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CONTESTING THE EXISTENCE OF MALE SPEECH
STEREOTYPES WITHIN THE COMMUNICATIVE CONTEXT
OF NURSING: A CASE OF BONDA MISSION HOSPITAL,
ZIMBABWE

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ABSTRACT

This article reported the findings of a case study carried out on 3 male nurses at Bonda mission hospital in Inyanga, Zimbabwe. The paper tested the applicability of male speech stereotypes to the communicative context of nursing. It investigated occupational discourse of male nurses specifically looking at the linguistic feature of hedging. The aim is to find out how males linguistically behave in the domain of nursing. Data was collected through audio recorders and interviews were used to establish the functions of hedges as used by the male nurses. This study employed the Community of Practice approach in explaining linguistic behaviour. Findings from the study revealed that in contrast to existing speech stereotypes that men are authoritative, commanding, harsh and not polite, male nurses in this study were found to use hedges to mitigate orders, commands and requests, to signal collaboration and cooperativeness, to maintain a relationship of solidarity, to maintain a relationship of closeness, and for politeness reasons. Conclusion drawn from the research therefore is that male speech stereotypes are not applicable to the communicative context of nursing and that linguistic behaviour is governed by the context of use and not necessarily gender.

Key Words: Community of Practice, Gender, Hedging, Linguistic Behaviour, Stereotype

INTRODUCTION

It is universally accepted that men and women use language differently. Since the early 1990's their distinctive communication styles have been investigated. Previous linguistic research does not dispute that gender influences linguistic behaviour; Scholars claimed that any social division that affects the way people's lives are lived is bound to affect their use of language. Gender has for long been taken as a determining factor in the way people use language. This is noted by Lakoff (1975) who said that there is 'woman's language', thus insinuating that there is also 'men's language'. Men are believed to use language in a way that is different from women, for example, men's language is believed to be aggressive, harsh, controlling, assertive, full of directives and competitive whilst women's language is weak, tentative, unassertive, co-operative and polite. These are typically gendered speech stereotypes that exist in our society. According to Cardwell (1996), a stereotype is defined as a fixed, over-generalized belief about a particular group or class of people. It is a widely held, simplified, and essentialist belief about a specific group. Gender stereotypes reflect normative notions of femininities and masculinities and portray them as binary opposites. Yet, like all aspects of gender, what constitutes stereotypical femininity or masculinity varies for example among cultures and within different contexts.

The claims that men's and women's language is different, appears to be simple common sense. But what seems to be common sense might not be a true representation of the reality. The problem with stereotypes arises when we assume all women to speak

in a feminine manner and men to speak in a masculine manner at all times. It is not entirely misleading to speak of masculine and feminine conversational styles; it is not even misleading to say that most women tend to employ more features of the feminine style than the masculine style and vice versa. However, it is problematic if we believe and expect that women always speak in one way and men in another like what earlier feminists claimed, differences are there but they are not absolute. Stereotypes ignore both the complexity and the diversity found empirically when one examines *actual* people and their practices. By their very nature, stereotypes seem to misrepresent the groups they seek to describe. This study therefore investigated and contested the existence of male speech stereotypes in the communicative context of nursing, particularly focusing on the linguistic strategy of hedging.

RATIONALIZATION OF THE STUDY

In Language and Gender Research, this paper is of significance because it emphasizes the importance of studying gendered speech stereotypes within a particular given context. Speech stereotypes exist but they need to be examined within a particular context so as to avoid generalizations. Chrisler & McCreary (2010) argue that if we fail to consider the context of gendered language we may also fail to recognize that in any society men and women are differentially distributed across settings and roles. So focusing on the linguistic feature of hedging, this article contests the existence of male speech stereotypes within the communicative context of nursing. Researchers have mainly investigated women's linguistic experiences in male dominated occupations; and what is really unique with this research is that it is among the few that have examined how men behave linguistically when they are the minority gender in their workplace. To date, few studies have observed the linguistic behaviour of men in occupations deemed to be "feminine" (Mc Dowell, 2008, Holmes & Schnurr, 2006, Holmes & Major, 2003, Pappas 1989 and Prince et al, 1982) such as nursing. This paper thus looks at the occupational discourse of 3 selected male nurses.

In addition, communication is a vitally important tool in nursing, affecting the standards of the care given and patient well-being. As a member of this CoP, nurses have a range of acceptable linguistic resources that must be learnt (McDowell, 2008). What is seen to be acceptable communicative behaviour within the nursing CoP is a direct result of the occupational role of a nurse, the ideology behind nursing, and how nurses are expected to behave. Stereotyped to be non-assertive, caring and gentle, nurses are expected to create a positive socio-emotional climate. In contrast to the societal stereotype of uncaring behaviour as assertive and aggressive, nurses are supposed to be pleasant and non-assertive (Timmens & McCabe, 2005). This paper is significant as it aims to enlighten nurses on the linguistic devices that they can use in communicating with both clients and workmates. Findings from this study could therefore be a useful contribution in the teaching manuals of communication in nursing. As noted by McDowell (2008) the skills that nurses require can be found in teaching

resources that aim to equip them with the various strategies needed to communicate effectively and professionally with both colleagues and patients.

