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AN ANALYSIS OF GRADUATE NURSES' INTERACTION WITH PATIENTS DURING THEIR PRACTICAL TRAINING PERIOD IN A HOSPITAL IN SAUDI ARABIA

Samah Mushabbab Alsufyani

Research Scholar, Prince Sattam bin Abdul Aziz University, Alkharj, Saudi Arabia, Middle East

ABSTRACT

Nursing is popularly viewed as a profession for people who are motivated by altruism and the desire to support people who suffer from illness. When nursing viewed in this manner, being a nurse is primarily concerned with providing better assistance and positive relationships with the patients. The goals of this study are to investigate medical discourse in nurse-patient interactions examining the pragmatic and linguistic aspects particular to that discourse.

This paper, which is a case study of the two Saudi students who are doing their practical training in nursing at a hospital in Saudi Arabia describes the linguistic features of the spoken language that occurred between the nurse and the patient in medical interaction. The main findings are to explain how the nurses provide comfort, support and assistance to the patients using spoken language. As the nurses take part in the social practices concerned with doing their job, they construct a relationship with the patient, which goes beyond strictly medical interaction, to include friendlier and more supportive discourse.

The study of medical interaction between the nurse and the patient seeks to reveal the linguistic devices being used by both speakers as well as the aspect of comfort talk being used by the nurses to express different social meaning and communicative purposes.

KEYWORDS: Interaction, Nurse, Patient, Communicative, Linguistic, Devices

INTRODUCTION

The present study concerns with the spoken discourse which focuses on a medical conversation which provides a range of actual use of language in the real world. Eggins (2000, p.130) mentions that "talking is a semantic activity and a process of making meaning". Later, she also points out that there is a paradox of everyday communication in which we normally assume that the daily encounters are trivial, but actually they are very essential in building and sustaining the social identities and interpersonal relations that define our social lives (p. 131). More fundamentally, conversation is a resource to negotiate social identity and interpersonal relations among the people involved in such interaction (Eggins and Slade, 1997, p.7). Furthermore, Partridge's (2006 p. 41) analysis of conversation among the characters in *Sex and the City* reflects a conversation as in real daily life. Therefore, he finds that in conversation, language is influenced by the relationship between the speakers, their contact frequency, involvement and sense of affiliations.

One of the most important parameters of context of situation in Systemic Functional Linguistics (SFL) is the concept of tenor. In this case, SFL deals with the language as a whole concept to understand how this language works. It is reasonable to consider the importance of such components of language such as grammar, meaning, effect of communication and social purpose of a text in its contexts (Halliday, 1993, 73 cited in Martin, 2003, 3). As a result, the study of this research focuses on the interpersonal meanings that is clarified and emerged from the spoken language. The interpersonal functions of spoken interaction deal with two main areas; the first one is the kind of the interaction that occurs and how the speakers exchange talk during the conversation. The second area concentrates on how the interlocutors in medical communication reflect their position using the spoken language (Butt et.al. 2000).

MEDICAL CONVERSATION

Interactions between the nurse and the patient have various types which shape the language of the nurse. Examples of these types are *comfort talk, which* is defined by Morse (1992, cited in Proctor 1996, 1669) as "a primary therapeutic intervention that enabled the patient to endure extraordinary pain and painful procedure". It helps the nurse to better contact with the patient and helps them to bear the pain. The second type that shapes the language in the medical interaction is the power of language. According to Hewison (1995, 778), the power of language is expressed when the nurse orders the patient to do something or prevents them from doing something.

Comfort Talk

Some previous research has been done to investigate the nature of nurse-patient interaction in different medical settings. This research depends on observation, interviews as well as video recordings to shed light upon the nature of such interaction within a hospital setting (Lau, Callaghan, Twinn, &Goodfellow, 2007) Essentially, *comfort talk* is the clearest concept in nurse-patient interaction, where the nurse uses a slower rate of speech to support the patient and provide them with the best kind of care.

