Impolite Verbal Behaviour Among Health Workers and Patients in Public Hospitals in Ghana: A Case of the Cape Coast Metropolitan Hospital

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Abstract

Verbal behaviour constitutes an important aspect of the culture of any discourse community**.** It is, therefore, not flabbergasting that various verbal behaviours, especially insults or invectives, have attracted scholarly attention for some time now. Against this backdrop, the present study discussed the perlocutionary effects of insults, investigated the forms or types of invectives that both health personnel and patients in hospitals engage in and the sociolinguistic variables that condition the use of those insults. The study employed a qualitative content analysis approach and was rooted in the speech act theory of Austin (1962). The present study showed that the dominant forms or types of insults used by both the health workers and the patients selected for the study were particularised insults and conventionalised insults. It was also established that sociolinguistic factors such as age, social status and social distance conditioned the use of those insults. Further, the study revealed that insults or invectives can occur unintentionally and that the use of invectives among both health personnel and patients did not always carry a pejorative meaning. Instead, they may as well be used to establish solidarity. The findings of this study have implications for discourse analysis and further research.

Key words: Health Workers, Patients, Public, Hospital, Metropolitan

Introduction

Verbal behaviours, indisputably, constitute an essential aspect of the culture of any discourse community. Skinner (1957) asserts that verbal behaviour is simply behavior subject to the same controlling variables as any other operant behaviour. It is, therefore, not surprising that the behaviour of people of diverse socio-cultural backgrounds have engendered much attention in socio-linguistic studies. Most of these studies have focused on interruption (Brooks, 1982), conversations (Eckert, 1993), gossip (Cameron, 1997) as well as address terms (Afful, 2006).

The above studies notwithstanding, verbal behaviours seem to be under researched in health institutions, in general, and among health workers and patients in particular. This has necessitated diverse studies on verbal behaviours, especially on speech acts among health workers and patients in hospitals. Among these studies are Cleary & Freeman (2005). Often today, in an articulate society, people usually use insult in a derogatory manner. This has not always been so. Hitherto, an insult was more of an art form than a form of invective. People had strong opinions and were not afraid to let the world know them in a forthright, yet eloquent manner (Jucker&Taavitsainen, 2000).

Generally, an insult can be reduced to three essential elements. First, a speaker makes a prediction or utters something about the addressee. Second, the prediction is perceived as inappropriate and demeaning by the addressee. Third, the speaker experiences the prediction as a face threatening act (Jucker&Taavitsainen, 2000). Surprisingly, however,insults as imperative verbal behaviour among health workers and patients is worth researching into.

Speech acts, in general, and verbal behaviours, in particular, play a significant role in effective communication. Such acts together with their deferring meanings highlight the power and solidarity postulates as well as the situatedness of these verbal performatives. In view of this, scholars have conducted a number of studies on various forms of speech acts. These studies include Austin (1962), Searle (1969), King and Silver (1993) and Kiesling (1997). However, it appears that insult as an impolite verbal behaviour has not engaged the attention of many scholars. Relatively few studies have explored speech act with specific focus on insult as a verbal behaviour among health workers and patients in hospitals. Surprising and perhaps, interestingly, no study has been conducted on insults as a verbal behaviour among health personnel and patients in Cape Coast Metropolitan Hospital. In an attempt to fill this lacuna in this area of study, the present study seeks to investigate the kinds of insults that ensue between health workers and patients in hospitals

as well as underpinning factors, using the Cape Coast Metropolitan hospital as a case study.

Research Questions

In conducting this research, we were guided by the following research questions:

1. What are the perlocutionary effects of the insults used by both the health personnel and patients in the Cape Coast Metropolitan Hospital?
2. What are the various forms of insults typically used by both the health personnel and the patients in the Cape Coast Metropolitan Hospital when they interact?
3. Which sociolinguistic variables condition the use of those insults among the health personnel and patients in the Cape Coast Metropolitan Hospital?

Delimitations

The subsequent delimitations are necessary in order to situate the present study in focus and also to establish the boundaries of the study. First, the study is delimited to impolite verbal behaviours such as insults or invectives used by both health workers and patients in hospitals with specific reference to the Cape Coast Metropolitan Hospitals. Our choice of this group of people is informed by our familiarity with the situated site since we once worked at one of the Cape Coast Metropolitan hospital as interns. Second, the study pays attention to situations where an addressee feels insulted even though the insult was not intended by the addresser. The study does not consider a withering comment about an absent addressee as an insult unless the addressee was present at the time of which the comment was uttered. In this case, the addressee becomes the target. Finally, the study does not consider a disparaging remark by a group of health personnel and patients as an invective unless a member of the group or someone who is closely connected to the group was present at the time the remark was uttered. In this instance, the target of the insult would be the individual and not the entire group.

Significance of the Study

The study is worth the time and the effort in three ways. To begin with, the study contributes significantly to speech acts, in general, and insults, in particular. In other words, the study adds to the already existing studies on verbal behaviours, thereby extending the frontiers of knowledge in this area of study.

Also, the study creates awareness of the various insults that are used by both health personnel and patients in hospitals as well as the factors that underpin these invectives with specific reference to the hospitals in the Cape Coast Metropolitan. Thus, it can be

posited that the findings of this study have implications for inter or cross-cultural communication and language use in health institutions.

Finally, the study will provide an impetus for further research on verbal behaviour, especially insults or invectives. Thus, by serving as a reference material, the present study provides motivation to both undergraduate and postgraduate students who wish to undertake research projects using speech acts or verbal behaviours.

Review of Related Literature and Theoretical Framework

The purpose of this work can be better appraised through a discussion of the theoretical framework on which the entire work hinges. The present study is rooted in the most popular and prominent Speech Act Theory as postulated by Austin (1962) and modified by Searle (1969).

The Speech Act Theory

Usually, people do not only create utterances involving grammatical structures and words to express meaning, they also carry out actions by means of those utterances. Austin (1962) introduced the Speech Act Theory and Searle (1969), further, expounded it from the central principle that language is used to carry out actions.

Since then, the Speech Act Theory has become influential not only within Philosophy, but also in Linguistics, Psychology, Literary Theory and many other scholarly disciplines (Green, 2007). Schmidt and Richards (1980) assert that, generally, speech act includes all acts we do while speaking. Although, the speech act theory had been highly criticised by some scholars as being an addresser or a speaker-centered model and a monologic process of communication, we found this theory very important and appropriate for the study because an impolite behavior such as insults is often initiated by an addresser or a speaker to an addressee or a listener to cause him or her to react to the utterance being uttered. This scenario, to a large extent, makes the communication, monologic. These scholars include Yoshitake Masaki (2004) and Derrida Jacques (1988). In Austin (1962), *How to do Things with Words*, he discusses two major kinds of utterances- Constatives and Performatives. According to him, constatives are utterances that inform or make a claim that is true or false. Austin, as cited in Mace (2009), stated that a constative utterance is from Latin, constate 'to be manifest; to be an established fact'. The term denotes statements or utterances that describe or depict facts or states of affairs and so may be either true or false. This includes report, statement, descriptions, assertions, predictions etc. Austin as cited in Devitt and Hanley (2003) put forward that the examples of constatives are affirming, alleging and announcing.