Linguistically, the major significance of this research is from a theoretical viewpoint. This paper seeks to modify the Community of practice approach. This is an approach used to explain linguistic behavior and it states that people adopt the linguistic practices of their communities of practice. In as much as this is true to a certain extent, the researchers argue that people's linguistic behaviour is not entirely determined by the demands of their practice, but individuals already possess certain intrinsic linguistic characteristics that are then activated depending on the situation at hand. So this study therefore uses a modified community of practice approach, in the process contesting the existence of male speech stereotypes in the communicative context of nursing.

METHODOLOGY

Data for the study was collected using qualitative methods. A qualitative case study approach was utilized to gather conversational data from three selected Shona male nurses at Bonda mission hospital. By definition, a case study is an intensive study of a specific individual or specific context. In this case the study focused on a specific context that is, the nursing community of practice. In conducting the case study, a tape recorder was used to easily obtain the required speech during the time of its occurrence. The researchers audio recorded nurse to nurse interactions between male –male and male- female nurses and also male nurse-patient for a period of two weeks. Tape recording was useful in capturing the Shona hedges utilized by the Shona male nurses. The research also made use of unstructured interviews to find out from the selected male nurses why they used hedges in some instances. Unstructured interviews which are also known as open-ended interviews are defined by Nichols (1991) as "an informal interview, not structured by a standard list of questions" (p.131).

To analyze data the study utilized a context based approach namely Community of practice approach (Lave & Wenger, 1991). According to Eckert and McConnell-Ginet (1992) a community of practice (CoP hereafter) is defined as an aggregate of people who, united by a common enterprise, develop and share ways of doing things, ways of talking, beliefs, and values -in short practices. Of key importance to the CoP approach is that people mutually engage in joint negotiated enterprise, thus creating a shared repertoire of resources (Holmes & Schnurr, 2006). The linguistic manifestations of a shared repertoire provide a basis for describing how a distinctive workplace "culture" is constructed through interaction. Thus, each community will develop a range of linguistic behaviour which function in slightly different ways to other communities of practice.

GENDER AND THE USE OF HEDGES

This study on the use of stereotypically women's language (hedges) by men has its roots in the investigation of traditionally held stereotypes about how women and men speak. According to Lakoff (1975), men and women are different and so is the language they use. She pointed out that women use tag questions, weak expletives, hedges and question intonation with statement syntax to express uncertainty thereby rendering their speech tentative, powerless and trivial when compared to that of men. By implication Lakoff was saying men do not use these linguistic resources and that what men use is superior, authoritative and powerful.

Lakoff's, 1975 stereotypical claims have been challenged as lacking empirical validity and as based on intuition. However, those who are in support of Lakoff have shown that while women use communication as a tool to enhance social connections and create relationships, men use language to exert dominance and achieve tangible outcomes (Leaper, 1991; Maltz &orker, 1982; Wood, 1996; Mason, 1994). This view is also shared by scholars such as (Chodorow, 1978; Eagly, 1987; Grilligan, 1982) and Miller, 1976) whose studies revealed that while women strive to be more social in their interactions with others, men value their independence. Gray (1992) and Tannen (1990) also established that while men view conversations as a way to establish and maintain status and dominance in relationships, women see the purpose of conversation to create and foster an intimate bond with the other party by talking about topical problems and issues they are communally facing.

All the above findings are stereotypical beliefs about men and women's language and they support Lakoff's (1975) rationale that women are, overall, more expressive, tentative, and polite in conversation, while men are more assertive, and authoritative, and power-hungry (Basow & Rubenfield, 2003). Although Lakoff's work has acted as a springboard for many studies in Sociolinguistics, her claims of variation however remain inconclusive. This paper thus focuses on the feminine gendered linguistic feature of hedging in an effort to contest the existence of male speech stereotypes. By definition, hedges are regarded as pragmatic markers or mitigating devices that attenuate or weaken the strength of an utterance.

According to Coates (1997) the view that hedging is stereotypically feminine has arisen from the assumption that the only legitimate use of hedges is to indicate doubt or uncertainty about the proposition under discussion. Examples include **I think, perhaps, maybe**. These linguistic forms as noted by Holmes (1995) are characteristic of 'women's language,' and they express a lack of confidence and reflect women's social insecurity. Women as opposed to men are believed to lack confidence in themselves, hence, they use hedges to indicate that. In support of Coates, Romaine (1994) also noted that early research claimed that women used more hedges because they were characteristic of the greater hesitancy of women who were afraid to assert things without qualification. Men on the other hand are believed to be confident in what they say hence they do not feel the need to hedge. However, such claims are debatable.

Hedging is also linked to women as opposed to men because women are believed to speak in a more mitigated or indirect style hence they hedge their utterances to avoid being direct. Mitigation is defined as a softening device in language, that is, any linguistic (or paralinguistic) feature which makes an utterance appear less threatening and hence more polite (Lorenzo-Dus & Bou-Franch 2003). Mitigation according to Caffi (1999) captures a rationally grounded behavior which is chiefly aimed at avoiding unnecessary risks, responsibility and conflicts. Lakoff (1975) argues that in contrast to women, male behavior and male discourse is characterized by use of authoritative language realized in the use of commands and declarative statements.

In addition, women are associated with hedges because their speech is considered to be unassertive as compared to men. Lakoff (1975) notes that there is a great concordance between femininity and unassertive speech she defines as 'women's speech.' According to her, in a male-dominated society women are pressured to show the feminine qualities of weakness and subordination towards men. Lakoff (1975) asserts that in order to show their femininity, women tend to adopt an unassertive style of communication and this style is marked by the use of hedges. Women must learn to denude their statements of declarative force. This is so because assertiveness is stereotyped as masculine it is not a characteristic of women. This is why many women, as Crawford (1996) has shown, rather than being assertive, decide to temper their speech by using politeness strategically. Men use more assertive, deliberate patterns of speech, and claim authority over women in such topics as politics, business, and sports (Pearson et al, 1991).