Lau (et al., 2007) states that the conception of power talk, which occurs with nurse-patient's interaction is coercive. On the contrary, Foucault (1973 cited in Lau et al 2007) points out that power in nurse talk could be productive, since any kind of power would be followed by resistance. These studies depend on video recording to show the procedure of nurse and injured patients' interaction in the hospital. As nurses try to create a suitable atmosphere for the patients, sometimes they are resistant to types of language which prevent them from achieving their goals. The reason is that there are different genres of speech which are situated within specific contexts. Proctors, Morse and Khonsari study (1996 cited in Crawford et al 1998) shows various kinds of talk that are related to particular pragmatic functions. Examples of these functions are held on with the aim of providing support to the patient or giving them some instructions as well as praising them. Another example is assessing, which is concerned with gaining information from the patient or explain such situation and sometimes it is made in the form of asking questions of the patients. The studies conclude that the use of linguistic features reduce the feeling of morbidity that the patients feel in pain (Crawford 1998)

The Power of Language

The power of the language is varied among individuals depending on the various situation as well as experiences the person has (Lukes 1974 cited in Hewison 1995, 75). There are some previous studies that describes power san interpersonal element and can be shown more clearly by the idea of' 'give and take' (French & Raven, 1959, cited in Hewison 1995, 76).

Hewison (1995, 75) examines the relationship between the nurse and the patient through the concept of power. The observational study that Hewison examines shows how the nurse exerts a lot of power and control in their interaction with the patients. Obviously, the nurse-patient interaction is the source of providing care (Stockwell 1972, Faulkner 1980, Macleod 1983 cited in Hewison 1995).The level of interaction power is related to how the language demonstrates different social actions which are normally organized. In Hewison' study, the patient has spilled the tea over her clothes and the nurse role is to provide instruction by informing the patient what they can do or cannot do. Therefore, the nurse has to expect something and the patient has to accept regarding to the nurse right in being in control, giving direction decide treatments as well as making rules. Giving direction and instruction is made in the form of direct commands.

Persuasion is considered as a way of expressing power over the patient, but then without making direct commands. In this stage, the nurse tries to persuade the patient to do something and the patient has the right to say no. The linguistic devices being involved with this interaction is the use of questioning, persistence and repetition. Hewison (1995, 79) presents a study showing the sharp language of the patient and the calm language of the nurse when she tries to persuade the patient to open the window. The nurses' calm language guides the interaction to be more amicable. Abraham &Charless (1992, 23) suggest that negotiation and persuasion have a great deal with such interaction that involve the nurse and the patient. Because of the nurse's roles in the hospital, they tend to use their interaction power in the form of persuasion with the aim of ensuring that the patient understands the suitable behaviour for them.

Expressing power either by using direct commands or persuasion are related to the present study. In the present study, there are some situations where the nurses use sharp language to make the patients do what they want. Also, there are other interactions where they use soft language to persuade them to do something especially when the patients are children.

Analysing the Data

As this project is a case study of two Saudi students who are doing their practical training in nursing at a hospital in Saudi Arabia, the aim of this study is to investigate the linguistic features of the talk that occurred between the nurses and the patients. The study aims to identify and classify the linguistic and pragmatic features of nurse-patient talk, in the Saudi Arabian context, and to demonstrate the complexity of medical discourse as nurses negotiate the various aspects of the role as medical practitioners.

This part is a description and analysis of each of the transcripts dealing with the nurses' use of linguistic devices as well as utterances that indicate the various pragmatic functions. In the first section, the linguistic devices are described as initiating the talk in medical conversation and then how to develop that talk. The second section describes the nurses' speech related to the pragmatic functions. Also, there is an indication of the interviews that have been done with the participants.

Transcript 1

- **N2:** Hi darling

- **P:** Hi

- **N2:** mm what's your name CUTE girl?

- **P:** Lama

- **N2:** GOOD Lama (.)

- **N2:** What's your father's name?

- **P:** Um I'm Lama Salman

- **N2:** Aha good

- **N2:** Wow you are a SMART girl

- **N2:** How old are you Lama?

