



Cameroonian Medics' Writings: Interpretations and Attitudes

Charity Besingi Masumbe^{1*}, Julius Angwah¹

¹University of Yaounde 1, Cameroon

***Corresponding Author**
Charity Besingi Masumbe
University of Yaounde 1, Cameroon

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Abstract: The communicative bearing of professional writing cannot be over emphasized. While writing is certainly the most conservative medium of communication, the writings of some Cameroonian medical professionals continue to pose a problem of comprehension to patients. In this study, we explored some medical prescriptions and attitudes in order to first, find out the extent to which patients effectively interpret medical prescriptions, and second, explore their attitudes towards the nature of medical prescriptions. Data was limited to 120 randomly selected medical booklets in the city of Bamenda. 170 informants (120 patients and 50 medics) were interviewed. The results revealed a significant use of abbreviations, imperative and shortened clauses in largely slanted and blurred calligraphies. While medical practitioners and pharmacists easily interpret prescriptions, they pose a serious problem of comprehension to non-health personnel. This led us to the conclusion that unclear prescriptions, in a way, deny patients complete access to their health conditions and history.

Keywords: Cameroonian medics, professional writing, perception and attitudes.

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1. INTRODUCTION

Writing is one of the most effective traditional modes of communication. It is built on formal conventions that require carefully selected words and sentences in a coherent and cohesive manner. It should, therefore, be clear and concise since communication is often the basis for writing. To Al-Mutawa and Taisser (1989), it includes a mastery of lexical preferences and the technique of framing them in pragmatically well-structured units that may culminate in common ideological structures to create meaning. Hyland (2013, p. 27) rightly remarks that "while every act of writing is in a sense both personal and individual, it is also international and social, expressing a culturally recognized purpose, reflecting a particular kind of relationship and acknowledging an engagement in a given community." Consequently, well written information is potential substance for global

consumption. Indeed, clear and precise writing, especially in the medical corps, better inform readers.

The importance of the writing skill in the medical corps cannot be over emphasized. In fact, Medical School Council (2014) states that "writing in a legible manner is imperative for good clinical practice." This is because it reports patients' state of health, prescribes medications and recommends healthy moves to keep patients in good health conditions. Poor documentation of these details can rather have harmful consequences for patients. Critical clinical details are, therefore, documented and communicated through writing despite the challenges inherent in clear and coherent writing.

The complexities of writing make it quite a daunting task for many medical professionals.

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Nunan (1989, p. 36) rightly remarks that writing anchors on very complicated cognitive activities in which writers are expected to demonstrate a control of content, format, sentence structure, vocabulary, punctuation, spelling and letter formation. This goes far beyond the text into the structuring and integrating of information into cohesive and coherent paragraphs and texts. This partly accounts for the challenges most medics have in thoroughly exploring this skill. A recent study ((Haber & Lingard, 2001) has revealed that medical practitioners learn written communication skills through trial and error and only get better through several feedbacks from different readers. Arguably, the indistinct writing patterns in this domain could inhibit patients' access to vital information about their own health. This explains why some health institutions in the UK prescribe basic knowledge of the four language skills as requirement for admission (Medical School Council, 2014). Even at that, the clarity of medical prescriptions continue to pose a challenge to patients and caregivers who often review them for past health records. This explains why this study explores medical prescriptions in order to, first, ascertain the extent to which they are comprehensible to patients, and second to find out patients' attitudes towards abilities or inabilities to interpret medical prescriptions.

2. WRITING AND THE HEALTH PROFESSION

Writing encompasses a whole lot of issues. Miller *et al.*, (2015) define it as the necessary skill that communicates coherently structured and purposeful ideas. This pattern of writing is built on reflection, critical thinking and argumentation which do not only inform readers but effectively situate them within the logic of the writer's thoughts. While effective writing, in this light, could seem difficult, the technological advancement of the 21st century has certainly made it even more difficult (Wilkins, 2017) considering the enormous linguistic distractions [1]. Scholars (Miller *et al.*, 2015), however, agree that success in writing competence often comes with academic exposure and workplace experiences. While medical institutions may have English Language or writing courses, it may also be quite logical to think that they also build on their writings at the workplace.