Researchers, however, have successfully challenged the association of hedging with powerlessness, unassertiveness, uncertainty and indirectness, focusing instead on its politeness functions. Hedges have been found to be used by women especially as an interpersonal resource, to be sensitive to the face need of those we are speaking to as well as to protect our own 'face'. As noted by Riekkinen (2009) when people hedge their utterances in order not to sound too direct or rude, they are performing 'facework'. Hedging is therefore closely related to politeness and politeness has been gendered as a characteristic of women

Tannen (1990) and Coates (1996) found that the use of hedges by women is closely related to the speaking styles and kinds of conversations women have. Women often discuss sensitive topics which may arouse strong emotions in the speakers and their addressees so in order to avoid creating arguments they tend to hedge their assertions, in mutual self-disclosure. This is supported by Tannen (1990) who argued that "for most women, the language of conversation is primarily a language of rapport, a way of establishing connections and negotiating relationships" p. 77. Women use language to establish, nurture and develop relationships. This desire to seek solidarity in talk is representative of what various scholars have termed the collaborative style of women's talk.

Women are more inclined to downplay their authority and hedge their utterances in order not to sound authoritative and thereby disturbing the collaborative floor. Playing the expert in a conversation creates social distance hence women are believed to make extensive use of hedges to avoid this distancing. In other words, women sometimes deliberately use hedging devices to avoid a hierarchical structuring of relationships. On the other hand, men are likely to get things done. They like to play the expert and hold forth on topics and issues, they show willingness for verbal sparring and are not afraid to show disagreement with others (Wardhaugh, 1992). Women prefer to avoid such masculine, authoritative and powerful speaking, which is why they use softening devices like hedges.

Henley and Kramarae (2008) criticized the above approach to language and gender that views men and women as belonging to different cultures in terms of language use (Erket & McConnell Ginet, 2003). They argue that such a view implies that men must be bilinguals to be able to speak competently in both men's and women's language because they are found in some studies using 'women's language (Holmes 1995). This observation is worthy of consideration for this study which investigates male speech behavior in the nursing field, a context stereotypically recognized as a female's area. So, although it is widely accepted that hedging comments are mainly a feature of female speech, they are by no means absent from masculine discourse.

O' Barr and Atkins (1980) for example, find some men exhibiting this women's language and conclude that women's language as described by Lakoff is not limited to women. Dixon & Forster (1995) find no difference in their study and conclude that hedging is a flexible resource that men and women use in a varied contextually sensitive manner making it difficult for generalizations of who uses them more to be made. Kramarae (1981) also regard these variations as based on stereotypes and concludes that these stereotypes are much stronger than actual speech difference.

From Holmes' (1995) study a conclusion was made that men were more likely to utilize hedges in a formal rather than informal manner for the purposes of expressing epistemic rather than affective meaning. Eckert and McConnell – Ginet (2003) explain that women are interested in the affective function of talk which covers the overt expression of emotion and everything to do with the social relation maintenance. This is normally contrasted with the referential or instrumental function of talk which conveys messages and gets things done which is prototypically male. The domain of instrumentality (male) is associated with reason and affect (female) with emotion. This is so because for men talk is competitive and they always want to prove that they are knowledgeable when it comes to discussing certain topics, while for women talk is a way of establishing bonds and maintaining connections

Another difference between the functions of hedges between men and women is that women use hedges to downplay certainty while men use hedges to

downplay doubt. According to Schau and Meierding (2007) women do not want to seem to play the expert hence they tend to downplay certainty. Women may tend to downplay certainty of a particular outcome by suggesting.

1. “*perhaps* it would be better to try to find another solution,”

whereas a man is more likely to downplay doubt and be more direct,

2. “My client *absolutely* rejects that offer. It’s too low.”

This is so because it is believed that men are socialized to be direct and straight to the point while women are socialized to be indirect

According to Schau and Meierding (2007) women are also said to use hedging even when dealing with someone who is in a lower power position than themselves. This is done in order to achieve their goals, but also to maintain a relationship of solidarity. Men, however, tend to use hedging when dealing with people of higher power than themselves, but not with people of equal or lower power. However, such claims need to be proven within a particular given context. Chrisler & McCreary (2010) also reiterate that language should be seen as both contextual and as tied to a specific community which can be referred to as a community of practice.

Given the above background the researchers share the same views with Henley & Kramarae (2008) who suggest that men’s patterns of language should be critically examined, studied and explained just as women are if accurate conclusions are to be drawn.

The current study thus utilized the above valuable insights and so focuses on the linguistic feature of hedging in a bid to contest the existence of male speech stereotypes in the communicative context of nursing.

PREVIOUS STUDIES ON HEDGING IN HEALTHCARE

McDowell (2008) investigated male nurses use of hedging. In this study male nurses were found to be using linguistic strategies (hedging) that are characteristic of “normative female language” and fulfilled functions deemed typical of “female talk”. McDowell (2008) explains that their language performed discourse tasks essential to their profession hence their speech is not reflective of their gender, but a result of the nursing environment and the work roles they carry out.