Performatives, however, are utterances that do not state anything; rather, they are used to do something. They are statements that constitute actions in themselves. Thus, the mere saying of them means the action has been done. According to Austin, as cited in Oliver (2007), in uttering performatives in appropriate circumstances, one performs actions. The uttering of a performative is part of the doing of a certain kind of action. Sekyi- Baidoo (2002) opines that we use such utterance to do things. In addition, Austin, as cited in Beck (1985) postulates that performative utterances are not true or false, not truth- evaluable: instead when something is wrong with them, then they are "happy or unhappy, felicitous or infelicitous. "Furthermore, Kreidler (1998) intimates that felicity conditions for a performative utterance includes the authority of the speaker to make the utterance, the appropriateness of time, place and other circumstances and the acceptance by the addressee (and others) of this authority and appropriateness. According to Searle (1969), felicity conditions are the constative rules of speech acts. He asserts that to perform a speech act is to observe four basic categories of felicity conventional rules. These are prepositional content, preparatory condition, sincerity condition and essential condition. Prepositional content is concerned with what the speech is about. Preparatory condition has to do with real-world prerequisites for the speech act. Sincerity condition must be satisfied if the act is to be performed sincerely. The essential condition deals with the speaker's intention that his utterance will count as the identifiable act and that this intention is recognised by the addressee (Huang, 2007).

Austin (1962) makes a distinction between three aspects of utterances in his speech act theory. They include the locutionary act, the illocutionary force and the perlocutionary effect. These three aspects of the speech act theory are considered central to this study.

Locutionary Act

The locutionary act refers to the physical act of producing an utterance using particular words and using them in conformity with the grammatical rules and with certain senses references as determined by the rules of the language from which they are drawn. The Locutionary act is the act of 'saying something' meaningful in a language understood by both the speaker and the hearer (Austin, 1962). According to Austin, it comprises rhetoric, phonetic and phatic acts. The locutionary act can be viewed as a mere uttering of some words in certain language. For instance,

Would you cook the food, please?

The locutionary act of this utterance is a question with clear content (cook the food). This component of the speech is, probably, the least ambiguous. Bach and Harnish (1979), commenting on Austin's work, point out that Austin distinguished three aspects of the

locutionary act. They are: A. Always to perform the act of using certain noises (phonetic act) B. Always to perform the act of certain vocals or words (phatic act) C. Generally to perform the cat of using that (sentence) or its constituents with more or less definite 'sense' and a more or less definite 'reference', which together are equivalent to 'meaning' (rhetoric act).

Illocutionary Force

The illocutionary force of an utterance focuses on an act that is performed by the speaker in using an utterance or acts that are done in speaking. The illocutionary act is closely connected with speakers' intentions. For example: stating, questioning, promising, requesting, giving commands, threatening among others.

Although, the locutionary act of an utterance is a question with a clear content (close the door), the illocutionary act conveys a request on the part of the speaker. As Yule (1999) asserts, the illocutionary act is the action performed through the communicative force of an utterance which is also, generally, known as illocutionary force of the utterance. Basically, the illocutionary act indicates how the whole utterance is to be taken in conversation. Sometimes, it is not easy to determine what kind of illocutionary act the speaker performs. To hint his intentions and to show how the proposition should be taken, the speaker uses many indications, ranging from the most obvious ones, such as unambiguous performative verbs, to the more opaque ones, among which mainly various paralinguistic features (stress, timbre and intonation) and word order should be mentioned. The illocutionary speech act is communicatively successful only if the speaker's illocutionary intention is recognised by the hearer.

These intentions are essentially communicative because the fulfillments of illocutionary intentions consist in hearer's understanding. Not only are such intentions reflexive, their fulfillment consists in their recognition (Bach &Harnish, 1979)

Perlocutionary Acts

According to Austin (1962), perlocutionary acts are performed with the intention of producing a further effect on the hearer. Sometimes, it may seem that perlocutionary acts do not differ from illocutionary very much, yet there is one important feature which distinguishes them. There are two levels of success in performing illocutionary and perlocutionary acts which can be explained by using this example: Would you wash the plates, please? The example, which is considered merely as an illocutionary act (a request) becomes successful if the hearer, recognises that he should wash the plates, but as a perlocutionary act, it succeeds only if he actually washes the plates.

Basically, the perlocutionary effect describes the effect that the utterance has on a particular addressee. It constitutes the feelings, thoughts or actions that the utterance stirs in the addressee (Sadock, 1974). According to Austin (1962), these three aspects co-occur in a single utterance.

A speaker may utter a number of words which in effect may annoy the addressee. Here, the illocutionary force of an insult describes the primary act that the speaker performs such as contemptuous remark, nasty comment or verbal assault. This is very important in this study.

Searle (1969) extended Austin's illocutionary act into five categories. These are representatives, directives, commissives, expressives and declarations. He explains that representatives commit the speaker to the truth as it is in the case of asserting and concluding. In directives, the speaker wants the addressee to do something. Commissives commit the speaker to future actions whilst expressives express a psychological state and declarations effect immediate changes in the world (Fasold, 1990). It is worth mentioning that the speech act understudy, insult, has a perlocutionary effect.

Definition, Nature and Types of Insults

Quang (2011) defines insult an offensive remark or action. He adds that an insult is a face-threatening act because it usually reveals that a speaker has a negative evaluation of aspect of hearer's positive face. Hornby (2000) explains insult or invective as a remark or an action that is said or done in order to offend. According to Jucker and Taavitsainen (2000), "insult is a contemptuous remark or action that is intended to wound self-respect, an affront, indignity and outrage". The perlocutionary effects of insults comprise the offence, wounded feelings, affront or outrage on the part of the addressee. This makes the invective a face threatening act.

Goffman (1959) explains face as everybody's self-esteem which they want to protect. He asserts that everyone is concerned, to a large extent, with how others perceive them and for that strives to maintain the identity they create for others to see.

On the other hand, Brown and Levinson (1987) categorise face into two types, namely positive face and negative face. Positive face refers to the desire to be liked, appreciated, approve of, or the need to have a good image accepted by others. Negative image refers to the desire to be unimpeded, unimposed upon and intruded or the need to be free from obligation in one's actions. Failure to preserve the face of an addressee by means of invectives can mar communication.

Jucker and Taavitsainen (2000), categorise insults into two types, namely conventionalised insults and particularised insults. Conventionalised insults refer to a category of insults, which under normal circumstances, are understood as insults by all members of a particular group or society. Examples include slanderous remarks, contemptuous remarks, name calling and demeaning expletives. Particularised insults refer to insults which do not have conventional force. They are more cumbersome for the analyst to identify since they depend on the reaction of the target to an utterance that does not have a conventional force. It is within this category that insults unintentionally occur. According to Labov (1972), "particularised insults require a denial or an excuse but conventional insults require a response".

Review of Empirical Studies on Insults

This section reviews already existing works on invectives. This is done with the principal objective of placing the present work within the context of extant literature in order to ascertain the similarities and discrepancies that the present study has with the already existing scholarship or stock of knowledge. The subsequent paragraphs present a review of these studies.

Gesselman and Webster (2012) examined aggressive responses to insults. Their work was informed by the fact prior research has examined the relationship between genetic relatedness and helping behaviour (Burnstein, Crandall &Kitayama, 1994) but less is known about its role in aggressive responses to insults (Fitzgerald &Ketterer, 2011). Their study was rooted in the inclusive fitness theory (Hamilton, 1964) and the kinship, acceptance and rejection model of altruism and aggression (Webster, 2008; Webster et al; 2012). They designed two participants on the basis of gender, two targets on the basis of gender and two insults on the basis of status and reproductive organs.

They also designed two instances of relatedness, that is (stranger verses cousin and cousins verses siblings), 489 participants were used for the research in which a stranger, a cousin or sibling was insulted and their emotional reaction and retaliation likelihood in response to the insult were reported. Their study revealed that participants would more aggressively respond to insults directed at close kins (siblings) than distant kins (cousins) and non kins (strangers). This finding is not surprising and it is consistent with (Fitzgerald &Ketterer, 2011).

Surprisingly, their data did not support the hypothesis that addressees were more aggressive to reproductive insults than to status invectives because aggressive responses to insults were roughly equal across insult types in most conditions. Their findings support

theoretically-derived, dynamic and domain-specific links among insults, gender relatedness and aggression. Similarly, the present study does not focus on how responses to insults vary insult types.