Literature on writing culture in the health profession is quite scanty. Even at that, more and more scholars and researchers now agree that writing is an important components in the profession and must be incorporated in the

academic programmes of students' in health institutions (Smith *et al.*, 2011 & Medical School Council, 2014). Even with documented proof on the need to improve writing competence among medical students, Arum and Roksa (2011) report multiple instances in which writing is often ignored. Lack of enough time to manage the challenging courses and specialised writing or language course is one of the principal rationale for ignoring the writing skill (Op. Cit.). This negligence is sometimes visible in the frustrations of patients and caregivers who cannot interpret prescriptions.

Much of the literature on attitudes towards medical personnel's writing has been limited to the writing of medical students. Chen and Forbes (2014) report that medical students tend to be quite receptive to reflective writing and that the importance of writing efficiency cannot be over emphasized in the profession (Glen *et al.*, 2017). Some scholars (Borgstrom *et al.*, 2016) agree that reflexive writing better situates learning and gives room for creativity. Even with this belief, some medical professionals, however, think that if writing for medical students is not carefully selected, it could be misguided (Glen *et al.*, 2017). Consequently, there is the dire need to establish the direct relevance of writing to their profession as health professionals (Arntfield *et al.*, 2013). Even at that, McKinlay *et al.*, (2017) report that medical students find creative writing workshops interesting, helpful and exciting and desire more creative writing opportunities in their programme of study. They believe that such writing patterns enhance their personal communicative development as well as build on their confidence.

Even at that, studies have revealed that medical students do not think their field permits them to adequately write down random inner thoughts on the job (Walker, 2015; Borgstrom *et al.*, 2016). In fact, Fazel and Aghoamolaei (2011) remark that there is a generally negative attitude towards written communication among health personnel and that some of them are quite uncertain about the importance of writing competencies in healthcare training institutions. This could account for why some students dislike long essay writings on clinical encounters (Borgstrom *et al.*, 2016) since they consider it an expression of deep personal beliefs and would not want to get readers into their personal details (Op. Cit.). In fact, Fernandez *et al.*, (2014) report that medical students who found reflective writing interesting, complained of time considering their other engagements. While writing poses a serious problem to students everywhere (Schmied, 1991), it seems to pose an even more serious problem to non-native medical professionals who, besides the obvious difficulties, may also be

¹Such forms as short hands and emojis often infiltrate formal writing and could pose serious spelling difficulties to learners (Wanji, 2012)

influenced by context-specific patterns. This study is, thus, designed to find out the nature of medical prescription in some key health centres in the city of Bamenda, the extent to which patients and caregivers can interpret them as well as their attitudes towards medical prescriptions in general.

3. METHODOLOGY

Data for this study was made up of 50 randomly selected medical prescriptions from different health facilities in the cities of Bamenda and Buea. These areas were considered most appropriate for the study because they are English-speaking regions and medical professionals are most likely to consult and prescribe drugs for patients in English. Though some medical booklets had prescriptions in English and French, only the English prescriptions were considered. Attitudinal data were also collected from 170 randomly selected informants – 120 patients, 25 pharmacists and 25 medical doctors. The purpose of this variation was to get a fairly balanced understanding of different stakeholders’ attitudes towards the visibility and non-visibility of written consultations and prescriptions. All the informants were literate, with at least an Advanced Levels Certificate. This was to make sure that they could read normally before assessing their abilities to read and interpret

medical prescriptions. Considering that most of them were met on the corridors and lobbies of the hospitals, it was necessary to use an interview in order to easily get their attentions without wasting their time. The 120 patients were asked to interpret some of their medical consultations and prescriptions and later say how they feel about their abilities or inabilities to interpret their medical prescriptions. The 50 other health experts were also asked to interpret the same consultations and prescriptions and to share their opinions on patients abilities or inabilities to interpret them.