In another study Holmes and Major (2003) did a research on describing procedure in nurse-patient interactions. According to Holmes and Major (2003) this study proved that nurses typically make extensive use of hedges while doing a describing procedure (that is words such as *just, if, yeah, sort of*). These scholars go on to note that nurses use interactive pragmatic particles (such as *you know, you see*); and

they use softening devices, including minimizers such as *little* and *just* (for example, *little dressing, little stitch, just pull through*).

In another study, Holmes & Major (2003) analyzed the types of talk that the nurses engage in, making a distinction between medical, transactional talk and non-medical or social talk. These scholars found out that the majority of nurses' talk was non-medical. This informal talk including the use of small talk was balanced skillfully alongside medical talk to establish rapport and help patients feel comfortable in the medical environment and with medical procedures. Among the factors that characterized nurses' effective communication with patients were skillful, sympathetic listening that is, providing encouraging, supportive minimal feedback, softening of directives (for example through use of hedging and modals) and use of humour (Holmes & Major, 2003). According to these scholars, in the New Zealand nursing workplace for example it may be considered inappropriate to give an instruction by using an imperative form such as:

'raise your arm!'

Those who speak English as a first language recognize intuitively that such a direct request is likely to be considered impolite. It is much acceptable in this context to use a range of softening and hedging devices to make the instruction less direct, for example:

'could you just raise your arm for me, please'

Holmes and Major's (2003) study thus highlighted the link between nursing and hedging.

Prince et al's (1982) study also provided evidence that there is a connection between nursing and hedging. These scholars conducted an empirical study of hedging in discourse among physicians working in an intensive care unit. The hedges found in this study were seen to contribute to pragmatic strategies such as politeness or mitigation. The hedges identified in the study were grouped into two categories: approximators and shields. In their study, approximators were hedges that made the propositional content itself fuzzier. Shields on the other hand, were hedges that introduced fuzziness between the propositional content and the speaker, thus enabling the speaker to signal uncertainty and a lack of commitment to the truth of the proposition.

In health care, as in other areas of human activity, judgement and decision making sometimes is uncertain. Nurses like all health care professional sometimes use reasoning and judgement to make decisions. In nursing, as in life some decisions must be made without all the relevant information or the knowledge of whether the results of the decision will make the situation better or worse. This is supported by Pappas (1989) who did a study on patient-physician discourse. The researcher indicates that

there were situations where the professional used qualifiers more often than the patient. In explaining this finding Pappas states that it is possibly because a diagnosis is to a degree tentative. So when nurses use hedges to signal uncertainty they are distancing themselves from possible blame in case their assertions are not true, correct or right. Such a review is necessary because it gives a background to the context of study.

FINDINGS AND DISCUSSION

This section presented, analysed and discussed the findings. Results of the study are presented under functions that hedges perform in the occupational discourse of the male nurses investigated. The male nurses are presented as Nurse 1 (N1), Nurse 2 (N2) and Nurse 3 (N3)

1. HEDGING TO SOFTEN DIRECTIVES/ COMMANDS

1. N1: chiitai **tione** vanhu vaende.

'Hurry up please so that people can go'.

Example 1 presents a mitigated command. N1 commands his colleagues in the Out patients' department to serve people quickly but he lessens the impact of his command by throwing in a politeness marker '**tione**' which makes the command less threatening. The word '**tione**' in Shona has got elements of politeness. N1 is the senior nurse in the department, the nurses he was working with on this day were younger than him, most of them were student nurses, and because of these reasons he could just command them but to avoid the face threatening act he hedges. This is done to create a harmonious nursing environment. As noted in McDowell's (2008) study maintaining a harmonious nursing group is an important element of the nursing environment. The male nurses behavior in this case contradicts with Schau & Meierding's (2007) findings that men tend to use hedging when dealing with people of higher power than themselves, but not with people of equal or lower power.

1. N1: Horaiti enda **hako** unopihwa mushonga.

'Alright you may go and get your medication'

From example 2 it can be noted that the male nurse was talking to a younger patient as reflected in **hako**. Despite the age of the patient N1 is polite even when talking to him. The **hako** represented by '*you may*' used in the above example is making the statement polite. It is different if the nurse had just said **enda unopihwa mushonga!** '*go and get your medication!*' which is a directive, instead he hedges. It is believed that men are naturally dominating as evidenced through their use of directives. In this instance the nurse could have simply given the young patient a directive simply because he is younger than him but he softens the directive by throwing in a politeness marker. N1's hedging behavior can be understood in relation to his character, he is polite and of

course his practice which requires one to be polite as it involves dealing with sick people.

2. HEDGING TO AVOID IMPOSITION

3. N3: hameno makasununguka here kuti mumboongorerwe shuga.... saka maizo- + **-gon-** + **a** kuzocheka henyu Monday maresults ndipo paanenge aita.

*'so you **could** check on Monday results would be out by then.'*

In example 3, N3 is talking to a patient who is waiting for her test results and uses the modal verb **-gon-** + **a** 'could' to hedge a suggestion in order to avoid imposition. A suggestion is more of a proposal for someone to do something that is open for acceptance or rejection. In this example N3 is proposing to the patient that instead of waiting thinking the results will come out immediately she **could** come back on Monday when it is certain that the results will be out. However, he hedges to leave it up to the patient whether she wants to wait or come back on Monday, meaning that the decision is left in the hands of the patient. Suggestions have been gendered as a feminine tendency because women are believed to lack confidence hence they are indirect when they speak. However, in this example the male nurse is not hedging his suggestion because he lacks confidence to tell the patient to come back on Monday, but he explained from the interview that it is because he does not want to seem as if he is telling the patient what to do. Given the fact that he is a man he could have just given a directive and say **mozocheka Monday** 'check on Monday' but he chooses to speak in a polite manner thereby challenging the traditional stereotypes that men are imposing and commanding. So his motivation to hedge at this point is personal.