Although the use of questionnaire might have been very effective and essential in the methodology of the current study, we did not make use of questionnaire because like Gesselman and Gregory (2012), we are of the view that using questionnaire may not evoke or capture the magnitude of aggressive response that would occur in face-to-face interaction.

This study sought to highlight the view that English language has become a means to strengthen understanding and promote communication between nations. The study established that for effective communication, Vietnamese speakers of English needed not only to have a good command of grammatical rules, vocabulary and pronunciation but also cultural knowledge. Therefore, users of English as a foreign language do not need only linguistic knowledge but also interaction skills and cultural knowledge. The study compared insults in Vietnamese and American English and expressed knowledge about some social factors that influenced Vietnamese and American perceptions of insults. The study identified the influences of social variables on the perceptions of insults. It also revealed the similarities and the discrepancies between Vietnamese and American perceptions of insults and also provided implication for effective cross cultural communication between Vietnamese and Americans.

The study was rooted in the speech act theory of Austin (1962). It revealed that insults may indeed not always hurt people's feelings since the same utterance may achieve different effects for different addressees. A particular utterance may be considered as an insult by an addressee but the same utterance may not be considered as an invective by another addressee.

In line with the current study, Quang (2011) asserts that it is possible for unintentional invective to occur as a result of which an addressee may feel deeply offended by an utterance which was meant as a statement or an expression of surprise.

This work is pertinent to the current study because in the present research, some expressions that are commonly used for insulting or mocking could, in certain context produce an affiliated social effect, strengthen feelings of solidarity within a group and of closeness between interlocutors. One basic factor that reveals a close relationship between Quang (2011) and the present study is the fact that just as Quang (2011) explores the

influence of age, social status and social distance of interlocutors who know each other on the interpretation of insults in Vietnamese and American English. The current study also explores the influence of age, social status and social distance as major variables with regard to insults as verbal behaviour among health personnel and patients in hospitals using Cape Coast Metropolitan Hospital. This will help to explore the influence of these social variables on insults used by the focus groups selected for the study.

Mckibbin, Goet, Shackleford, Shipper, Starrat and Williams (2006**)** investigated why men insult their intimate partners. According to them, men sometimes insult their intimate partners and these invectives predict intimate partner violence. They hypothesised in their work that men's partner-directed insults are designed to retain their long-term mate and that men's use of partner-directed insults co-vary with other mate retention behaviours that function to maintain and retain a romantic partner's exclusive involvement in a relationship. They conducted two studies to test this hypothesis, using the mate retention inventory and the partner-directed insult scale in their work. They opined that usually, men insult their partners to retain them. Their work revealed that the use of partner-directed insult would correlate positively with the performance of behaviours included within the three negative categories of mate retention identified by Buse (1988).

The partner-directed invective that consistently predicted men's mate retention across both studies was the insults included in component accusations of sexual infidelity. According to them, this insult component was a unique predictor of men's mate retention. Furthermore, their work revealed that the use of invective strongly predicts mate retention behaviour. These were insults in which men derogate the qualities that make a woman a good partner and insults that derogate a partner's mental abilities.

Mckibbin et al.'s study relates to the present study because the current study is likely to unearth how these focus groups selected for the research use invectives to preserve and strengthen their bond of affection for each other. This, indirectly and significantly, leads to the preservation and maintenance of friendship among both health personnel and patients in the Cape Coast Metropolitan Hospital.

From the empirical works reviewed above, it can be asserted that relatively few scholars have done research on insults. Although, the present study focuses on insult as a verbal behaviour among health workers and patients in hospitals, I reviewed studies on face threatening acts, in general because much has not been done on insults and also because insults and face threatening acts share certain common features. It is noteworthy that all these reviewed studies were conducted outside Africa. Furthermore, the few works on

invectives that the researcher came across were not centered on health personnel and patients in hospitals.

Consequently, the present study pays particular attention to invective as a verbal behaviour among health personnel and patients in hospitals.

Methodology

Research Settings

The research was set in the Cape Coast Metropolitan Hospital. The scenes for the study were theOut-Patient Department, Laboratory and the Pharmaceutical Units of Cape Coast Metropolitan Hospital. Because there were no documented historical records of the Cape Coast Metropolitan Hospital available to us, we relied on oral tradition from the longest serving worker at the health facility to unearth the historical antecedents of the hospital.

According to Opanin Duncan, the longest serving worker of Cape Coast Metropolitan Hospital, the Cape Coast Metropolitan Hospital was built in 1939 by the British Colonial Administration in the Gold Coast. It was initially built as a district hospital with the responsibility of serving in a single capacity as the regional hospital for the entire Central Region.

The Cape Coast Metropolitan Hospital enjoyed this monopoly in health delivery until the latter part of the twentieth Century where Inter-Bethel hospital, a more sophisticated and elaborated health facility came into the scene and took this monopolistic honour from it. The Cape Coast Metropolitan Hospital initially had only one white doctor serving all the patients who came to this health facility for treatment.

The Cape Coast Metropolitan Hospital recently serves as the only communicable disease health facility in the Cape Coast Metropolis. There are a number of departments and units within this health facility.

Research Design, Instruments and Sample Size

We used observation as our main instrument for collecting data for the study. Given the explorative nature of the study, we employed a qualitative research approach to analyse the data for the research.

The goal of this kind of research is to understand the process and character of social life and to arrive at meaning, types, characteristics and organization aspects of the documents as social products in their own right, as well as what they claim to represent. This approach

was used because of its appropriateness and the fact that it helped us to have insights into insults in general and insults as a verbal behaviour. We chose 30 health personnel, specifically, nurses, laboratory technicians and pharmacists as well as 20 patients as the sample size for the study. But due to the difficulty we faced in the collection of data, we were able to collect thirty (30) insults from the various focus groups.

Sampling Technique

Although random sampling is by far the most reliable sampling method because it ensures the validity and reliability of the findings of many studies, this sampling method was, however, not employed because it would result in the selection of data that would not have been of interest to the purpose of the study. For this reason, we purposively sampled data that were most useful to the analysis. The aim of the purposive sampling, Cresswell (1994) writes, "Isto purposefully select documents that will best answer the research question" (p.148). He further asserts that purposive sampling is especially exemplified through the key informant technique.

We decided to use health personnel, specifically, nurses, laboratory technicians and pharmacists as well as patients, rather, because of our observation that insults have differing effects on these focus groups.

We deliberately focused on the age, social status and the social distance among the selected focus groups to unravel how insults as a verbal behaviour operate differently with regard to their usage and their respective influences as far as these social variables are concerned.

The aim of choosing the Cape Coast Metropolitan Hospital as the research site was informed by our observation that just like health workers, specifically, nurses, laboratory technicians and pharmacists as well as patients in other hospitals in Ghana, these same focus groups may not be an exception in the use of insults and these invectives, usually, revealed different kinds of relationship among health personnel, specifically, nurses, laboratory technicians and pharmacists as well as patients who used them. Also, we selected some vital points or sites in Cape Coast Metropolitan Hospital where we hoped to get the required quantum of data on the subject matter of my study.

Data Collection Procedure

Upon having been given the go-ahead to carry out the research in the Cape Coast Metropolitan Hospital by the Administrator in charge of the facility, we frequently embarked on a familiarization visit to the various departments in the health facility that was chosen as the research sites for the study. We then obtained a recorder to monitor and

record the incidents of verbal assaults that ensued between the health personnel, the patients.

We also observed incidents of verbal assaults portrayed by the focus groups selected for the study and took notes on them. These activities lasted for a period of three months based on the quantum of data collected for the study.

