

Title:

Linguistic representations of the sexes in an English textbook for Japanese student nurses

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Date: September, 2001

## 1. Introduction

Gender differences in language use are observed in various languages. For example, Japanese women and men use different sentence-final particles, and a Japanese male speaker refers to himself as *boku* or *ore* whereas a female uses *watashi*. Japanese children learn to make distinctions very early in life (Holmes, 2001; Montgomery, 1995; Wardhaugh, 2001). Recently many foreigners study Japanese and unfortunately Japanese people often experience their misuse of Japanese in light of gender distinction, which can even affect Japanese people's impressions of them.

In order to introduce natural use of targeted language to students, I believe it is essential to teach sex-based differences in language use in TEFL/ESL classrooms. Japanese students will have no difficulties to accept sex differences existing in other languages because there certainly are sex differences in Japanese as mentioned above.

When we focus on English, a considerable amount of data have been reported regarding sex-based differences in use. They are mostly related to English in communication, such as conversations or speeches, and much less of them refer to English used in formal situations and written English such as academic papers. This means that gender differences in English use are one of the important points in teaching communicative English. I have been teaching English at a nursing school and needs for teaching communicative English for student nurses have been increasing in Japan. The main reasons for that are: 1) The number of foreigners as Japanese residents has been increasing year by year and Japanese nurses need to communicate with foreign patients in English. 2) Opportunities for Japanese nurses to have overseas training have been on the increase. In teaching communicative English as a second language, the ways to represent men and women linguistically should be given attention, and an English textbook for Japanese student nurses was analyzed in this report from this point of view.

The textbook examined was Graded Reading and Conversation Series for Nurses (Setzler and Hale, 2000) which consisted of two parts. Each part has 15 lessons and each of the lessons contains a dialogue. The reasons that I chose this textbook are: 1) Sex of the characters in the dialogues is well-stated with illustrations, 2) Situations employed in the dialogues are rich in variety, 3) The average number of exchanges in a dialogue is 7.8, which will be large enough as a model dialogue for situation-based syllabus, and 4) The level of English employed in the textbook is adequate for the student nurses in my course.

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The analysis was performed based on mainly linguistic features described by Lakoff (1975), which she claimed characterize women's speech. These points were focused in this report because they are supported by a notion of underlying functional coherence and not a list of any forms that simply produced a statistical difference between women and men (Holmes, 2001) (refer to 'Literature and review' section).

Conversations in the dialogues were examined mainly in light of:

- (1) Sex-differences in English use by comparing utterances of women and men.
- (2) Differences which might be related to professions by comparing utterances of female nurses and female patients.
- (3) Differences which might be related to identity of addressees by comparing utterances of the same addressers to different addressees.

The results suggest that some hedges or fillers and intensifiers may be representative of women in the textbook, and their underlying effects appeared to be closely related to addressers' social status or a medical profession.

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## 2. Literature review

There are various possible relationships between language and society. A first possible relationship is that social structure or requirements may either influence or determine linguistic structure and/or behaviour. Some studies focused on speaker's age, gender, regional, social or ethnic origin support this concept (Holmes, 2001; Wardhaugh, 2001). The second is that linguistic structure and/or behaviour may either influence or determine social structure, and the main theory based on this aspect is the Whorfian Hypothesis (Carroll, 1956; Holmes, 2001; Wardhaugh, 2001). The third is that the influence is bi-directional: language and society may influence each other (Dittmar, 1976) and the fourth is to assume that there is no relationship between linguistic structure and social structure, and that each is independent of the other (Wardhaugh, 2001).

In discussing gender, some dialectologists such as Macaulay (1977) have suggested, based on their quantitative data, that the speech of women generally is closer to the standard form of the language, a phenomenon sometimes referred to as 'hypercorrection' (Coates, 1986). According to Holmes (2001), the possible explanations given are: 1) Women are more aware of the fact that the way they speak signals their social class background or social status in the community, 2) The society tends to expect 'better' behaviour from women than from men, 3) Subordinate groups of people must be polite, and 4) Men prefer vernacular forms because they carry 'macho' connotations of masculinity and toughness, and because of this, women might not want to use such forms.

