 %. It is bigger compared to the other component such as level of education and social status that are only 24 % and 4 %. It shows that a speaker's description of objects differs according to how well he thinks the audience may comprehend him. The more he knows that his audience understands him, the more technical jargons he will use. In fact, the use of medical jargons varies according to the level of medical education of the hearer. Most of respondents said that they use medical jargons to almost all of those who have medical background of education, although there is a difference on the technicality of the terms used. In other

words it can be said that the different level of medical jargons are used differently according to the level of medical background of education of the hearer. A clear description may be shown by the table below (%):

Table III.2.2 The use of medical jargons according to the level of medical background of education of hearer

Hearers	i.m	s.m	h.m	v.h.m	i+s	h+v
Patients	62	32	-	-	6	-
Nurses	26	68	-	-	6	-
Doctors	28	18	50	-	-	4
Seniors	28	18	42	8	-	4
Students	28	18	50	-	-	4

Notation of abbreviations :

- i.m : indonesianized medical jargons
- s.m : simplified medical jargons
- h.m : high technical medical jargons
- v.h.m : very high technical medical jargons

From the table above it is obvious that in communicating with patients most of the doctors use indonesianized medical jargons. It means that they rarely use technical medical jargons with their patients. If there is " indonesian term" for a certain Latin term, they

may prefer that "indonesian term" over the Latin term. For example : they prefer

" Anda menderita kencing manis " than

" Anda menderita diabetes melitus ".

It is assumed that generally the term " kencing manis" is more understandable to patients than the term " diabetes melitus ". It is true that there may be patients who understand terms such as diabetes melitus, but there is still a risk of being not understood by some other people. So, the safest way is using the language understood by patients in general.

For terms which have not become " indonesianized " yet, the doctors prefer to explain them in longer but simpler sentences. For example : they prefer to say

"Dari hasil foto rontgen anda, terlihat adanya *sedikit titik kecil pada paru anda*. Jadi obat ini harus diminum secara teratur supaya titik tersebut tidak bertambah banyak dan anda juga harus memeriksakan diri secara teratur untuk menjalani pemeriksaan-pemeriksaan dan pengobatan lebih lanjut".

rather than

" Dari hasil foto rontgen anda, kemungkinan anda menderita *bronchogenic carcinoma*. Jadi obat ini harus

diminum untuk menghambat pertumbuhan kanker dan anda juga harus periksa secara teratur untuk menjalani pemeriksaan dan pengobatan lebih lanjut ".

The preferred sentences not only give an understandable statement, but also give the patient some sense of security. Sometime a patient cannot accept such a condition. Once he heard that there is a malignant disease in his body, he will be terrified. This is absolutely not good for his own cure, since psychological state does influence one's cure.

In having conversation with nurses, the mostly used language is the simplified medical jargons. It is true that a nurse is one who also has medical background, but it is far below the doctor's. So, since doctors need to give an order, they may have to simplify the language in order to make it clear and more understandable.

On the contrary, the mostly used language in communicating with some other doctors, medical students or their seniors is the high technical medical jargons. It may be caused by the equal medical background of education for both speakers and the hearers. So, there are no consequences of being misunderstood since they both have the same frame of thinking as a health provider. There may also be a usage of indonesianized or simplified medical

jargons, but the percentage is smaller. Those differences may arise since each speaker may have different goals concerning the use of certain level of medical jargons. Further explanations about the component of goals will be discussed in the next sub-chapter.

III.3 The Influence of Ends (purposes)

In the term of purposiveness, the use of medical jargons may be based on different goals of each speaker. There may be some doctors who use medical jargons without any purpose, since it just come out automatically when they speak about medical things. It makes sense for they had been taught to speak that way since they were in college. However, most of respondents stating that they have certain purposes in using medical jargons, and it obviously depends on the hearer. The purpose of medical jargons usage to the nurse is different from that of the patient, and so is it from that of colleagues and seniors. If in having conversation with a nurse the main purpose may be to give a clear order, the main purpose in having conversation with patient may be to avoid misinterpretation during medical interview. While in speaking with other doctors, some doctors may have some feeling of showing their professional identity. The table

below may give clear description :