4. FINDINGS AND DISCUSSIONS

The first task consisted in identifying exploring sample medical booklets to find out some of the linguistic structures that may pose problem of comprehension to patients. In this section, we describe some lexical preferences, imperative and shortened clauses in relation to how they can influence understanding.

Lexical preferences

In all 50 medical booklets, abbreviated medical registers were used. The following table presents some of the abbreviations and their meanings.

Table 1: List of Sample medical abbreviations and their meanings [2]

Ab. [3]	Meaning	Ab.	Meaning
TCI	To come in	Stat.	Immediately, without delay, now
h.s.	At bed time	HA	Headache
H&P	History and physical examination	h.s.	At bed time
cap	Capsule	C/O	Patient’s complaint
AKA	Above the knee amputation	bld	blood
a.c.	Before meals	# (FX)	Fracture
am	Morning	pm	Evening
BNO	Bowels not open	BDS	Two times daily
BP	Blood pressure	BO	Bowels open
DNACPR	Do not attempt cardiopulmonary resuscitate	CXR	Chest X-ray
EMU	Early morning urine sample	Dx	Diagnosis
h	hour	gtt	Drop(s)
Hx	History	h/o	History of
IM	Injection into a muscle	i	1 tablet
Lx	Investigations	IVI	Intravenous infusion
LMP	Last menstrual period	LFT	Liver function test
NAD	Nothing abnormal discovered	MSU	Mid-stream urine sample
nocte	Every night	NAI	Non-accidental injury
o/e	On examination	OD	Once a day
physio	Physiotherapist	p.c.	After food
q.	Every	PU	Passed urine
qd	Daily	Q5h	Every five hours
qod	Every other day	qid	Four times daily
Rx	treatment	RN	Registered nurse

² I am particularly grateful to MD. Wanchi Vitalis for providing the full meaning of these abbreviations

³ Abbreviation

Ab. [3]	Meaning	Ab.	Meaning
t.i.d., tid	Three times a day	SC	Injection under the skin
wt	Weight	UCC	Urgent care centre
u.d., ud	As directed	TPR	Temperature, Pulse and Respiration
+	Positive	-	Negative
WIDAL	Typhoid	dly	daily
1g	One kilogram	Lap	Laboratory

Abbreviations were used in all the booklets. Though complete forms were also used, as in the case of “weight” (wt), “positive” (+) and “hour” (h), the recurrence of such instances was comparatively insignificant. While abbreviations are often generally used for linguistic economy reasons, it is likely that the Cameroonian health context with limited personnel encourages workers to use abbreviations to maximize time as much as possible in order to serve the needs of the growing numbers of patients. While majority (43 (86%)) of the medics believe it permits them to quickly and adequately take down patients’ complaints during consultations, others (7(14%)) simply used them because it is already a part of their writing habits. The latter thought anchors on the largely coded nature of the language of medicine which gives medics a feeling of professionalism. This, in a way, defeats the purpose of consultations and prescriptions which is partly to inform patients on their health situations. Since such details are documented to serve both a specialised and non-specialised readership, it is expected that such readership should easily decode them. Besides abbreviations, there were equally instances of imperatives, passive imperative clauses, and clause shortening.

Imperative clauses

Imperative clauses describe the mood of verbs that instructs, commands, advises or requests. The imperative clauses in the sampled medical prescriptions instructed and advised. Both instructions and advices were designed for both patients and other health personnel. The following are textual samples which were more of instructions than advice.