Feminist linguists, who present language as one of the pieces of evidence for female oppression by men, have criticized their quantitative paradigm. At the same time, some qualitative or interactional sociolinguistic studies such as Milroy's study (1980) supplied the evidence that this classical sociolinguistic assertion that women are more sensitive to norms of correct speech than men is not based on precise studies, and it is now regarded as a simplistic generalisation (Montgomery, 1995).

In an early attempt to characterize speech differences between women and men, Lakoff (1975) shifted the focus of research on gender differences to syntax, semantics and style, and suggested almost the opposite to the classic sociolinguistic assertion that women use a language closer to the standard form. She identified linguistic features which characterized women's speech as follows.

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- (a) Lexical hedges or fillers,
- (b) Tag questions,
- (c) Rising intonation,
- (d) 'Empty' adjectives,
- (e) Precise colour terms,
- (f) Intensifiers,
- (g) 'Hypercorrect' grammar,
- (h) 'Superpolite' forms,
- (i) Avoidance of strong swear words,
- (j) Emphatic stress.

The internal coherence of these features can be seen as their hedging or reducing effects, and their boosting or intensifying effects. The features which may serve as hedging devices are lexical hedges, tag questions, question intonation, superpolite forms and euphemisms, and boosting devices are intensifiers and emphatic stress (Holmes, 2001). Lakoff (1975) suggested that women use hedging devices to express uncertainty and they use intensifying devices to persuade their addressee to take them seriously. Both hedges and boosters reflect women's lack of confidence.

However, it should be noted that functions of tag questions include not only expressing uncertainty but they can also be facilitative or positive devices providing an addressee with an easy entree into a conversation. Furthermore, they have a softening function, and can express concerns for addressee's feelings, or they can even be confrontational (Holmes, 2001). Furthermore, many of the features which characterize women's language are positive politeness devices expressing solidarity, and the formality of the context is another relevant factor (Holmes, 2001; Wardhaugh, 2001). These studies suggest that men and women often fill different roles in society, and explanations of sex differences in speech behaviour referring only to the status or power dimension are unsatisfactory (Holmes, 2001).

It is also pointed out that in the area of language and gender, language may also determine what people notice, what categories they establish, what choices they believe are available, and consequently the way they believe (Holmes, 2001).

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### 3. Materials and Methods

#### 3.1. Materials

The textbook analyzed was:

Graded reading and conversation series for nurses (Setzler and Hale, 2000):, Part 1) Working in an American hospital, and Part 2) Providing treatments, medication, and therapy

This textbook was specially written for Japanese student nurses. In Part 1, readers meet three Japanese nurses who came to an American Medical Center as

part of a nursing exchange program. The three female nurses are studying about nursing in the USA. They work and learn alongside other American nurses, and share information about nursing practices in Japan and America. Part 2 features a Japanese woman who has been a nurse for three years, and studies methods of therapy and uses of drugs in America through her experiences with patients, doctors and her colleagues.

Each part contains 15 lessons and each lesson consists of a dialogue, a section for vocabulary and expressions, a reading section and exercises. This textbook was written by two co-authors, C. Hale who had been a nurse and had extensive experience working in an American general hospital and H. Setzler a linguist, and Japanese English teacher, D. Suzuki edited the book from the viewpoint of Japanese English learners.

## 3.2 Methods for analysis

### 3.2.1 Analysis for linguistic features

The analysis was performed based mainly on the linguistic features listed below. Most of them were characteristics of women's speech suggested by Lakoff (1975) (refer to 'Literature and review' section) except 'rising intonation', because there are no tapes or CDs attached to the textbook analyzed. 'Direct requests or imperatives' were also examined in order to compare their usage and frequency to those of 'indirect requests'.