4. N1: BP yavo inoda kuramba ichichekwa pakriniki.... **kana** kairi paweeke, **kana** mada kuti Monday neThursday, Monday neThursday.... mukaona ichiramba yakakwira munouya navo kunouku

*'His BP needs to be checked continuously at your local clinic...**maybe** twice a week. **If** you want to go with him Mondays and Thursdays, Mondays and Thursdays it's up to you...If you find that it is still high you can come back with him to the hospital'*

Example 4 above presents N1 who is communicating to the patient that it is wise to continuously check your blood pressure (BP). Blood pressure can be deadly if it is not monitored and it can result in death this is why the nurse is ordering the patient and the person who had accompanied him that they need to make sure the BP is continuously checked. The if-clause used by the male nurse is therefore coming in to soften an order. By inserting the if-clause the statement ceases to be face threatening as it is now implying alternative. By using **kana mada....** 'If you want', it shows that power has been given unto them to choose the days they want to visit the clinic in order for them

to get their BP checked. The male nurse uses the hedged phrase because he wants to avoid imposing.

5. N2: Hameno vakambotestwa here chirwere chiya cheshuga? **Kana** usingakwanisi kunotestwa kwaRusape, **unogona** kungouya hako kana kunouku tinongotesta.

'I don't know, have you ever been tested for sugar diabetes? If you cannot go and get tested in Rusape, you can just come here we will test you'.

In example 5 N2 uses an if- clause to give his patient freedom to choose where he would want to go and get tested for sugar diabetes. In this example the male nurse did not impose to the patient that go and get tested in Rusape but he leaves it up to the patient to decide what he wants. By giving the patient an alternative N2 is giving the patient an open invitation that you are free to come here but at the same time using the hedge 'uno -**gon- a kungouya hako** 'you can come' to indicate that it is not forced. As noted by Athanasiadou & Irvine (1997) If- clauses imply alternative and the fact that these clauses imply alternatives seems to make them useful for encoding delicate moves in a hedged or provisional manner. Such an example reveals that men are not always forceful and imposing as assumed by society, they also employ linguistic tact to avoid imposing.

3. HEDGING TO MITIGATE A REQUEST

6. N2: Sister **ngati**vhare madhoo.... mahwindoka?

'Sister lets close the doors.... ooh the windows, isn't it?'

In example 6 the male nurse is talking to a female colleague upon end of duty. They are now winding up to go home and N2 uses the inclusive pronoun **ngati** 'let's' when giving his colleague an instruction to close the windows thereby reducing the impact of the instruction. By including the pronoun N2 makes it appear as if he was also involved in the closing of the windows when in actual fact he was not. The inclusion of the tag **-ka?** 'isn't it?' makes the instruction less threatening as it becomes a polite request. This is so because these nurses have a relationship of solidarity. N2 could not just say **Sister vharai mahwindo!** 'Sister close the windows!' as a command even though he is a man hence he hedges to protect his 'face' and the 'face' of his addressee. According to Coates (1996) protecting face needs is an important function of hedges. Face needs are the need to feel acknowledged and liked 'positive face needs' and the need to have one's personal space respected (negative face needs). This goes to show that men can also be polite just like women. Being polite is an intrinsic characteristic that this male nurse possesses thereby going against the stereotype that men are generally harsh and commanding.

7. N1: Muno - + **-gon** - + -a kusanobika tea.
'you can go ahead and make us some tea'

In example 7 N1 is asking his female colleague to make them some tea as it was around tea break and he was still busy with a patient. The male nurse uses the modal verb **-gon-** 'can' to hedge a request so that it will not appear as if it was a command or a directive. The insertion of the hedge form **-gon-** 'can' therefore makes the whole statement a polite request. The statement could be understood as a directive and face threatening if the hedge is removed as in **sanobikai tea!** 'make us some tea!'. Therefore, N1's use of the hedge supports Brown & Levinson's (1987) claim that by softening directives or requests with hedges, the speaker can reduce the imposition of their face threatening act and the chance that they may offend their fellow conversationalists.

In addition, through the use of **-gon-** 'can' in example 7 N1 is leaving it to the colleague to decide whether she wants to make tea for him or not. There is no imposition whatsoever. This hedging function aims to protect both the speaker and addressee's face, and reduce any status difference to maintain a collaborative floor. In addition, as noted by Marquis & Huston (1998) the fear of offending work colleagues has been argued to be the main barrier to nurses making use of any assertive behavior. Normative masculine strategies are not effective in the nursing CoP (for example giving directives to female colleagues, aggressiveness, controlling), therefore male participants need to adopt strategies to maintain a harmonious group and not cause offence (McDowell, 2008). Dominance does not apply to this kind of context such that even the males need to ask politely if they need any favors from their female colleagues as evidenced in the hedged request.

4. HEDGING TO MAINTAIN A RELATIONSHIP OF CLOSENESS

8. N3: e-eee taurai**wo** zvinopera kuti vamwe vapinde, **nhai?**
'Eh finish talking so that others can come in, isn't that so?'