The data upon which the study is based were derived from audio recording of verbal assaults used by the health personnel, specifically, nurses, laboratory technicians and pharmacists as well as patients of Cape Coast Metropolitan Hospital, observation of spontaneous use of insults by these focus groups selected for the study. The recording and observation took place at a variety of locations in this health facility mainly the Out-Patients Department, the Dispensary or the Pharmaceutical Unit and the Laboratory unit. The objective of the audio recording was to do an analysis of the influence of insults on the selected health personnel and the patients for the research.

Following the data collection, the analysis would involve the following procedures:

a. Transcribing and translating recorded insults
b. Coding the observation and recorded data

Challenges Faced During Data Collection

Despite the fact that data was accessible to us, we encountered some challenges. The first challenge had to do with the fact that although some health personnel and patients become victims of verbal assaults and had freely engaged in insults themselves, they were shy and could not utter them anytime we were present. The first reason given was that insults were usually uttered unconsciously although, they were well thought out. This "unconsciousness" made it very difficult for us to collect data.

Also, the focus groups selected for the study, specifically, the health personnel became very cautious anytime we were present. They maintained firmer grounds not to fall victim to the use of insults among themselves as health personnel and further extended those invectives to the patients.

Another challenge was that the focus groups, specifically, the health personnelas well as the patients felt that we were outsiders and they had no synergic relationship with us, hence, making them unwilling to initially open up to us to aid us in gathering the needed data on issues of verbal assaults no matter how well we tried. But we tried as much as possible to familiarize ourselves with them.

These challenges notwithstanding, we were able to analyse thirty (30) insults out of the total number of the focus groups selected for the study to enable us evaluate the use of insults as a verbal behaviour among health personnel, as well as patients of Cape Cast Metropolitan Hospital.

Ethical Considerations

In resolving ethical concern associated with the study, generic or fictitious names of both addressers and addressees who fall victim to insult usage as well as being actually infused in the act of verbally assaulting any of the focus groups were used as they do not refer to specific persons. This effort was to avoid using full names of addressers and addressees without seeking their consent because we could hardly get in touch with them in view of the practical difficulty. It was important to do so because "whatever the specific nature of their work, researchers must take into account the effects of the research on participants and act in such a way as to preserve their dignity as human beings" (Cohen, Marion & Morrison, 2000: 56)

Results and Discussion

This section analysis and discusses the data collected. The qualitative research paradigm was used for the analysis of the data. A qualitative research paradigm goes beyond just describing data to include understanding, interpreting and explaining the data (Dey,1993). This research approach helped me to effectively analyse the perlocutionary effects of insults used by both the health personnel and the patients selected for the study. It also assisted me to analyse the forms or types of insults typically used by the above focus groups selected for the study as well the three sociolinguistic factors that conditionthe use of those insults. The subsequent paragraphs analyse and discuss the data with reference to the research questions.

Perloctionary Effects of Insults

The research question 1 concerns the perlocutionary effects of insults used by the focus groups selected for the study. For the purpose of defining and evaluating this work, we created detailed annotation for two criteria of perlocutionary effects posited by Austin (1962) and Sadock (1974).

Insults are, basically, perlocutionary acts. Austin (1962) explains perlocutionary acts as actions performed with the intention of producing a further effect on the hearer. This can best explained using the examples below. In resolving ethical concerns, the generic or fictitious names of both addressers and addressees were used.

Example 1

Nurse: Please daddy, why are you vomiting on our beds? Why are you behaving like a child?

Patient: Nurse, you are foolish for telling me that I am behaving childishly.
Nurse: Please daddy, what is my offence in telling you to do the right thing?
Patient: Be mindful of your utterance; you are not my mate! For you, in my state, you would do worse things than this.
Nurse: Please daddy, I am very sorry; I didn't intend to insult you.
Patient: Reserve your apology! It disgusts me.

The above extract was an interaction between a patient and a nurse in which the patient was old enough to be the father of the nurse. In our Ghanaian context, it is forbidden to pinpoint plainly wrongful acts of elders no matter the circumstance. So, elders usually feel insulted and react aggressively when disparaging comments are made about their behaviour especially when such pejorative remarks emanate from younger ones. This accounted for the reason why the patient verbally assaulted the nurse. The example above which is considered merely as an illocutionary act (a statement) becomes a perlocutionary act if the nurserecognises, accepts or rejects, becomes sad or happy about the fact that she is being referred to as a fool.

Example 2.

Pharmacist: Hello woman! Are you so dumb that you can't even read the medical prescriptions I have written on the bottles of the medicines I have dispensed to you?

Patient: Hey man! You are not my mate; mind the way you speak to people because you may not know the social status of whom you speaking to.

Pharmacist: Please, I am deeply sorry.
Patient: Save your breath!

The above extract was an interaction between a pharmacist and a patient in which the addressee was older than the addresser. In our Ghanaian context, younger persons are expected to respect their elders no matter the circumstance. So, elders usually feel very upset when younger folks verbally assault them. This accounted for the reason why the patient became pissed off and reacted aggressively towards the nurse. From the above

extract, the statement which is merely considered as an illocutionary act becomes a perlocutionary act if the patient recognises, accepts or rejects, becomes sad or happy about the fact that she (the patient) is being referred to as a dumb person (unintelligent).

Example 3

Lab technician: Hello man! Are you deaf? Can't hear that I am calling your name?

Patient: Hey boy! Mind your language; you are not my mate. So don't ever try again in your life to speak to me in such a despicable way.

The above extract was an interaction between a pharmacist and a patient in which the addressee was older than the addresser. In our Ghanaian context, younger persons are expected to respect their elders no matter the circumstance. So, elders usually feel very upset when younger folks verbally assault them. This accounted for the reason why the patient became pissed off and reacted aggressively towards the nurse. From the above extract, the statement which is considered as an illocutionary act becomes a perlocutionary act if the patient recognises, accepts or rejects, becomes sad or happy about the fact that he (the patient) is being referred to as a deaf.

Example 4.

Nurse: Hello, from the way you speak about matters concerning women, I guess area Casanova?

Patient: Laugh out loud, I am not a Casanova but I read a lot about women issues from the internet.

The above extract was an interaction between a nurse and a patient on women issues. In our Ghanaian context, certain utterances are abominable to be used among people of which Casanova (womanizer) is one of them. So, most people feel insulted when such words are used on them. But the patient didn't feel insulted at all when such word was used by the nurse on him because the utterance by the nurse may be a true reflection of his behaviour. The example above which is considered merely as an illocutionary act becomes perlocutionary act if the patient recognises, accepts or rejects, becomes sad or happy about the fact that he (the patient) is being referred to as a Casanova.

Example 5.

Patient A: Hey girl! Are you blind? You stepped on my toes as if you were walking on a carpet.
Patient B: Please sir, I am very sorry.
Patient A: Never mind!

This interaction was between two patients who came to the hospital for treatment. In our Ghanaian context, it is expected of a person to apologise when he wrongs a fellow folk especially people who are older than them.

The apologies rendered by patient B indicates that she is deeply infused in the cultural values of the Ghanaian society. From the above extract, the statement which is considered merely as an illocutionary act becomes perlocutionary act if the addressee recognises, accepts or rejects, becomes sad or happy about the fact that she is being referred to as a blind person.

Basically, the perlocutionary effect of insults describes the effect that insults have on a particular addressee. It constitutes the feelings, thoughts or actions that the utterance stirs in the addressee (Sadock, 1974). The examples below highlight this view.

Example 6

Patient: I am sick; I know that I have malaria because I have lost appetite for food, experience high body temperatures and sweat a lot quite recently.
Nurse: Hmmm! Please, I never knew that you are a doctor to diagnose yourself to Know what is wrong with you.
Patient: Hey! Don't you dare insult me?
Nurse: Please Grandpa, I don't intend insulting you; I am very sorry.
Patient: You are a coward. If you had said anything foolish again, you would have Smelt pepper today.
Nurse: Please, I am deeply sorry.
Patient: Show me the doctor's office for me to go and lodge my complaint to him or her.
Nurse: The first door to your extreme right.
Patient: No thanks.
Nurse: You are welcome.