- (1) Lexical hedges or fillers (e.g. you know, sort of, well, you see)
  - (2) Tag questions (e.g. "she's very nice, isn't she?")
  - (3) Intensifiers (e.g. just and so, such as "I like him so much.")
  - (4) 'Superpolite' forms (e.g. indirect requests, euphemisms)
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- (5) Direct requests or imperatives
  - (6) Emphatic stress (e.g. "it was a BRILLIANT performance.")
  - (7) 'Empty' adjectives (e.g. divine, charming, cute)
  - (8) Precise colour terms (e.g. magenta, aquamarine), 'hypercorrect' grammar (e.g. consistent use of standard verb forms) and avoidance of strong swear words (e.g. fudge, my goodness).

Words or sentences which possessed these features were identified and numbers of their appearances by addresser or by addressee for the same addresser, were counted.

### 3.2.2 Visual representations

Illustrations inserted in the dialogues were used to analysis visual representations of characters.

## 4. Results

### 4.1 Analysis for the linguistic features

#### 4.1.1 Analysis for lexical hedges or fillers

Results of the analysis for lexical hedges or fillers were shown in Table 1 in Appendix 1. The word 'just' appeared to have two functions, which were hedging, minimizing or softening effects such as in "Just relax your arm.", and intensifying effects such as in "It's just right.". The number of occurrences of the word 'just' as a hedge, minimizer or softener was counted and shown in Table 1, and that of 'just' as an intensifier was presented in Table 2 in Appendix 1 (refer to 4.1.3 Analysis for intensifiers). In total, hedges or fillers were observed 25 times, including 'well' (10 times), 'just' (9 times), 'you know' (3 times), 'only' (twice), and 'let's see' (once). The utterances by females were dominant compared to those by males, and the ratio was 19 to 6. These were observed mainly in conversations between nurses, and also seen in the nurses' utterances to patients, and in the patients' utterances to nurses. 'Frequency' was calculated by dividing the total number of occurrences of the word by the total number of utterances. As for the frequencies for patients' utterances to female nurses, female patients used these words around 3.6 times as frequently (0.25) as male patients did (0.07).

The lexical hedge nurses addressed to patients was only 'just' which would be a minimizer or softener in the dialogues and no other lexical hedges or fillers were addressed by the nurses to the patients.

#### 4.1.2 Analysis for tag questions

Tag questions were observed 4 times in total, which were 'aren't you?' (twice) and 'isn't he?' (twice), and all of them were addressed by female nurses to their colleagues.

#### 4.1.3 Analysis for intensifiers

Results of the analysis for intensifiers are shown in Table 2 in Appendix 1. They were 'just', 'right', 'so', 'very', 'really', 'completely' and 'do'. The words, 'just' and 'right', were seen most frequently (7 times each). Females' utterances of these words were observed approximately 2 times as frequently as those of males'. These intensifiers were found mainly in conversations between female nurses, and in utterances of female patients to female nurses.

#### 4.1.4 Analysis for indirect requests or euphemisms

There were only 5 indirect requests or euphemistic sentences observed in the textbook, and all of them were spoken by females (Table 3 in Appendix 1).

#### 4.1.5 Analysis for direct requests or imperatives

There were 7 direct requests or imperatives found in the textbook with the f

re frequency being 1.4 times (7/5) higher than that of indirect requests and euphemisms, and all of them were spoken by female nurses to patients or to patients' mothers (Table 4 in Appendix 1).

#### 4.1.6 Analysis for emphatic stresses

There were only 2 sentences found which seemed to contain emphatic stresses, and both of them were spoken by females (Table 5 in Appendix 1).

#### 4.1.7 Analysis for 'empty' adjectives

The adjective 'wonderful' was observed in one occasion in the utterance of a female nurse to her colleague, a female nurse. 'Lovely' was not seen but the verb 'love' was found in two utterances, which were 'I love nursing.', the utterance of a female nurse to her colleague, a female nurse, and 'We love food to look beautiful.', the utterance of a female nurse to a female dietitian.

#### 4.1.8 Analysis for precise colour terms, 'hypercorrect' grammar, and avoidance of strong swear words.

No precise colour terms, 'hypercorrect' grammar, 'fudges' or references to speakers' own goodness were observed in the textbook analyzed.