Table III.3.1 The purpose of medical jargons usage if the hearer is a nurse

Purposes	Frequency	Percentage
To make them familiar with the terms	27	54 %
To show professional identity	6	12 %
Others	12	24 %
No purpose	5	10 %

Table III.3.2 The purpose of medical jargons usage if the hearer is a patient

Purposes	Frequency	Percentage
To hide patient's real condition	8	16 %
To show professional identity	9	18 %
Others	23	46 %
No purpose	10	20 %

Table III.3.3 The purpose of medical jargons usage if the hearer is a doctor/senior doctor

Purposes	Frequency	Percentage
In order to be equal with the hearer	22	44 %
To show professional identity	13	26 %
Others	11	22 %
No purpose	4	8 %

Table III.3.4 The purpose of medical jargons usage if the hearer is a medical student

Purposes	Frequency	Percentage
To teach them to be familiar with the terms	32	64 %
To show professional identity	7	14 %
Others	6	12 %
No purpose	5	10 %

In having conversation with a nurse (see: Table III.3.1) the strongest reason of using medical jargons is to make those nurses familiar with those jargons (54 %). The development of medical technology is so fast, and it is certainly followed by so many new terms. So, those who are in medical world must know it. Doctor, holding the highest position in medical world certainly need to use the terms, and of course it must be understood by their hearers including nurses. In order to reach an effective conversation, they must make the nurses familiar with those terms so that they can give a clear order and misinterpretation can be avoided. Related to table III.2.2, the most frequently used jargons by doctors to nurses is the simplified one, i.e medical jargons which is uttered in an understandable language. The original terms may come out, but the high technical one is usually followed by the simplified one. So, besides making the terms familiar, it also makes them understandable.

There may be some doctors who use medical jargons in order to show their professional identity (12 %). It usually happens when they are having conversation with a nurse from another hospital who does not know that they are doctors. The use of jargons are expected to make the

nurses understand and treat them properly. 24 % of respondents have other purposes in using medical jargons. Most of them say that they use those jargons in order to have same perception about the things being talked about. This is true if those nurses are assumed to understand those jargons. If not, than the jargons are followed by a further explanation. Another purpose is to build a good communication between them. Basically, whatever the purpose is, it seems that it may be centered on one thing i.e to make things as clear as possible.

Some doctors use medical jargons to patients in order to hide the real condition of a patient (16 %), especially if he is suffering from a severe disease (See : Table III.3.2). Many patients cannot think rationally if they know that they have lethal disease. They may be haunted by the feeling of death. Psychologically, it is not good for their own cure. That is why they prefer to use those jargons for the patient's own good. Sometimes in front of patient they need to show their professional identity by using jargons in order to raise patient's trust (18 %). There are other various purposes (46 %). Mostly it is to make them understand what the doctor wants to know during a medical interview. Referring to table III.2.2, the mostly used jargons to patients is the "

indonesianized " one i.e terms or jargons in Bahasa Indonesia. It is used to avoid the wrong perception of a patient in answering the doctor's question during a medical interview. It is important since a wrong answer can lead to a wrong diagnosis. Doctors' sense of patients inability to understand things may increase their tendency to talk in simple terms to them, or not to speak at all.

The main purpose of using medical jargons to their seniors (see : table III.3.3) is be equal with them (44 %). So, they can see that they are also familiar with those terms. Whatever the seniors discuss, they can follow the discussion without any trouble. It may show the hearer that they have an equal ability or equal knowledge with them, so they will not be underestimated. Besides showing their professional identity (26 %), their other purpose is to have the same perception about patient's condition (22 %). It can also be said that in order to have good communication between professionals medical jargons is used, so that misinterpretation can be avoided. Related to table III.2.2 the most frequently used medical jargons to other doctors and seniors is the high technical medical jargons i.e 50 % and 42 %. The use of high technical medical jargons among same rank of the doctors

is mostly to communicate effectively, while in conversing with their seniors, it may be used to show their ability.

In table III.3.4 we can see that the purpose of using medical jargons toward medical students is mostly to teach them so that they can be more familiar with those terms. 64 % of respondents state that it is important to make the students familiar with those terms so that they will be used to speak and think scientifically. 14 % of them use medical jargons to show their professional identity and 12 % of them use medical jargons to ease communication.