The above extract was an interaction between a patient and a nurse in the patient was old enough to be the nurse's grandfather. In our Ghanaian context, younger ones are expected to show respect to their elders no matter the circumstance. So, adults usually feel very upset when younger folks verbally assault them. The above interaction indicates that the patient feels very offended about the utterance of the nurse. The perlocutionary effect is manifested in the manner in which the patient feels insulted and hurt about the utterance of the nurse. This was identified in his (patient) utterances, "Hey! Don't you dare insult me?" "You are a coward. If you had said anything foolish again, you would have smelt pepper today" and the "No thanks" comment he gave to the nurse although she offered him an overwhelming assistance by directing him to the doctor's office. **Example 7**

Nurse: Please Mama, why do you act like a child? As adult as you are, you urinate, vomit and defecate on yourself. Please can't you go out and do that at the Nature's Call since you are not paralysed and can walk very well depending on your mild ailment. Please, don't be a pain in my neck

Patient: Hey girl! You are not my mate. So be careful of what you say to me.

Nurse: Please, as adult as we are, let's behave as such.

Patient: For you, at my age, you would do worse things than this.

Nurse: Please Mama, don't curse me, I am very sorry. I didn't intend to insult you.

Patient: Say that sorry to yourself!

The above extract was an interaction between a patient and a nurse in which the patient was old enough to be the mother of the nurse. In our Ghanaian context, younger persons are required to show great decorum and respect in their actions and utterances to their elders no matter the circumstance. So, adults usually become very offended and insulted when disparaging remarks are made against them by younger people. The above interaction shows that the patient feels very insulted and unhappy about the utterances of the nurse towards her. The perlocutionary effect is manifested in the manner in which the patient feels insulted and hurt about the utterances of the nurse. This was identified in her utterances, "Hey girl! You are not my mate. So be careful of what you say to me", "For you, at my age, you would do worse things than this" and finally, her closing comment, "Say that sorry to yourself!"

Example 8

Laboratory (Lab) technician: Hello bro, what can I do for you please.

Patient: Please, I have been directed by a doctor in your health facility to carry out a lab test before he can attend to me.

Lab technician: Ok, I hear bro.
Patient: Gives the medical report to the lab technician and asks, how much would you charge for my lab test?
Lab technician: GH₵ 50.00 only.
Patient: Eii! Why? Am I coming to do an Ebola test?
Lab technician: You can take your medical report home and do the test there yourself and offer the necessary treatment to your sickness.
Patient: Please bro, I didn't mean to insult you, I am really sorry.
Lab technician: Reserve your apology! I don't need it.

The above extract was an interaction between a lab technician and a patient in the patient see the lab technician as being in the same age category with his sibling. In our Ghanaian context, disparaging remarks whether directly or indirectly are frown upon. So, addressees usually feel very insulted when both explicit and implied disparaging comments are made against them. The above interaction indicates that the lab technician feels very upset about the utterance of the patient.

The perlocutionary effect is manifested in the manner in which the lab technician feels insulted and hurt and reacted aggressively towards the utterance of the patient. This was identified in his utterances, "You can take your medical report home and do the test there yourself and offer the necessary treatment to your sickness" and his closing remark to the patient, "Reserve your apology! I don't need it". **Example 9.**

Patient: Where did you receive your training?
Nurse: What do mean? Are you perchance telling me that I don't know my job? What an insult! I can't take any more of this unreasonable comment from you.
Patient: Please, I am sorry; I didn't mean to insult you.
Nurse: Take your stinging apologies away; I don't need it.

The above extract was an interaction between a nurse and a patient. In our Ghanaian context, people feel very offended when their professional expertise is being questioned especially by a person who knows nothing in that professional field. This interaction explicitly indicates that the nurse feels very offended and insulted about the utterance of the patient. The perlocutionary effect is manifested in the manner in which the nurse feels insulted and hurt and reacted aggressively towards the utterance of the patient questioning her expertise as a professional nurse.

This was identified in her remarks, "What do you mean? Are you perchance telling me that I don't know my job? What an insult! I can't take any more of this unreasonable comment from you" and her final comment, "Take your stinging apologies away"

Example 10

Patient:	Please, can't you stop your unnecessary chats and dispense our drugs to us?
Pharmacist:	Which chats do you define as necessary more than the one emanating from my boss!
Patient:	Please, calm down; I didn't intend insulting you.
Pharmacist:	Clear off! Reserve your apology; I have no need for it.

The extract above was an interaction between a patient and a pharmacist. In our Ghanaian context, one is expected not to make disparaging comments about issues if he or she does not have concrete and accurate information on the matter. So, most people deemed it very insulting when people refer to their conversations as unnecessary or unwarranted without finding out the content of their conversations. From the above interaction, it can be seen that the pharmacist feel unhappy and verbally assaulted by the patient. The perlocutionary effect is manifested in the manner in which the pharmacist reacted aggressively to the utterance of the patient. This was identified in his (pharmacist) counter comments, "Which chats do you define as necessary more than the one emanating from my boss!" and finally his closing remarks, "Clear off! Reserve your apology; I have no need for it".

Forms of Insults

The research question 2 is about the various forms or types of insults typically used by both the health personnel and the patients when they interact.

For the purpose of defining and evaluating this work, we createddetailed annotation guidelines for two forms or types of insults: particularised and conventionalised insults.

Particularised Insults

Labov (1972) asserts that particularised insults require a denial or an excuse form the addressee. According to Jucker and Taavitsainen (2000), particularised insults refer to insults which do not have conventional force. They are more difficult for the analyst to identify since they depend on the reactions of the target to an utterance that does not have conventional force. This type of insult was used severally by boththe health personnel and the patients of Cape Coast Metropolitan Hospital. In so doing, both the health personnel and the patients selected for the study, usually, resorted to backhanded compliment, which

is also known as left handed compliment. Backhanded compliment is an insult that is disguised as a compliment. Sometimes, a backhanded compliment may be inadvertent. However, the term usually connotes intent to belittle or condescend (Conley, 2010).

Conley further asserts that a backhanded compliment may fool the addressee but the compliment remains 'backhanded' because the addresser is being intentionally slighting and insulting.

Among most health workers and patients of the Cape Coast Metropolitan Hospital, backhanded compliments are considered as a polite way of expressing disdain. Below are examples to buttress this view.

Example 11.

Addresser: Daniel, you seem intelligent with regard to issues concerning women.
Addressee: Afia, don't you dare pass this comment about me again!
Addresser: Please Daniel, I am very sorry; I didn't intend to insult you.
Addressee: Save your breath!

2. Patient: Maame nurse, you look beautiful today.
Nurse: What do you mean! Don't make such comments towards me again.
Patient: Please, I am deeply sorry; I didn't mean to offend you.
Nurse: Say that sorry to yourself! I have no need for it.
3. Senior pharmacist: Ansah, you appear wiser today.
Junior pharmacist: Boss, do you mean that I appeared unwise for the past days?
4. Badu: Fred, you appear hard working on weekend duties.
Fred: Hey man! What are you implying?

In our Ghanaian context, insults, either particularised or conventionalised, are frowned upon. So, people become very offended and insulted when either of the above mentioned insults are directed to them. In each instance, there is an initial compliment, praising Daniel's intellect, the nurse's looks, Ansah's wisdom and Fred's ability. However, each instance also includes with an implied criticism. The first extract above was an interaction between two nurses. In the initial extract, the addresser implied that Daniel was unintelligent on issues that do not concern woman. The second extract above was an interaction between a patient and a nurse. In the second instance, the addresser implied that at some point in time, the nurse was unattractive. The third extract was an interaction

between two pharmacists (a senior pharmacist and a junior pharmacist). In the third comment, the addresser implied that at some point in time, Ansah was not wise but only appeared wiser on that day he made this disparaging comment to him. The final extract was an interaction between two lab technicians. In the final instance, the addresser implied that Fred was lazy on weekdays.