#### 4.1.9 Analysis for address terms

The hospital professionals worked as a team in the dialogues. The way characters addressed each other was examined and the results are shown in Table 6 in Appendix 1.

Although hospital workers other than medical doctors used their first names to address each other, they addressed medical doctors by the doctors' surnames with the title. Even

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a director of nursing used doctors' title plus surnames when she addressed them. The patients including children also called doctors by their title plus surnames. Medical doctors addressed hospital professionals by their first names except medical doctors.

The address-term usage of nurses appeared to be related to patients' age. When they addressed adult or elder patients, they used the patients' title (Mr. or Mrs.) plus surnames, and they addressed young patients including boys and girls by their first names. There were only 6 utterances observed in which patients addressed nurses, and 4 adult or elder male patients addressed nurses only by their title, Nurse, and one elder female patient addressed a nurse by her first name, and a girl patient addressed a nurse by her title (Miss) plus surname.

The gender differences in address terms among professionals couldn't be analyzed because all doctors observed in the textbook were males and all nurses were females, and only one character each for other hospital professionals appeared in the textbook.

## 4.2 Visual representations of the sexes

In the textbook examined, all medical professionals were dressed tidily in their uniforms and patients wore gowns or nightclothes provided by the hospital. Visual representations had been determined exclusively by the character's profession in the textbook.

## 5. Discussion

In Japan, there is a strong fixed idea on a connection between a profession and sex, especially medical professions. Almost all of Japanese people expect nurses to be female and medical doctors to be male. I analyzed 7 English conversation textbooks for Japanese student nurses from the point of professions and sex. In total, 24 nurses and 14 doctors appeared and all nurses were females and all doctors were males. Sex of patients included a mixture of male and female, and 7 patients' mothers appeared in the textbooks but no fathers observed. In the course of this analysis, I came across only one female doctor in an English textbook for international communication, Passport (Buckingham and Whitney, 1999), which was published not only for Japanese learners.

These results suggest a strong conceptual thinking of Japanese people regarding professions and sex or roles and sex, and this seems to be reflected in English textbooks for Japanese student nurses. It is of great interest to examine and discuss linguistic representations of women and men in these textbooks, in order to introduce natural usage of English to student nurses and to estimate these textbooks as teaching materials for that purpose, and possibly to help them be aware of cultural differences or similarities through English classes.

### 5.1 Linguistic features

#### 5.1.1 Lexical hedges or fillers

Although the frequency of hedges or fillers observed in the utterances of a male X-ray technician was the highest, this datum lacks statistical significance because the total number of his utterances was too small. The average frequency for the hedges or fillers spoken by females was 0.17  $((0.27+0.08+0.22+0.04+0.25)/5)$ , which was approximately 2.5 times higher than that for males (0.07). Female patients used these words to nurses around 3.6 times as frequently as male patients did. These findings suggest that the hedges or fillers observed may represent women in the textbook.

It should be noted that the frequency of the use of these words by female nurses to medical doctors was very low (0.08), and the lexical hedge which nurses addressed to patients had exclusively an softening effect on addressees' feelings. According to Lakoff (Holmes, 2001), lexical hedges or fillers express speakers' uncertainty. In the working situations in Japan, medical professionals are expected to be confident in what they say

and how they behave, and it will be natural to assume that nurses try to avoid using lexical hedges or fillers which express speakers' uncertainty to pa

tients and doctors.

This could be one of possible explanations for the low frequency for nurses' utterances addressed to doctors and for no use of 'sort of'. 'Well' accounted for 40% and was dominantly used when the nurses considered carefully about what she had to inform or advise to their colleagues regarding treatments, and 'well' may express addressers' 'carefulness' and not 'uncertainty' in these situations.