1. Drink enough water
2. Eat frequently
3. Take two tabs daily

Such imperative clauses were used as post-diagnosis instructions to patients on how to adequately complete treatments. Since, in Cameroon, except in very rare cases, there are often no direct follow ups to make sure the instructions are respected, it, more or less, leans on the discretion of patients who may choose to respect them or not. The above examples are somewhat different from examples (4) (5) and (6) which advise both the patients and subsequent health officials

who may depend on such counseling for subsequent diagnoses.

4. Repeat test after every three months.
5. Avoid too much spice, pepper, hot gins etc
6. Ten days bed rest is advised

Example (4) is counseling to the patient but also information to subsequent medics. Consequently, such background details can inform questions related to whether the advice was considered or not. Similarly, subsequent medics might find out from patients who suffer from related or extended illnesses whether or not they considered the counseling of the previous medics to avoid too much spice, pepper, hot gins as in example (5) Such details could facilitate subsequent diagnoses and prescriptions. Structurally, only five examples of passive imperatives, as in example (6) were identified in the corpus. Direct imperatives were recurrent in almost all the booklets. Consider the following five textual passive imperatives which were recorded.

- i. Ten days bed rest is advised.
- ii. Advised to avoid strenuous activities.
- iii. Encouraged to engage in physical activities
- iv. Advised to stop smoking.
- v. Immediate evacuation is advised.

The passive status of these clauses further emphasizes the politeness inherent in them and suggests that the discretion of the patient is quite imperative.

Sentence shortening

Sentence shortening is a linguistic process in which part(s) of a sentence is/are taken off without distorting the semantic or pragmatic implications of the complete sentence. This was mostly observed with declarative clauses that in fact almost always appeared without subjects as seen in examples (7), (8) and (9) that follow.

7. Lacks physical strength
8. Looks weak
9. Has difficulties in speaking

These clauses are declarative since they inform. They declare specific details about patients’ state of health for easier and faster consultations. Similarly, recurrent forms like “vomits”, “cough”, “headache” and “dizziness” which also appear in the consultation part of most medical booklets are also

shortened clauses from perhaps “*patient vomits*”, “*patient has headache*” and “*patient feels dizzy*,” respectively.

4.1 Interpretations of medical prescriptions

The relevance of patients’ interpretation of their medical prescriptions cannot be over emphasized since medical prescriptions permit patients to understand their health conditions and take the necessary precautions. The question,

however, anchors on whether patients have challenges interpreting medical prescriptions and whether the prescriptions of some health officials also pose a problem of comprehension to their colleagues. Consequently, 120 patients were first asked to go through their medical booklets and say whether they can interpret their last prescriptions. Figure 1 below shows the informants’ mastery of interpretations.

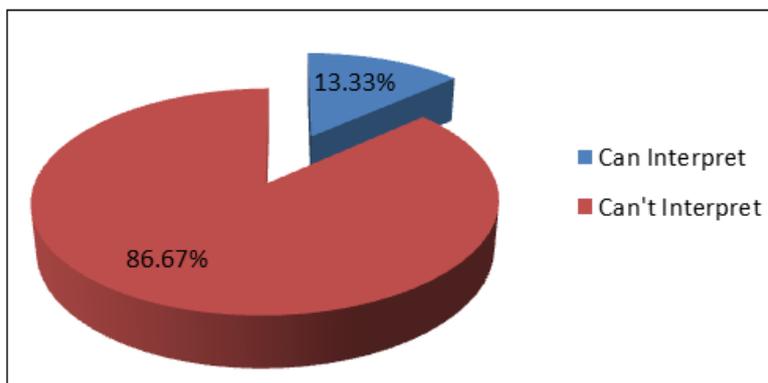


Figure 1: Levels of patients’ interpretation of medical prescriptions

Patients’ inability to interpret their medical prescriptions could have far-reaching consequences on their health. This is based on the understanding that personal knowledge of one’s health condition is prerequisite to their wellbeing. Most of the informants indicated that, besides recurrent use of specialised registers that impair understanding, the calligraphies are often unclear. Consequently, it was

important to also find out if some medics sometimes have difficulties reading the medical prescriptions of their colleagues. Their responses were categorised under three broad domains, namely: always interpret, sometimes interpret and always have difficulties interpreting and their responses can be seen on Table 2 that follows.