This is a clever way by which health workers and patients used insult. It was largely, within context that insults occurred unintentionally. This attests to Jucker and Taavitsainen's (2000) assertion that insults can be unintentional. This is due to the fact that it is very difficult to determine whether an utterance was meant to compliment an addressee or insult the addressee.

In cases where utterances were meant as compliments, insults were occurred unintentionally when addressees reacted to them as insults.

Example 12 .

Francisca:	Stephen, what a great change! I am very glad for you; you ate just a plate of rice for lunch today.
Stephen:	I will take everything from you, Francisca, but not such insults. Nonsense! How dare you call me a glutton?
Francisca:	I did not mean to call you a glutton.
Stephen:	Go away! You think I am a fool?

The above extract was an interaction between two lab technicians. In our Ghanaian context, both particularised and conventionalised insults are frown upon. So, addressees feel very insulted and react aggressively to the above stated insults when they are directed towards them. In the aboveinteraction, it can be inferred that although Francisca did not mean to insult Stephen, Stephen considered Francisca's utterance as an insult. Stephen always ate two plate of rice.

As a result, Stephen felt offended when Francisca applauded him for eating a plate of rice because he had the impression that Francisca was teasing him as being a glutton.

It is, therefore, clear that particularised insults may have the effect of wounding the addressee even if the speaker does not mean to offend the addressee. Another example from the extract is presented below:

Example 13.

Patient: Wow! You are well dressed today. What is your secret?

Nurse: Hey gentlemen! Are you trying to tell me that I don't dress well until today? Whodo you think you are? You are always passing awful comments on the dressing of other people, meanwhile, you are not decent.

Patient: I am sorry; I didn't mean any harm.

The above extract was an interaction between a patient and a nurse. In our Ghanaian context, both particularised and conventionalised insults are frowned upon. So, addressees feel very insulted and react aggressively to the above stated insults when they are directed towards them. From the above extract, it is clear that the nurse is unhappy about the comment of the patient and for that matter, reacted to the patient in an uncompromising manner, even though; it was not the intention of the patient to insult her. It seemed that the nurse became offended by the patient's utterance largely because of the fact that the patient was noted for passing appalling comments on the dressing of other nurses anytime he visits their hospital

Jucker and Taavitsainen's (2000) study is relevant to this study. This is because the data gathered has revealed that insults can be unintentional. The study, further, builds on Quang (2011) assertion that it is possible for insults to occur unintentionally, as a result of which an addressee may feel deeply offended by an utterance which is meant as a statement. An utterance, indeed, may have the effect of offending the addressee even if the speaker did not mean to offend the addressee.

Conventionalised Insults

Jucker and Taavitsainen (2000) opine that conventional insults, under normal circumstances, are understood as insult by all members of a particular group or a society. Examples include slanderous remarks, contemptuous remarks, name calling and demeaning expletives. Such insults are by nature, demeaning. They do not rely on the denial or excuse of the addresser to classify them as insults. They are regarded as outright insults by anyone who comes into contact with them. To some extent, both the health personnel and the patients selected for the study often become victims and users of conventional insults.

A classic example from the data collected by the researcher was when a male nurse asked a female patient to be his friend. This was what ensued between them.

Example 14.

Male nurse:	Hello, my name is Frank; can I be your friend?
Female patient:	I am sorry; I came to this hospital for treatment.
Male nurse:	Does that mean you won't make friends?
Female patient:	Gentleman, why don't you leave me alone, I said I came to this Hospital for treatment!
Male nurse:	I am sorry; I should have guessed from the onset that you are uncivilised .

In our Ghanaian context, both particularised and conventionalised insults are frown upon. So, addressees feel very insulted and react aggressively to the above stated insults when they are directed towards them. From the above interaction, it is clear that the male nurse verbally assaulted the female patient for refusing his friendship proposal. Merriam Webster Dictionary defines **uncivilized** as not polite, reasonable or respectful. Therefore, the use of the word, "uncivilised" by the male nurse, indirectly meant that the female is impolite, unreasonable or irrespecful. So the use of the word in this context makes the utterance of the male nurse very abusive and derogatory.

Other instances from the data are presented to highlight this view:

Example 15.

Patient:	Hello dear, may I know the direction to the doctor's office?
Nurse:	He is attending to other patients. So kindly join that queue to your extreme left
Patient:	Damn! Do you know who I am? I am the Chief Executive Officer of a renowned financial institution in this country.
Nurse:	And so what? I thought you were a gentleman. I didn't know that you are uncouthed.

In our Ghanaian context, both particularised and conventionalised insults are frowned upon. So, addressees feel very insulted and react aggressively to the above stated insults when they are directed towards them. From the above extract, it can be seen that the nurse insulted the patient although he (patient) initially reacted aggressively to the reply that was given him by the nurse when he asked of where to locate the doctor on duty. Uncouth, according to the *Merriam Webster Dictionary* means behaving in a rude way, not polite or socially acceptable. So using such word on the patient was totally abusive and there can't be any escape for the nurse to find excuses that she was not intending to insult the patient.

Example 16.

Lab Technician to a patient: What can I do for you?

Patient:	I am here for a lab test.
Lab Technician:	Join that queue behind you.
Patient:	Please I need to attend an urgent meeting, so do mine for me to go and see the doctor for treatment.
Lab Technician:	Hey man! Are you deaf? Didn't you hear what I said?
Patient:	What do you mean! Why do you speak to me in such despicable manner?
Lab Technician:	Please, I am sorry.
Patient:	Reserve your apology! I have no need for it.

In our Ghanaian context, both particularised and conventionalised insults are frowned upon. So, addressees feel very insulted and react aggressively to the above stated insults when they are directed towards them. From the above extract, it can be seen that the lab technician insulted the patient. This was manifested in his usage of the word, "deaf" which is generally understood as an insult by the focus groups selected for the study. This word had a derogatory connotation in the context in which it was used by the lab technician. The *Merriam-Webster Dictionary* defines "deaf"as lacking or deficient in hearing. The addressee (patient) felt insulted and was bent on not accepting any apology or any form of excuse from the addresser (lab technician).

This section provides a graphical representation of the forms of insults used by the health personnel and the patients selected for the study. The table displays the frequency of occurrence of insults identified in the utterances of the health workers and the patients selected for the research work. The frequencies of occurrence of various insults are illustrated in the table provided below.

Table 1: Frequency Distribution of the Types of Insults

Speech Acts	Frequency	Percentage (%)
Particularised insults	17	56.666% = 57%
Conventional insults	13	43.333% = 43%
Sexual insults	0	0%
Total = 30	100%	

It is evident from the table that particularised insults were extensively used by both the health personnel and the patients of Cape Coast Metropolitan Hospital selected for study.

This is because particularized insults, by nature, are difficult to be perceived as insults since they depend on the denial or acceptance of the addressee before their true effects can be identified. Both the health workers and the patients selected for the study mostly used such insults because particularised insults usually vindicated them of insulting colleagues or any of the focus groups selected for the study anytime addressees reacted to those comments as insults. Although, there is an assertion, that youths in this contemporary era often use sexual insults, we could not record such insults because of two fundamental reasons. First and foremost, sexual insults were not publicly uttered by the focus groups selected for the research work.