- P: Uh (.) { }

- **M:** She is 6 years old

- **N2:**Great Lama you are six years er and you will study soon

- **N2:**GOOD good

- **N2:** OK what's wrong with Lama?

- **M:** She has r a high temperature since last night mm{ }

- **N2:** Oh darling let me check that

- **N2:** Put this under your tongue Lama please

- **N2:** Yes great (.)

- **N2:** The doctor should see her to provide her a suitable mm a suitable medication?

- **M:** Thank you

- **N2:** Please wait it shouldn't be long

Linguistic Analysis

There are no formal conversation being used in this interaction as the nurse calls the child by her first name as in lines 7- 12 – 16 – 19- 23. Also, the nurse attempts to say some praising words when she talks to the child such as "darling, smart and cute" in lines "1 – 4- 11- 16- 17". This way of addressing the patient can provide them with the feeling of comfort as well as caring and therefore, they can talk more freely to the nurse about what they feel and suffer. The nurse uses the pronoun "you" when she talks to the patient 7 times in lines 11, 12, and 16. The mother also uses the same pronoun once in line 27 when she thanks the nurse (See appendix 3 which shows "you" in Arabic language).

 On the contrary, the nurse talks to the mother in the line 19, but she does not use any form of addresses, because she is looking directly at the mother when she talks her. This was established when I asked the participating nurseabout this point, and she considered that to be the role of non-verbal communication.

Turn-taking is used by the nurse 14 times with 12 clauses and these clauses include 9 full declarative clauses as well as 4 full Wh. Interrogative questions. The patient has 4 turns with 4 clauses that involve 1 full declarative clause and 2 declarative but elliptical clauses. The mother has also 3 turns that are indicated by 4 clauses and all of them are full declarative clauses. There is only one case of interruption on line 14 which is made by the mother as she tries to help her

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daughter when the nurse asks her about her age.

Comfort talk and the pragmatic function

As this conversation is between three speakers, there is a variety in the use of the pragmatic function. This variety is explained in this table.

Table 1: Pragmatic Functions of Conversation 1

Communicative Function	Examples	Ways of pragmatic function
Questions	1. Mm what's your name CUTE girl? 2. What's your father's name? 3. OK what's wrong with Lama? 4.Oh darling let me check that	1&2Assessing= Getting information& requesting information from the patient 3-Assessing= Validating & requesting patient's input Caring= getting the patient agreement
Statement	1.GOOD Lama 2. Wow you are a SMART girl 3.Great Lama you are six years old and you will study soon 4.GOOD 5. Yes great (.) 6. The doctor should see her to provide her a suitable mm a suitable medication ?	1, 2, 3,4&5 Holding on= praising, & expressing favourable judgment referring to the patient behaviour. Informing= explain procedure and reason for that procedure
Commands	1.Put this under your tongue Lama please 2.Please wait it shouldn't be long	Holding on= guiding & requesting the patient physical acts to enable the treatment to be done.

Transcript 2

- **M:** Please help me please

- **N2:** Calm down ma'am

- **N2:** Everything will be alright

- **M:** But he drank all the bottle all the bottle

- **N2:** Uh can you tell me a bottle of what?

- M:My son drank all the nail remover bottle oh er

- **M**: God HELP me

- **M:** What shall I do?

- **N2:** How old is he?

- **M:** Two years and a half

- **N2:**Mmmm

- **N2:** He'll be OK

- **M:** He will not die right?

- **N2:** Oh darling DON'T say that

- **N2:** We will do anything to help you to survive

- **N2:** Don't worry

- **M:** Oh no my son I'll lose my son mm

- **M:** Oh my lovely son { }

- **N2:** I'll take him to the doctor to do what's right for him

- **N2:** Please stay here

- **M:** OK nurse (crying)

Linguistic Analysis

Titles are used here as the nurse calls the mother "ma'am" as in line 2 and this because the mother is a young woman who is nearly in her twenties. This information about the mother's age was obtained through the interview with the nurse. In addition, the mother in the last clause in line 26 calls the nurse "sister" which also means "nurse" in the Saudi Arabian culture. The nurse uses the pronoun "you" once in line 6 and the informal "we" once in line 18. The patient does not use the informal "you", but she uses the reflective pronoun "my son" 4 times in lines 7, 21 and 22 (See appendix4 which shows "you" in Arabic language).