In example 8 N3 was talking to his colleague who was delaying with a patient in the consultation room. He comes by the door and utters what can be regarded as a face threatening statement had it not been hedged by the use of the enclitic **-wo** and the tag **'nhai'** 'isn't that so?'. Without the enclitic and the tag the statement will be read as **'e-ee taurai zvinopera kuti vamwe vapinde!** 'Eh finish your conversation so that others can come in!' which becomes a command. The tag **nhai?** 'isn't that so?' in the above example is therefore used to lessen the impact of a command because its inclusion makes it appear as if the male nurses under investigation was asking for the other nurses' opinion. Nurses are at the same level, as long as it is not the matron or the nurse in-charge who is talking nurses cannot command each other. From the interview, the male nurse explained that he hedged his statement to avoid any face threatening act.

It can also be observed from the example that N3 is able to joke with his colleague and say ‘**taurai zvinopera...**’ *finish talking*’ because there is that relationship of closeness. As members of a community of practice nurses have experiences that they idiosyncratically share, for example nurses know that people can get carried away in the consultation rooms such that they disadvantage others who will be waiting to be served on the bench. By saying ‘**taurai zvinopera**’ *finish talking*’ N3 probably knew that his colleague would understand what it meant as they go through such experiences more often. However, to avoid any possible negative outcome he hedges to make sure his statement will not be taken negatively as a command. This is contrary to beliefs that men’s language is full of commands. Nurses are required to maintain solidarity with their co-workers (Marquis & Huston, 1998; Murray & DiCroce, 1997) this is why N3 uses the tag in such a way.

5. HEDGING TO SIGNAL COLLABORATION/ COOPERATIVENESS

Hedges can also be used to signal collaboration through the use of ‘inclusive pronouns *‘we’*’

9. N1: mauya kunobviswatube iya?.....**tinoda** kuti **tiichinje** nhasi. **Tinoichinja** nhasi.

‘Today you came so that we remove the tube? We will change it today, today we will change it’.

Example 9 presents a scenario whereby the patient was voicing his concerns regarding the urinary tube which was now causing him discomfort and wanted it removed. This tube was now causing him pain because he had stayed with it for a while hence it had to be changed. N1 responds in a positive way by assuring the patient that the tube was going to be changed. The inclusive pronoun **ti-** ‘we’ functioning as a hedge is used by the male nurse throughout example 3 and is representing the collective of nurses. The way it is used plays a hedging function of removing or lessening the burden on the patient.

The pronoun **ti-** ‘we’ makes it appear as if the nurses are saying do not worry the problem is now in our hands and we will see to it that you are well thereby making the patient relax and feel helped. Knowing that people are concerned about you when you are sick can facilitate a persons’ quick recovery. N1s’ ability to respond flexibly and with empathy to the patient’s anxieties shows that he is ready to help. Empathy has been highlighted by Street (1991) as one key skill for health care professionals in general and for nurses in particular. N1’s behaviour of showing that he cares aligns with his Community of practice (nursing) which has been viewed as a ‘caring’ profession. Such behavior proves that men are also gentle and caring just like women.

Furthermore, the use of the inclusive pronoun in this example therefore works to prove that nursing is indeed a joint enterprise. As highlighted by the CoP approach (Holmes & Meyerhoff, 1999) a joint enterprise involves a stated shared goal. Nurses share the goal of delivering health care to the patient. So by collaborating in the changing of the tube nurses will be fulfilling the goal of their practice. N1's confidence in using the inclusive pronoun **ti**-*'we'* is motivated by the fact that he knew that he is going to get help from his colleagues in the process of removing the tube as evidenced in the example: **tinoda kuti tiichinje.....tinoichinja nhasi.** *'we want to change it.....we are going to change it today'*. His use of the inclusive pronoun **ti**- *'we'* throughout the whole sentence gives the impression that the whole nursing group is there to help. The male nurse explained in the interview that nursing is a collaborative affair and nurses have got to cooperate with each other so that they serve patients as quickly as possible.

10. N3: **tirikuda kuti uende kumba, handitika?**
'we want you to go home, isn't it?'

In example 10 N3 uses the inclusive pronoun **ti** *'we'* together with the tag **'handitika** *'isn't it?'* to express his concern. The male nurse is responding to a young patient who is crying upon being given an injection. N3 is now trying to explain to the boy that we do not intend to hurt you by giving you an injection but we want you to get well. The phrase **ti** -rikuda kuti uende kumba *'we want you to go home'* is a hedged phrase that carries affection in it. The male nurse in this example shows that he cares. Caring as highlighted by McDowell (2008) is an essential emotion that all nurses must possess. The **ti**- *'we'* used by the male nurse represents all the nurses at the hospital and it gives the impression that the nurses' desire is for the patient to be treated and get well so that he can go back home. The primary purpose of nursing is to see to it that patients are treated and nurses share the belief that patients should come to the hospital and go back home feeling much better.

11. N1: right tombodzosera tube yedu iya, nhai?
'Right we are going to place our tube back, isn't it?'

In this example the male nurse uses the word **yedu** *'our'* to take off the problem from the patient. N1 had been trying to insert the urinary tube which was proving difficult and causing pain to the patient. The inclusive pronoun mitigates the reality of the fact and gives an illusion that the problem has been shared. This is so because the use of **yedu** *'our'* as in **tube yedu** *'our tube'* makes it appear as if it is a shared burden when in actual essence the patient is the one going through the pain. Such usage of the pronoun has an element of concern in it and it makes the patient feel

relaxed. During the interviews N1 explained that nurses are there to alleviate a patients' problem by seeing to it that they provide patients with all the necessary medical care that they can give. Nurses he went on to explain need to be compassionate and caring, therefore by using forms such as the possessive marker **yedu** 'our', N1 does it so that the patient diverts from seeing his condition as his own problem.