Secondly, sexual insults were not identified as part of the recorded data. Sexual insults are basically insults that have demeaning effects on the sexual reproductive system of individuals. It is not surprising that such insults were not identified in the recorded data given that the Ghanaian society frowns on the use of such insults, especially by the health personnel and fewer patients who have attained higher education status.

From the ongoing discussion, it can be posited that the dominant insults used by the focus groups selected for the study are particularized insults with57% out of 100% as the highest recording.

Contrary to this study, Gesselman and Webster (2012) identified sexual insults in their data although their hypothesis that sexual insults would elicit more retaliation because those insults directly damaged one's reproductive reputation was not realised. This was because their findings showed that aggressive responses were equal across all forms of insults. The present study clarifies Gesselman and Webster's (2012) findings that aggressive responses to insults were equal across all forms of insults since the data revealed that addressees usually reacted aggressively to both particularised insults as well as conventionalised insults.

Factors That Condition Insults

The research question 3 is about the sociolinguistic factors that condition the use of insults used by the focus groups selected for the study.

The relationship between speaker and addressee (good friends, employer- employee, teacher- pupil, grandmother- grandchild etc.) and the context and manner of interaction (in bed, in the supermarket, in a television (TV) studio, in church, loudly whispering, over the phone by fax etc.), maintaining that they are crucial to an understanding of both the structure and form of the language used in a situation. Because of the emphasis placed on

the language use, sociolinguistically, adequate analysis of language is, typically, based on (sound or video) recording of everyday interactions. For example: dinner- time conversations with friends, doctor- patient consultations, TV discussion programmes etc. This part of the study seeks to establish three sociolinguistic variables that condition the use of insults by the health workers and the patients selected for the study.

In order to make it possible for the present research to determine the degrees of aggressiveness of the situations investigated under the influence of the sociolinguistic factors, the degrees of aggressiveness were grouped into three categories of "very insulted," "a little insulted" and "no insult." While those comments perceived to be in the first category should be avoided to prevent insults, those in the third category might be considered safe for the addresser to utter without any danger of insulting the addressee. Those in the second category, however, should be treated with great care as they might cause discomfort to the hearer (Quang, 2011). The following sociolinguistic variables were identified as having an influence on the interpretation or the effects of insults.

Age

Hornby (2010) defines age as the number of years that a person has lived or the number of years that a thing has existed. The data collected and analysed showed that age had a significant influence on the interpretation of insults among the health personnel and the patients selected for the study. In most situations, both the health workers and the patients felt more insulted when the insults were uttered by younger folks than older ones.

The extract below from the data collected for the study illustrates this view:

Example 17.

Mark: I can't still understand why as unintelligent as you were, you managed to become a nurse. You surely bribed your through, right?

Nurse: How dare you insult me! Mark, wait a minute, do you think that I am not capable of becoming a nurse errh! Absolute rubbish! Get away from my sight! The fact that I was your course mate in school does not mean that we are of the same age.

The extract above was an interaction between a patient and a nurse who were school mates. In our Ghanaian context, a younger person is usually expected to respect his or her elders especially by not questioning their intelligence no matter the circumstance. So, people become highly offended and insulted when disparaging remarks come from younger folks towards them questioning their intelligence. In the above interaction, it can be seen that the nurse was older than the patient. Thus, his statement, "the fact that I was your course

mate does not mean that we are of the same age" attests to this fact. These factors accounted for the reason why the addressee felt very insulted about such a remark from a younger person towards him.

However, this same interaction may achieve a less insulting effect on the addressee if the same utterance was uttered by an older person as exemplified by this extract:

Example 18.

Patient: Maame nurse, did you attend a nursing school at all? You are as empty-headed as myself.

Nurse: Please Mama, don't provoke me!

The above extract was an interaction between a patient and a nurse, in which the addresser was in the same age category with the nurse's mother. In our Ghanaian context, an elder is always deemed right in his or her actions, especially to a younger folk. So, younger people become very cautious when expressing their displeasure against a negative comment from an elderly person towards them. In this extract, based on this cultural value embedded in the nurse, it can be inferred from the interaction that although the nurse felt very insulted about the utterance of the patient describing her (the nurse) as being an **empty-headed person,** she did her best to control her temper in order not to repay the patient in the same coin because the addresser (the patient) was older than the addressee (the nurse). The addressee's utterance, "Please Mama, don't provoke me!" indicates that the addresser was indeed older than the addressee. The word, "Mama" in our Ghanaian context is usually used by younger people to address older women who can be their mother to show respect for them.

Besides, the data also revealed that in cases where both the addresser and the addressee are of the same age, the interaction may have different impact on the addressee. The extract below highlights this view:

Example 18.

Nurse A: Gertrude, you look very sexy today.

Nurse B: Beatrice, don't say that again! Sister, you think that because we were both born on February, 1990, you can just speak to me anyhow?

The above extract was an interaction between two nurses who were age mates. In our Ghanaian context, referring to a person's physical outlook no matter being in the same age category with him or her in a teasing or mocking manner, is not taken lightly. So people usually become pissed off when people refer to their physical outlook in a teasing or

mocking manner. It can be seen from the interaction that although the addresser (Nurse A) and the addressee (Nurse B) were of the same age, the addressee felt slightly insulted by the addresser's comment and, therefore, reacted in an unfriendly manner, even though, she did not insult the addresser.

Regarding age, the data revealed that certain comments may make an addressee feel insulted regardless of the age difference between the addresser and the addressee. The interaction below between two laboratory technicians (lab technicians) from the data collected for the study illustrates this view.

Example 19.

Ama: Daniel, come and let me take you out for lunch today. My father's friend gave me GH₵30.00 yesterday and I thought it wise to spend it with you.

Daniel: Ama, I don't spend monies gotten from an unholy cause.

Ama: Are you calling me a prostitute? I have loved you as a brother after our tenth birthday. I never expected you to say this to me. I am very disappointed at your comment.

In the extract above, it can be seen that although Ama and Daniel are of the same age, Ama felt very offended and insulted by the comment of Daniel referring to her money as something gotten out of an unholy activity.

This was also realised in cases where the addresser was older than the addressee. This instance is highlighted in the extract below.

Example 20.

Addresser: Nurse! Which way leads to the doctor on duty's office?

Addressee: Please, join that queue to your extreme left.

Addresser: Rubbish! You want an older man like me to join a queue before I can see the doctor for treatment?

Addressee: I am disappointed at your comment. Please, the fact that you are older than me, does not guarantee you to speak to me anyhow.

The extract above was an interaction between a patient and a nurse in which the addresser was old enough to be the father of the nurse. Although, in our Ghanaian context, a younger person is not expected to talk back at an elderly person, it was obvious from the above interaction that the addressee felt very offended and insulted by the addresser's utterance and could not calm down her nerves and talked back at the older patient. This meant that

an addressee would always feel insulted by certain comments regardless of age differences. From the extracts, it can be seen that age, indeed exerted a greater influence on the interpretation of insults among the health workers and the patients of Cape Coast Metropolitan hospital selected for the study.

Social Status

Quang (2011) explains social status as a society's perception of an individual based on the individual's behaviour, lifestyle or personality. Social status was another sociolinguistic variable that had a greater impact on the interpretation of insults among health workers and patients of Cape Coast Metropolitan Hospital, especially on the part of the patients. The addressees feel more insulted when disparaging remarks emanate from subordinates or persons from lower social status than they are.

The subsequent extracts from the data collected for the study illustrate this view:

Example 21.

Patient:	Hello Maame Nurse, can you me direct me to the doctor's office? I want to see him urgently.
Nurse:	Please, join that queue to your extreme right.
Patient:	What do you mean! You want me, an assemblyman, to join a queue before you guys can attend to me? What impudence!
Nurse:	Please, I am deeply sorry; I didn't mean to insult you.
Patient:	Reserve your apology! I don't need it.