In this conversation, the nurse has 12 turns which include 14 clauses containing 8 full declarative clauses, 2 full Wh. Interrogative questions and 4 imperatives. The mother has 10 turns that involve 5 full declarative clauses, 1 full Wh. Interrogative question, as well as 1 polar interrogative (elliptical) question. Also, there is one imperative clause. Interruption in this conversation does not occur, as both of the speakers give others a chance to speak.

The nurse tends to use modality several times as mentioned in line 4 'everything will be alright' in line 15 'he'll be ok' and in line 23 'I'll take him'. The use of modality which indicates probability helps to persuade the listener and in this case the patient about her son's medical condition. Furthermore, there is a use of imperative "finite" by the nurse as in line 17 ' oh darling "don't say that" and in line 20 "Don't worry". Also, there is a use of imperative "non-finite" when the nurse says 'calm down' in line 2.

Comfort Talk and the Pragmatic Function

There are different types of pragmatic functions in the following table.

<p align="center">Table 2: Pragmatic Functions of Conversation 2</p>

Communicative Functions	Examples	Ways of Pragmatic Functions
Questions	Uh can you tell me a bottle of what? 1. How old is he? 2. How old is he?	Assessing= getting information from the patient
Statement	3. Everything will be alright 4. He'll be OK 5. We will do anything to help him to survive 6. I'll take him to the doctor to do what's right to him	Caring =Reassuring & attempting to restore the patient's confidence about their health condition Informing= explaining the medical treatment
Commands	Calm down Mam 7. Don't worry	Caring= reassuring and trying to comfort the patient and taking off the

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	8. Oh darling DON'T say that 9. Please stay here	feeling of fear Guiding= in order to facilitate the treatment

Transcript 3

- **M:** My daughter has been burned please help me

- **N:** Oh let me see that

- **N2:** By what she has been burned?

- **M:** Heater

- **N2:** Oh I see. Don't be worry it is not so serious

- **M:** Really?

- **N2:** Yeah you see all that you have to do in this case is to put the burned part under coldwater for ten minutes

- **N2:** Then use a piece of cloth with cold water and put it on theburned area { }

- **M:** And the pain?

- **N2:** Everything will be alright just use cold water several times

- **N2:** This can prevent pain and soreness too

- **M:** Ahayes

Linguistic Analysis

Regarding turn-taking, the nurse has 7 turns including 17 clauses. These clauses have 10 full declarative clauses; one is elliptical declarative clause, 1 full Wh. Interrogative question and 5 imperative clauses. The mother has 5 turns which have 1 full declarative clause, 2 elliptical declarative clauses, 1 polar interrogative and 1 elliptical Wh. Interrogative question. The mother in this conversation turns the talk to the nurse twice and this is indicated in lines 11 and 17 by providing elliptical wh. interrogative questions to the nurse. There is no interruption by the speakers in this conversation.

In addition, the use of modality such as will and can in line 12 and 13 which indicates probability can persuade the mother about her son's burns.

In addition, the use of modality such as "will" and "can" in lines 12 and 13, which indicates probability, can persuade the mother about managing her daughter's burn.

Comfort Talk and the Pragmatic Function

There is various use of the pragmatic function in this conversation as the following table indicates.