#### 5.1.2 Tag questions

All of them were addressed by female nurses to their colleagues, but they were not frequently used and could not be a subject to statistical analysis. The tag question, 'aren't you?', was used to facilitate an utterance of the addressee, and 'isn't he?' was used to confirm information on patients' conditions and not to express speakers' uncertainty. Therefore, no apparent relation with hesitation or lack of confidence was observed.

#### 5.1.3 Intensifiers

The highest frequency was observed in a male pharmacist's utterances, but this result lacks statistical significance due to the small number of his total utterances. The frequencies for nurses' utterances to doctors, a therapist's utterances to a nurse, and a nurse's utterances to a laboratory technician were also not reliable for the same reason. Female patients used these words to nurses around 2.3 times as frequently as male patients did. However, no intensifiers were addressed by female nurses to female patients, and the frequencies for nurses' utterances to male patients or to medical doctors were very low. The average frequency for intensifiers spoken by females ( $0.20: (0.40+0.07+0.25+0.08=0.80)/4$ ) was almost equal to that for male addressers ( $0.18: (0.11+0.25=0.36)/2$ ).

These findings suggest the intensifiers observed could be considered to represent women in the textbook, but they may be used less frequently in medical work. This is probably because medical professionals are expected to speak in precise terms and not in exaggerated terms in Japan, and intensifiers used as boosting devices (Holmes, 2001) will be avoided.

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#### 5.1.4 Indirect or direct requests

There were 2 indirect requests made by nurses to patients, and both of them expressed the speakers' concerns for addressees' feelings. The frequency for indirect requests or euphemisms addressed by nurses to patients including patients' mothers was found to be less than 30% of that for direct requests or imperatives. Nurses have to give clear directions to patients at work and direct requests or imperatives will be preferred for that purpose.

#### 5.1.5 Emphatic stress, 'empty' adjectives, precise colour terms, and avoidance of strong swear words

There were a few emphatic stresses and 'empty' adjectives observed. All of them were spoken by female nurses, but the number was too small and could not be subjected to statistical analysis. In one occasion of a nurse's utterance to a patient, an emphatic stress was identified (Table 5) and this can express the nurse's pride in her job. Except this, the rest was spoken when nurses were talking about themselves in a relaxed mood. In Japan, medical professionals are expected to work seriously and I assume there will not be m

any opportunities to use 'empty' adjectives, precise colour terms, and strong swear words at medical work.

#### 5.1.6 Address terms

There are differences in the address-term usage between in the USA and Japan, and one of them is that people use first names to address each other more often in the USA. In Japan, people basically address each other by their surnames and use first names only to address family members, children or close friends. Japanese never use first names to address senior persons or superiors because it can be very rude to address them by their first names, which reflects the hierarchy of the Japanese society. Especially in places of work, workers are expected to work seriously, and addressing each other by first names could be regarded as playful in Japan. There are some public hospitals where addressing each worker by their first names is prohibited in Japan. Also many young female workers dislike being addressed by their first names by their superiors because it may give an impression to other workers that the addressers and the addressees might be intimate.

The characteristic that people use first names to address each other more often in the USA, appeared in the textbook and this usage difference should be mentioned in TESL

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classrooms in Japan using this textbook as a teaching material if necessary.

On the other hand, there are similarities found in the textbook; that is, the way characters addressed each other seemed to be related to the hierarchy of the society. Medical doctors are regarded as the top of the hierarchy in hospitals and other medical professionals are subordinate to them in the USA and Japan. Hospital workers and patients including a small girl addressed doctors by their title plus surnames in the dialogues. Also a girl in-patient, who had been looked after by an Japanese nurse for a while, called the nurse Miss. Kawamura in the dialogue, even though I could imagine this Japanese surname must have been very difficult to remember and even pronounce for her.

Regarding age, nurses addressed adult or elderly patients by their title and surnames and addressed children by their first names regardless of patient's sex, which may suggest that the way nurses address patients might be related more to age than to sex. It should be noted that all of the adult or elderly male patients addressed nurses by their title 'Nurse', and an elderly female patient addressed a nurse by her first name. Although the numbers of utterances were small, there is a possibility that elderly men may tend to use titles to address hospital professionals and elderly women may tend to use first names to address hospital professionals, and this should be examined further.