III.4 The Influence of Act Sequences

According to Tanner (1974 : 24) the topic being talked about determines a speaker to choose certain varieties. A doctor's way of speaking is different according to the topic (message content) of the conversation. In other words it can be said that how things are supposed to be said and what are being talked about influence doctors to choose one kind of medical jargons over another.

Each speech event may have different topic and different ways of message delivery. The way a doctor

speaks during a medical interview is different from the way he speaks when he has a discussion with other doctors, gives an order to the nurse or even when he gives an explanation or lecture to medical students. When he speaks to a patient in his medical interview the words may be simpler and persuasive, since he has to make his patient understand, and be optimistic about their cure.

In giving an order to the nurse, the words used may be brief and clear, and in communicating with other doctors he can be more open in revealing a patient's condition. That is why the use of medical jargons vary according to the speech event which also automatically refers to the topic and the way of its delivery. Many of the respondents say that in using medical jargons they are influenced by speech event which means that the varieties they choose depend on the topic and how are they supposed to deliver the message. Troike (1974 : 52) said that topic is the primary determinant in choosing the kinds of words.

The highest technical medical jargons is used during a discussion between professionals. Most of the respondents use this kind of medical jargons on such occasions. Few of them also use it during medical interviews. While the simplest medical jargons are mostly

used during medical interviews besides being used in giving instruction to nurse. A clear description will be shown by the table below (%) :

Table III.4.1 The use of medical jargons according to the occasion

Occasions	The most tech.	The simplest
Medical interview	12	54
Discussion with professionals	62	-
Giving instruction to nurse	10	34
Giving lecture to med.student	16	12

The table above shows that during medical interview the most jargons used are the simplest ones. Referring to table III.3.2, it is shown that the jargons here are used to ease communication between doctor-patient. While in discussing medical things with others the most technical jargons are used. It shows that in order to suit the situation doctors use the proper language variety. It is obviously related to what the topic is and how they are supposed to deliver it.

III.5 The Influence of Key

In this part the writer wants to emphasize more on manner which may refer to the politeness. Terms concerned with some reproduction organs may arise some kind of "taboo" feeling if it is said in non scientific or common language. The scientific language for such terms may eliminate that feeling. During the examination, especially when it is concerned with pelvic area, medical jargons may help to eliminate sexual imagery. Medical providers want to make it clear to the patients and themselves that private concerns, aesthetic interest, and sexual feelings are firmly left behind when they enter hospital. Medical talk may serve to desexualize and depersonalize the encounter in order to sustain the social reality that no one is embarrassed, and that "this is a medical situation". Lexical selection of alternative words helps bypass sexual imagery. In other words it can be said that medical jargons may help doctors to communicate better without the feeling of embarrassment.

As stated by Hymes that key can also be the reflection of emphasis, most of respondents say that they do speak differently when they want to make an emphasis on things talked about. The emphasis may draw more attention

from hearer. The tables below may give clear description :

Table III.5.1 The use of medical jargons in order to be more polite

Yes / No	Frequency	Percentage
Yes	37	74 %
No	13	26 %

Table III.5.2 The use of medical jargons to give an emphasis on something

Yes / No	Frequency	Percentage
Yes	40	80 %
No	10	20 %

From the tables above we can see that there are some doctors who give ' No ' answer. The former table may mean that they do not use medical jargons in order to be polite but that is just the way they speak. They do not assume that with using medical jargons they will raise the impression of politeness. Whatever the terms are, as long as it is in a ' medical situation ', there will be no embarrassing words. While the latter, the ' No ' answer means that medical jargons are not used when they want to emphasize something being talked about. So, there is no

change in language usage in order to emphasize the importance of certain cases. It is not the need of emphasizing which influence them to choose medical jargons over another, but it all depend on the case itself.

Considering the dimension of polite-impolite may be important for doctors since some patients may feel embarrassed if they have to answer the question concerning with the pelvic area. That is why most doctors prefer medical jargons to others in order to build ' medical situation ' so that there will be no feeling of embarrassment.

CHAPTER IV

CONCLUSION