In line with the CoP approach, in a community of practice people mutually engage in joint negotiated enterprise (Holmes & Meyerhoff, 1999), and a joint enterprise involves a stated shared goal. In the context of nursing the goal is health therefore the use of the inclusive pronoun **ti-** 'we' signifies that in nursing they share a common endeavor.

The above examples thereby prove beyond reasonable doubt that men are also collaborative, co-operative and caring just like women.

6. HEDGING TO SIGNAL UNCERTAINTY

12. N3: mvura yenyu yamuri kunwa munoitora pai.... saka munongoona kuti

pamwe mvura yenyu yamuri kunwa ikoko, **pamwe**.....munoita

zvekuchururudza here kana muchigeza maoko?
'the water you drink, where do you get it from?.....so maybe your water.... the one you are drinking.....maybe.....how do you wash your hands? do you pour water from the jug?'

In example 12 a patient comes to the hospital with diarrhea. Upon hearing the problem N2 tries to figure out what could be the cause. He now asks the patient about where they get their drinking water from as well as the method they use when washing their hands during meals, that is, do they pour water from the jug and wash their hands separately or they just put water in the dish and they all use that water to wash their hands. All this is done because the nurse seeks to arrive at the cause of the running stomach which is information necessary for diagnosis. To indicate his uncertainty as to the cause of the diarrhea, the male nurse uses the hedge **pamwe** 'maybe' inferring that the contaminated water could be the cause of the running stomach. Used in this manner the hedge expresses the speaker's uncertainty about the proposition under discussion (Coates, 1997). Such usage of the hedge distances the nurse from making any wrong assumptions hence it relieves the speaker from accountability.

13. N1: zvinhu zvinokura zvinoda kuchekwa shamwari, nekuti zvimwe zvacho it

could be cancerous.....saka gara vakagadzirira mari, handitika?

'Some of these growths that just grow need to be cut because some of them

could be cancerous....so make sure you set aside some money, isn't it?

In the above example the male nurse makes a claim that growths need to be tested but hedges as to the reason why, as evidenced by the use of the English hedge 'could'. The nurse uses this hedge to mitigate his claim because he is not certain whether the growth on the patient's body is cancerous or not. A claim is a statement that has not yet been proven. In this example the patients' growth has not been tested as yet so N1 could not conclude that his patients' growth is cancerous. From the interview N1 explained that cancer is a serious disease that is feared by everyone and you cannot just tell a patient that this growth is cancerous especially without evidence from laboratory tests. Test results in the medical field can be positive or negative therefore a nurse needs to be certain first before conveying the information to the patient.

By indicating uncertainty N1 is not taking full commitment to his proposition thus even if the results are positive or negative he cannot be accused of saying the wrong thing because he would have indicated his uncertainty. Uncertainty has been associated with the female gender by scholars like Lakoff (1975) and Coates (1996). However, in this case the male nurse has been seen to use hedges to indicate that he is uncertain. It is observed from the analysis that N1s' use of the hedge to indicate uncertainty has got nothing to do with his gender but he is doing the rightful thing to do in his practice.

14. N1: nekuti **ndofunga** zino munenge makutobviswa. Munenge makutobviswaka zino mukaona zvanetsa? Kana muine medical aid yenyu **maigona** kuenda kwaMutare kune awa vanoita zvemazino.... wedental awa. Anobvisa vacho uyu Sadziwa haapoba.

'.... I think your tooth has to be removed. You will have to have your tooth removed, isn't it? If you have a medical aid you could go to Mutare to those tooth experts. The doctor who does that is not here'.

In example 14 N1 uses the cognition verb **ndofunga** 'I think' to signal that what is being said is personal and subjective and therefore not necessarily the truth. In this case 'I think' was used to help mitigate the content of the utterance thus making it less threatening to the hearer. The situation with the patient was that he had been involved in a fight and his front teeth were now loose. Upon assessment of the teeth the male nurse saw that one of them was loose than the other and chances that it had to be removed were high. However, because he did not want to convey the bad news to the patient that he could permanently lose his teeth he hedges his proposition. By using the hedge N1 is not fully committing himself to the proposition, thereby leaving open

a way of retreat. This supports Nikula (1997) who notes that hedging is the use of cautious language to make non-committal or vague statements, that is, to evade the risk of commitment.

15. N1: Pane toothpaste yandiinayo.... iyoyo inodhura zvayo asi inoshanda. Inogadzirwa nechialoe vera plant so..... asi kana uchida kuti ribviswe, then you decide but **I think** ka ukangoita toothpaste iyoyo inokwaanisa kudzivirira zvakawanda.

'there is a toothpaste that I have.... that one is expensive but it works. It is made by an aloe vera plant.... but if you want your tooth to be removed then you decide, but I think if you have that colgate it can prevent a lot of things'.