Because the notion that Americans address each other by their first names has been emphasized in Japanese English education, some Japanese students might have a wrong preconception that people use first names to address in all cases in the USA, which should be avoided by mentioning about the address-term usage in relation to social position, age and possibly sex in TESL classrooms. Adaskou et al.(1990) pointed that it is rather teachers' attitudes to a language textbook to determine effectiveness of cultural content of a course. An English language course for student nurses should also be capable of carrying a cultural load of some sort and the features described above are very fundamental and should be worth mentioning in classes.

## 6. Conclusions

Linguistic representations of women and men in an English conversation textbook for Japanese student nurses were examined in this report. The results suggest that hedges or fillers such as 'well', 'just', 'only' and 'you know', and intensifiers such as 'just', 'right', 'so', 'very' and 'really' may be representative of women in the textbook. When these words are used by nurses, their underlying functional coherence may not be only hedging or reducing effects. Their effects appeared to be closely related to their medical profession, and the most frequently used lexical hedge, 'well', could express addressers' 'carefulness' and not 'uncertainty' in work situations. The word 'just' was the most frequently addressed lexical hedge by nurses to patients, and was mainly used to ease patients' pain and anxiety etc. and to relax them.

Few tag questions, indirect requests or euphemisms, emphatic stress, or 'empty' adjectives were found, and no precise colour terms and avoidance of strong swear words were observed, which suggest that they are unlikely to represent women in the textbook. In contrast, direct requests and imperatives were observed at a higher frequency. This may be due to the expectations that medical professionals should be confident in what they say and how they behave, and talk precisely and give clear instructions to patients. In this sense, sex-differences in language use may be reduced greatly by effects of addressers' social status or a profession.

In order to demonstrate effects of addressers' profession on linguistic representations of the sex, an analysis of utterances of nurses both in their private lives and at work will be necessary and a comparative study should be performed.

The results in this report suggest that English conversation textbooks designed for their work situation-based syllabus for Japanese student nurses might possess different features from those of other English conversation textbooks in light of linguistic representations of the sex, due to possible effects related to medical professions on them. Teachers should be aware of this possibility and might need to consider using other materials, if necessary.

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Appendix 1: Analysis of an English textbook for Japanese student nurses for linguistic features.

Table 1 Numbers of hedges or fillers observed in the textbook.

	Total	Female	Male	Part	Total	N(F)->N(F)	
	N(F)->Dr(M)	N(F)->P(M)	N(F)->P(F)				
	P(F)->N(F)	P(M)->N(F)	X(M)->P(M)				
well	10	6	4	(1)			
(2)	7						
3	4		0		0		2
0		1					
0		1		0	0	1	1
	0						
just	9	8	1	(1)			
(2)	2						
7	0		0		0	1	0
0		1					
0		0		6	0	1	0
	0						
you know		3	2	1	(1)		
(2)	1						
2	1		0		0		0
0		0					
0		0		0	0	1	1
	0						
only	2	2	0	(1)			
(2)	2						



right	7	3	4	(1)								
(2)	3											
4	1	0	0	0	0	0	2	0				
0	0											
	0	2	0	1	0	0	0	0	1	0		
	0											
so	6	4	2	(1)								
(2)	0											
6	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-
	0	0	0	2	4	0	0	0	0	0	0	0
	0											
very	5	4	1	(1)								
(2)	4											
1	3	0	0	0	0	0	0	0	0	0	0	0
0	0											
	1											
	0	0	0	1	0	0	0	0	0	0	0	0
	0											
really	4	3	0	(1)								
(2)	3											
1	2	0	0	0	0	0	1	0				
0	0											
	0											
	0	0	0	0	1	0	0	0	0	0	0	0
	0											
completely	2	1	1	(1)								
(2)	0											
2	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-
	1	0	0	0	0	0	0	0	0	0	0	1
	0											
do	1	1	0	(1)								
(2)	0											
1	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-
	0	0	0	0	0	0	0	1	0	0	0	0
	0											
Total	32	21	11	-	32	12	2	0				
3	5	3	1	2	1	1	1					
Total number of utterances												
	30	27	24	28	20	12	12	3	3	4		