The above extract illustrates an interaction between a patient and a nurse. In our Ghanaian context, people in higher offices in society such as chiefs, astute politicians, clergymen et cetera are accorded great respect and privileges over ordinary members of the society. So, people in higher social ranks usually feel very insulted when ordinary people speak to them in a despicable manner whether directly or indirectly. From the above extract, it can be seen that the patient, based on his social status as an assemblyman, felt offended and very insulted that the nurse wanted him to join a queue like an ordinary person before he can be attended to. The utterances of the patient that depicted how offensive and insulted he felt about the comment of the nurse are, "What do you mean! You want me, an assemblyman, to join a queue before you guys can attend to me? What impudence!"

An interaction between two pharmacists and a patient from the data I collected for the study also illustrates this view:

Example 22.

Patient: Mr. Pharmacist, shows a note to him from his boss stating that she should beserved immediately without any further delays.

Junior Pharmacist: Please, join the queue behind you. Service here is on first come, first serve basis.

Patient: Walks aside and calls the senior pharmacist on phone.

Senior Pharmacist: Walks into the chamber of that junior pharmacist. He said, what do you mean! You now have guts to challenge my orders! Are you the boss or my superior?

Junior Pharmacist: Please sir, I am very sorry.

Senior Pharmacist: Say that sorry to yourself!

In our Ghanaian context, it is highly offensive to challenge the orders of one's superior in an institution. So heads or officers of institutions become highly offended when their subordinates challenge their commands. From the above interaction, it can be seen that the senior pharmacist felt very offended and insulted that his subordinate had the guts to challenge his orders. He expressed the level of how offensive and insulted he felt about the utterance of the junior pharmacist through the following remarks, "What do you mean! You now have the guts to challenge my orders! Are you the boss or my superior?
An interaction between two patients from the data collected for the study also highlights this view.

Example 22.

Police officer: Walks in and immediately enters the doctor's office without joining any queue.

Kwame: Eii! When would this, "whom you know syndrome" stop in Ghana? Let's for once abide by the rules and regulations at every place we find ourselves no matter who we are.

Police officer: Hey man! Mind your language. Who are you to speak to me in such a despicable manner!

In our Ghanaian context, people in higher offices in society like chiefs, the clergy and police officers et cetera are accorded great respect and given preferential treatments over the ordinary folks. So a person in higher office usually feels very offended and insulted when disparaging remarks emanate from an ordinary person against him or her.

The extract above indicates that the addressee (the police officer) feels very offended and insulted about the utterance of the fellow patient because he sees himself as a highly

ranked person above the addresser (the latter patient) in terms of social status. He expresses his anguish in the following remarks, "What do you mean! Mind your language. Who are you to speak to me in such a despicable manner!

Social Distance

Social distance can be described as the degree to which people are willing to accept and associate with those having different characteristics. Social distance was also a salient sociolinguistic factor which influenced the interpretation of insults among the health personnel and the patients selected for the study. The utterances related to social distance were perceived as less insulting when they were uttered by the addressees' close friends rather than distant friends. This is exemplified in the extract below.

Example 23

Nurse A: Kwabena, why you fool so? You like carrying ladies bag for them too much.

Nurse B: Good friend, it isn't that I like to be holding women's bag but what can I do?

Nurse A: Laugh out loud.

Nurse B: Please, I dey throw the lady come (I am escorting the lady and I wouldbe back very soon).

The interaction above was an interaction between two nurses who were close friends. In our Ghanaian context, insults in any form are frown upon. But people who are close friends usually flouts upon this social value. It can be seen from the above extract that although the addresser (Nurse A) insulted the addressee (Nurse B) as a fool for carrying ladies' bag, the addressee did not react aggressively towards the addresser. He simply ignored him. Credit is given to the addressee's utterance, "good friend" which seemed to be the factor that prevented the addressee from reacting aggressively towards the addresser's utterance because it revealed that both the addressee and the addresser are close friends.

An interaction between two Pharmacists and a patient collected from the data also illustrates this view.

Example 24.

Adjei: Hello dear, how are you?

Adwoa: Please, I am fine.

Adjei: Are you married?

Adjoa: Burst into laughing.

Adjei: Does it mean that there is no one in your life? Then I am available for you.

Adjoa: Still laughs without any comment.
Kwadwo: Hey boy! Concentrate and serve the patient for her to go in order to have ample time for the other patients. You and women, won't you change for once?
Adjei: Wey kind trash you dey flow me, me den you dey so? Comot for der! If I dey chat babe, ibi your matter (nonsense, am I on such terms with you? Get away! Is it your concern if I chat a lady?)

In our Ghanaian context, it is a disgrace for one to speak to a man in a disparaging manner especially in the full glare of a woman. So, people usually become very upset when disparaging comments are said about them especially in the full glare of a woman. From the above extract, it can be seen that although both the addresser (Kwadwo) and the addressee (Adjei) are work mates, they are not close friends and they are not on such terms with each other to speak to one another in disparaging manner especially in the full glare of a woman. These were the reasons why the addressee felt very insulted and reacted aggressively to the utterance of the addresser. This was seen in his counter remarks to the addresser, "Wey kind trash you dey flow me, me den you dey so? Comot for der! If I dey chat babe, I bi your matter (nonsense, am I on such terms with you? Get away! Is it your concern if I chat a lady?)".

An interaction between a patient and a lab technician from the data collected for the study also highlights this view.

Example 25.
Evans: Monkey! U dey here? (Monkey, are you here?)
Anim: Yeeyee! Ibi here I dey work oo my bro (Yeah, this is where I work my brother).

Although, in our Ghanaian context, it is abominable to refer to a human being as an animal, certain people flouts this cultural value in certain cases based on the rapport between them. The above interaction indicates that the addressee does not feel insulted although he is referred to as a monkey (an animal) because the addresser was not only his hall mate at the University of Cape Coast but a close friend as well. The response of the addressee, "yeeyee" signifies comradeship as alumni of the great Oguaa Hall.

Implications

The findings of the study have implications related to the Theory of Speech Act and other aspects of human lives.

First, the theoretical position of Austin (1962) that perlocutionary acts are performed with the intention of producing further effect on the hearer was supported by the present research. The study established that the perlocutionary effects of insults described the effects that insults had on health personnel and patients since they were at liberty to recognise, accept or reject insults that were directed at them Second, the implication of the study lies in the idea that it creates awareness on the part of health personnel and patientsin general and health workers, specifically nurses, laboratory technicians and pharmacists as well as patients at the Cape Coast Metropolitan Hospital in particular about the various forms or types of insults that are consciously or unconsciously used in their utterances. It, thus, educates health personnel and patients to be mindful of their utterances since insults can be unintentional.

Again, it educates health workers and patients on how sociolinguistic variables, especially age, social status and social distance condition the use of insults and influence the interpretation of insults.

Recommendations

The present study has some limitations; I was constrained by time and cost. The research also focused largely on health personnel and patients of Cape Coast Metropolitan Hospital. Looking at the scope of study, it can be deduced that I was limited. It is from this background that I wish to recommend that researchers should extend the present study to other health institutions to find out whether insults manifest in the verbal behaviours of both their health workers as well as the patients that patronise their health facilities and to investigate if context of situation affect their use of insults.

Conclusion

The fundamental aim of this study was to investigate the use of insults and their influence on health personnel, specifically, nurses, laboratory technicians and pharmacists as well as patients of Cape Coast Metropolitan Hospital. Emphasis was placed on the types of insults used by the above focus groups selected for the study as well as the dominant insults used by them. Further, it sought to find out how the three sociolinguistic variables which are age, social status and social distance condition the use of insults by them. It also identifies the perlocutionary effects of insults used by the focus groups selected for the study. This

chapter presents the main findings of the study, the implications of the study and gives recommendations for further studies.

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