In example 15 above, N1 was telling his colleague about a toothpaste which he thinks works hence he was recommending it to a friend but he then hedges in the middle of the sentence as evidenced in the use of the English hedge '**I think**' because he is not certain that the toothpaste will work for his colleague. 'I think' which usually mitigates the proposition, covers the users from possible mistakes. As Preisler (1986) remarks, "hedges signal non-commitment and thus avoid conferring upon the speaker any undue responsibility for the contents of their statement" p104. In this example N1 does not know whether the toothpaste will work for his patient or not therefore he hedges to evade the risk of commitment. This means that if the tooth paste does not work for his colleague he will not be blamed as he had not fully committed himself to the proposition.

The above examples reveal that hedges are used by the male nurses to cover users from inaccuracy, to avoid accountability, to mitigate the content of an utterance and to signal non-commitment because of the element of uncertainty of the information. All these functions are associated with women as a number of scholars suggest that women use hedges to signal uncertainty, non-commitment and mitigation because they are uncertain, not confident of themselves and cannot commit to their statements. The above analysis shows men using hedges for these very same functions not because they are not confident or feminine but because of the communicative context they find themselves in. Because of the uniqueness of the practice of nursing and what transpires, nurses need to use cautious language to avoid blame reason why they hedge their statements if they are uncertain.

DISCUSSION

Findings from the analysis have proved that male speech stereotypes are not that applicable to the communicative context of nursing. Hedges have been found to be used by the male nurses under investigation for purposes of mitigating requests, directives, commands and suggestions. Mitigation has been defined by Lorenzo- Dus

& Bou-Franch (2003) as a softening device in language, that is, any linguistic feature which makes an utterance appear less threatening and hence more polite. Mitigation has been associated with women. Women as opposed to men were believed to speak in a more mitigated or indirect way hence they would hedge their utterances to avoid being direct. Earlier on feminists, for example Lakoff (1975) have boldly claimed that men always want to dominate in conversation hence they use authoritative language which is characterized by commands and directives. However, this study shows different findings, men instead are using hedges to soften directives and commands, a function that has been associated with women. By using hedges in this way, the male nurses avoid imposition and face threats that result when directives and commands are used. This does not imply that they are weak as suggested by scholars who claim that women mitigate directives because they are weak and less confident. The male nurses' linguistic behavior is a result of their intra-personal politeness aspect and to some extent the demands of their work which require them to speak politely with patients and with colleagues.

Evidence from the research has also highlighted that male nurses also hedge to maintain solidarity with colleagues thus going against the stereotype that men's talk is competitive. Maintaining a relationship of solidarity has been associated with women because it is believed that women establish bonds through language. This desire to seek solidarity in talk is representative of what Tannen (1991) has termed the collaborative style of women's talk. This is usually contrasted to the competitive style of men's talk. Such evidence thus contests the presence of male speech stereotypes within the context of nursing

Contrary to beliefs that men do not seek to establish relationships, results from the study also prove that men can hedge to maintain a relationship of closeness. Such behaviour is a result of the expectations of their practice. Maintaining harmony as noted by Murray & DiCroce (1997) is an important requirement that nurses are expected to do because a harmonious nursing group is an important element of the ward environment.

Collaboration and cooperativeness have also been found reflected in the male nurses' use of hedges. Men were found being cooperative in the communicative context of nursing as evidenced in the use of inclusive pronouns 'we'. It is generally believed that women are cooperative whilst men are competitive Maltz & Boker (1982) but in this context, this stereotype is proved otherwise.

Contrary to the belief that men as opposed to women do not use hedges because they are confident, male nurses have been found to use hedges to signal uncertainty. Male behavior is not applicable in the context of nursing because of the values, beliefs and ideology behind nursing, which is why men have been seen to use hedges for mitigation and for politeness. This is not to say the male nurses are not firm in the

context of nursing, they can be firm if necessary but aggression is not permissible. The linguistic behavior of the male nurses is therefore governed by the expectations of their community of practice and not their gender.

CONCLUSION

The article sought to contest the existence of male speech stereotypes within the communicative context of nursing. Results from the study prove to a larger extent that male speech stereotypes do not apply to the communicative context of nursing. The stereotypes that men are direct, commanding, controlling, harsh, competitive and not polite have been challenged in this context as male nurses were seen to be mitigating orders, requests, directives and commands to avoid imposition, they have also been found to use softeners for politeness reasons. In contrast to beliefs that men are competitive they have been found to be cooperative and collaborative in the context of nursing. Contrary to the belief that men as opposed to women do not use hedges because they are confident, male nurses have been found to use hedges to signal uncertainty.

Such results support McDowell's (2008) findings that male nurses' speech is not reflective of their gender, but a result of the nursing environment and the work roles they carry out and Freed & Greenwood's (1996) study who found out that it is the speaking situation that determines the style of speaking and not necessarily the gender of the speaker.

From this study, it can be said that male gendered linguistic behavior is not so applicable in the context of nursing because of the values, beliefs and ideology behind nursing, which is why men have been seen to use hedges mainly for mitigation and for politeness. Conclusion drawn in this paper is that the linguistic behavior of the male nurses is governed by (i) the expectations of their community of practice as emphasized by the Community of Practice approach and (ii) the inherent characteristics that these individual men possess and not their gender. Such findings thus contest and prove that male speech stereotypes are not that applicable in the context of nursing. The study highlights that it is important to investigate and contest stereotypes within a particular context since linguistic behavior can be influenced/ governed by the discourse expectations of one's community of practice. It is important as well to acknowledge people's linguistic behavior, individually, rather than classifying them into a category (men).

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