Frequency 0.40 0.07  
- 0.11 0.25 0.25 0.08 0.6  
7 0.33 0.25  
(12/30) (2/27) (3/28) (5/20) (3/12) (1/12) (2/3) (1/3) (1/4)  
(Abbreviations) F: Female, M: Male, N: Nurse, Dr: Doctor, P: Patient, Ph: Pharmacist, Th: Therapist,  
L: Laboratory technician, N->P: An utterance addressed by a female nurse to a female patient.

(F/F)

Note: 'Frequency' was calculated by dividing the total number of occurrences of the word by the total number of utterances.

(Appendix 1)

Table 3 Indirect requests or euphemisms observed in the textbook.

Utterance	Sentences
N(F)->N(F)	+ Maybe we can talk about nursing.
	+ May be we can get together later.
N(F)->P(F)	
	->P(M) + There are number of things you can do.
	+ Would you do your exercise for me?
Dietitian (F)->N(F)	+ I wish you could help us more often.
(Abbreviations)	N: Nurse, P: Patient, F: Female, M: Male,
	N(F)->N(F): An utterance of a female nurse to
	a female nurse.

Table 4 Direct requests or imperatives observed in the textbook.

Utterance	Sentences
N(F)->P(M)	
N(F)->P(F)	
N(F)->Patient's mother	+ Mr. Anderson, put your leg in the whirlpool.
	+ Yes, you do. (An answer of the nurse to the patient's question,
	'Do I have to?')
	+ Don't tense up.
	+ You must cut down on salt.
	+ Wash your hands well after each application.
	+ Give it to her as needed.
	+ Give her one teaspoon before meals.
(Abbreviations)	N: Nurse, P: Patient, F: Female, M: Male,
	N(F)->P(M): An utterance of a female nurse to
	a male patient.

Table 5 Emphatic stresses observed in the textbook.

Utterance	Sentences
N(F)->Dietitian(F)	+ Thank you, again.
N(F)->P(M)	+ Oh, it's nothing.
(Abbreviations)	N: Nurse, P: Patient, F: Female, M: Male,
	N(F)->P(M): An utterance of a female nurse to
	a male patient.
Note:	The word with an emphatic role are typed in bold letters.

(Appendix 1)

Table 6 Address terms observed in the textbook.

Addresser -> Addressee Address term No. of utterances

Doctor (M) -> Doctor (M)

Doctor (M) -> Nurse (F)

Doctor (M) -> Pharmacist (M)

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Nurse (F) -> Doctor (M)

Nurse (F) -> Nurse (F)

Nurse (F) -> Patient (M)

To adult or elderly patients:

To a boy:

Nurse (F) -> Patient (F)

To adult or elderly patients:

To young patients or girls:

Nurse (F) -> X-ray technician (M)

Nurse (F) -> Lab technician (M)

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Patient (M) -> Doctor (M)

From a boy:

Patient (F) -> Doctor (M)

From an adult patient:

From a girl:

Patient (M) -> Nurse (F)

From adult or elderly patients:

Patient (F) -> Nurse

From an elderly patient:

From a girl:

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Dietitian (F) -> Nurse (F)

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Pharmacist (M) -> Nurse (F) Title (Doctor) plus surname

First name

First name

-----  
Title (Doctor) plus surname

First name

Title (Mister) plus surname

First name

Title (Mrs.) plus surname

First name

First name

First name

-----  
Title (Doctor) plus surname

Title (Doctor) plus surname

Title (Doctor) plus surname

Title (Nurse)

First name

Title (Miss) plus surname

-----  
First name

-----  
First name 2

3

1

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8  
3  
  
6  
2  
  
10  
5  
1  
1  
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1

1  
1

4

1  
1

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1  
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2

(Abbreviations) F: Female, M: Male