Table 2: Health officials’ interpretation of colleagues’ medical prescriptions

Interpretation scale	Freq.	%
Always interpret	23	46
Sometimes interpret	27	54
Always have difficulties interpreting	0	0
Total	50	100

From the above statistics, more health officials (27(54%)) sometimes have difficulties interpreting their colleagues’ writings compared to those (23(46%)) who always interpret them. Though the gap between medics who can and those who cannot interpret is quite minimal, it is nonetheless interesting to know that there is a cross section of medics (46%) who face similar difficulties as patients. Medics’ difficulties were, however, with handwritings and not with the registers. They agreed that some health officials write very poorly and that could sometimes be very misleading. This inspired the need to explore the attitudes of patients and medics towards patients’ inability to interpret their medical prescriptions.

4.2 Attitudes

Attitude is an important element in sociolinguistic studies since it suggests people’s opinions about a particular linguistic phenomenon which may be prerequisite to a better comprehension, definition or formalization. Consequently, patients’ and medics’ attitudes towards patients’ inability to interpret their own medical prescriptions is quite important in informing writing-oriented language teaching in medical schools. Thus, all 120 patients were asked to state their opinions, on a three Likert scale (sad, happy, normal), on how they feel when they cannot interpret their own medical prescriptions and the results can be seen on the following figure.

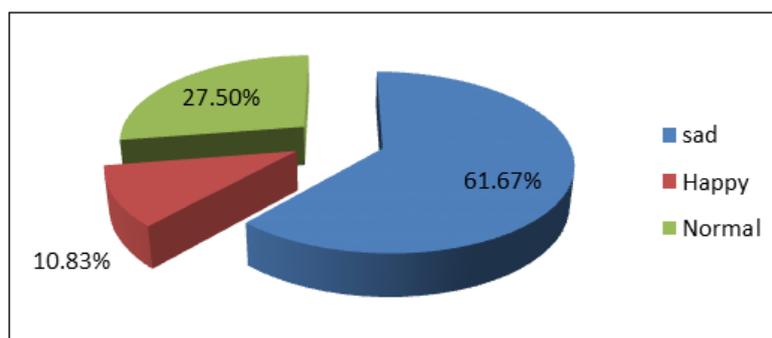


Figure 2: Patients' attitudes towards their inability to interpret their medical prescriptions

It was realised that the majority (61.67%) of those who felt happy that they could not interpret their medical results had terminal diseases and so felt that the results reminded them of their tragic experiences. A significant proportion of the informants (27.50%) felt it was normal and did not think it was necessary since they simply and often take their booklets to pharmacists to get the prescribed drugs. To them, the details did not really mean much as long as they recovered from their ailments. The majority (61.67%) of the informants felt sad that they could not interpret their medical prescriptions. To them, they would like to have a detail understanding of their health situation and not just have others interpret the results for them. Some of them also indicated that their health status is their privacy and if they understood it well, they would better take care of themselves especially when they cannot afford all prescribed medications.

5. CONCLUSION

Good health is an important part of human life and medical prescriptions facilitate patients' understanding of their health conditions. This study has explored some of the features of medical prescriptions first to describe some of the lexico-syntactic patterns that constrain patients' comprehension of their health records and second to describe their attitudes towards their inability to interpret their medical records. While the findings revealed significant use of abbreviations, imperative clauses and shortened sentences in medical prescriptions and patients' largely negative attitudes towards their inability to interpret their medical prescriptions, it nonetheless suggests the level of frustrations patients go through in the interpretation of their medical prescriptions especially in the city of Bamenda. There is therefore the need for more clarity-oriented prescriptions that permit patients to also understand the stakes of their health conditions.

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