Dear Editor:

Human communication is a natural act in which things happen. A concern arises when thinking about how this act goes among people who relate to each other in healthcare institutions since we cannot avoid talking to each other throughout the day. It is precisely in this context that this analysis aims to understand some ideas on the use of language in the professional environment from the approach of applied linguistics, to consider its contributions, changing paradigms, and acquiring skills for effective communication.

When we have a conversation, phenomena that seem imperceptible often occur, such as body synchronization, which "happens when two people get into a rhythm," but there are also people who interrupt during the conversation; in linguistics, this is known as overlapping: "when two or more people speak simultaneously for a short period." Dr. Pilar Ospina analyzed reasons why physicians interrupt patients after an average of 11 seconds from the moment attention begins. In her article, she emphasizes that the cause may be the limited time for the treatment provided in the service, the fatigue of the medical staff, and the language barriers between the two. However, the point to emphasize is the purpose of the interruption and the way it is done. It is of interest to mention another example: what about interruptions between colleagues who, during meetings, discuss healthcare problems?

These are two different moments in which this phenomenon happens: disruption. It is relevant to consider whether the overlapping is collaborative or competitive. It is said to be collaborative when the purpose of interrupting is to support the idea, and to add elements that reinforce it. It usually occurs in conversations between friends and people with a lot of trust and none of the speakers is intimidated or annoyed. But in the competitive one, the purpose is "to be antagonistic with the speaker, as they try to steal the turn and divert the topic to another aspect."

It is at this moment when the relationship between the conversational partners ceases to be empathetic and becomes "metaphorically as aggressive and invading my space" because we perceive that he or she "interrupts us because he can," after all, he or she is an expert (case of doctor and patient), giving the perception that "you will only speak when I tell you to, and you will shut up when I tell you to." In a conversation between boss and collaborator, the perception is usually not so different, especially if the interrupter is a man and if the speaker is a woman, even when the overlap is collaborative because power relations are decisive when it comes to yielding and retaining the floor.

In the healthcare system, humanization is not possible if we have conversations that, far from being healing, make people feel violence in their treatment, inequality, and disrespect, taking us away from our raison d’être: to improve people's health and work as a team. Applying a very simple skill such as...
as apologizing when interrupting “leads to a polite withdrawal from the conversational terrain of the other and we reestablish interpersonal balance,” even though the interruption may be justified.1

Another aspect to consider if we want to improve communication is to bear in mind that “to have a conversation is to know how to listen,” as Estrella Montolío, professor of Spanish Language, says. It implies not only keeping silent, but being present in the dialogue with attention to recognize when to intervene or yield the floor. She points out the importance of using non-verbal strategies such as looking into the eyes, nodding to show approval, minimal statements such as “yes,” “of course!” or collaborative reactions such as “wow!” “Really?” which confirms to the interlocutor that attention is being paid and an effective connection has been established.”

According to Herbert Paul Grice, during the conversation, it is essential to observe a phenomenon that he calls the “cooperative principle” since he asserts that when two or more people engage in dialogue, there is implicit cooperation where certain rules or “conversational premises are applied: contribute with the necessary information, do not say what you believe to be false and lack adequate evidence, be relevant, be brief, be clear, avoid ambiguity.”

These rules are necessary to achieve the objective of the conversation. If these are not complied with, they can produce confusing and false messages, so that a patient goes home with the wrong message or an associate performs functions with confusing instructions, resulting in outcomes that affect healthcare services.

During the conversation, the way the message is delivered, and the choice of words (for example, the use of personal pronouns) have such complex implications that they generate work and emotional stress in healthcare personnel at moments, when they have to communicate bad news to the patient and family:2 How do I start the conversation: with an “I,” or a “you?” These simple words can be the key to improving the transmission of the message in these difficult conversations.3

Sometimes, one uses metaphors so that the message is understood.6 Based on cognitive linguistics and the Theory of Conceptual Metaphors developed by George Lakoff and Mark Johnson, which intend to facilitate understanding and communicative effectiveness concerning the target domain, it is interesting to reflect on how the analysis of the use of metaphors in the understanding of, for example, schizophrenia, by those affected and their treating physicians, can improve the results of treatment and recovery.7

In short, just as we improve our diet and other aspects that make us healthy and happy, it is important to pay attention to what we speak and what words we use since language results from a continuous and daily learning process. We should consider these contributions as an additional tool that can improve the communication skills of healthcare personnel.

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References


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