

The Role of Dialectal Variation in Health Communication
Susan Tamasi, Emory University

This paper addresses the role of linguistic variation and attitudes towards non-standard dialects within the health care community. Even though health communication research is a growing field in medicine, linguistics, and medical sociology, the effects of dialectal variation have previously been overlooked. As studies have shown that ethnic minorities receive treatment disparities, linguistic minorities are likely to experience prejudice in the health care system as well.

This paper reports on research conducted at a large, public hospital in the urban South. Eighty-six patient-participants were audio recorded as they met with a physician during scheduled clinic hours (approximately 20-45 minutes). After the medical assessment, each patient was asked to complete a health literacy test (the REALM test), a common test used in medicine to determine a patient's ability to maneuver through the health care system.

The audio recordings were analyzed for use of phonological and morphological dialect features, with a focus on African American English (AAE) and Southern American English (SAE), as well as the use of medical jargon. AAE and SAE are the varieties of English most commonly used by the patients at this particular hospital, but which are not generally used by the physicians.

I compared the patients' REALM scores to their speech during their interactions with health care professionals in order to investigate the effects of linguistic variation on the scoring of the REALM test. The REALM is a word recognition test of sixty-six medical terms, and administrators are instructed to score the responses "according to the dictionary standard" (Davis, et al.). For each word on the test, it was noted 1. whether or not each patient used the term during the medical visit, 2. if the patient got the answer right or wrong on the test, and 3. whether or not the patient used a non-standard pronunciation in articulating the word during the interaction.

Then each physician / patient interaction was examined for linguistic accommodation. The type of accommodation (phonological, lexical, etc.) was noted, as was the person who actively changed his/her speech (physician, patient, or both). Moreover, interactions were coded for the direction of the accommodation (convergence or divergence). One interesting finding was that a few of the physicians would accommodate to the speech of their patients during one-on-one interactions, but would actually diverge and become more standard and use more medical jargon in front of another health care professional or when a patient's family member was present.

References:

Davis, Terry, Michael Crouch, Sandy Long, and Kristen Green. *Rapid Estimate of Adult Literacy in Medicine Administration Manual*.