Table 3: Pragmatic functions of Conversation 3

Communicative function	Examples	Ways of pragmatic function
Questions	1. By what she has been burned?	Assessing= getting information
Statement	1.Yeah you see all what you have to do in this case is	1&2 Informing = explaining

	to putthe burned part under cold water for ten minutes 2.Then use a piece of cloth with cold water and put it on theburned area { } 3.Everything will be alright just use cold water several times 4.N2:This can prevent pain and soreness too	procedure and the reason for that. 3 & 4 Caring= Reassuring , attempting to provide confidence to the patient & providing comfort to them
Commands	1.　　Oh let me see that 2.　　Oh I see Don't be worry it is not so serious	Caring= reassuring and trying to comfort the patient and taking off the feeling of fear

DISCUSSIONS

Medical Conversation in General

Conversation is a dynamic process where individuals share information about each other and their experience of the world and this is a reflection of and affects the nature of the relationship. In health care communication, there is great importance attached to nurse- patient communication, because the nurse's role as a professional healthcare provider is complex and carries high responsibility. The nurse is expected to respond to the patient on several levels, medically, but also at times emotionally and practically (Sheldon, 2009, p). The structure of medical dialogues reflects these multiple purposes in nurse-patient and nurse-doctor communications, and this is demonstrated in the recorded conversation in this study.

Conversation as Communicative Events

The conversations that are analysed have been established in the hospital with patients of different ages. The medial conditions of those patients are varied which affect the content, pace, and interaction in the conversations, but all of them are treated in the emergency room as their health requires direct and immediate treatment.

Generic Structure

Generally, the initial patient's assessment which is done by the nurse begins with collecting essential data. These data, such as, general information about the patient and taking his history, performing a physical examination and doing laboratory tests are recorded because they are helpful in assessing the patient (Ralph, Cynthia, & Taylor, 2005, p. 2). The nurse and the doctor depend on these data to diagnose the patient health problems.

The data show that the interaction between the nurse and the patient follows the same generic structure if the medical condition is not serious. This structure begins with a greeting by saying "hi, good morning, good evening, or by saying hello". Then there is an exchange of information as the nurse begins to ask the patient about their name and age which are considered as collecting general information about the patient history. After that, the nurse asks medical questions in order to diagnose the patient's problem, such as "what is the pain, when did the pain start", and then she begins her physical examination by checking the patient's temperature and blood pressure. These steps help the nurse to form an idea of the actual or potential problems of the patient. Finally, the nurse tries to reassure the patient and ask for the doctor help. These steps are found in Conversations 3, 6, and8 in Chapter 4, and the following table represents the stages of the nurse interaction with the patient.

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Linguistic Analysis

The main linguistic elements which are related to the analysis of the data are the use of titles/form of address, turn-taking, interruption and modality. These elements are determined within various types of conversation as Egging and Slade (1997) consider them as essential components in analysing the spoken language.

Titles form of Address

Depending on the conversation analysis provided in Chapter 4, there are various types of titles used during the interaction between the nurse and the patient. The first form of address which is used in almost all of the conversations is the pronoun "you". As discussed in the methodology Chapter 3, Arabic has several forms of "*you*" reflecting the listener's gender and formality. Examples which represent the use of the informal "you" when addressing the patients are in Conversation 1 "*you* need some tests" and in Conversation 2" I need *you* to have a better feeling" Also, "*you* need to wait for the doctor to check *you,* right?" in Conversation 8, "*you* see all that you have to do in this case" in Conversation 5 and "*you* can wait a few minutes to know what happened with your blood and urine tests" in Conversation 6, shows the use of the pronoun *"you*". The use of the informal *"you"* aims to reduce the barrier between the nurse and the patient to create a relationship with more solidarity. In addition, nurse 1 tends to use the expression "*mother*" when she talks to an older woman in Conversation 7 in Chapter 4. The patient in this case reciprocates, calling the nurse "*daughter*". Nurse 2, when she has a little girl as a patient, calls her by a variety of titles in Conversation 3 in Chapter 4. These expressions include "cute girl and smart girl" which support the patient and give them the feeling of confidence. Sheldon (2009, p. 7) considers that the establishment of the relationship between the nurse and the patient is a part of the nurse's care of the patient. Therefore, when the nurse calls the patient "*mother*" if they are older patients or "*sister"* if they seem to be in near age to the nurse, these expressions create the feeling of respect for the other speaker. It is a part of Arabic culture to call people using such vocabulary as "mother, sister, brother and father" even if they are foreigners, with the aim of showing respect, exchanging empathy and providing the feeling of confidence. These feelings help the patient to talk freely to the nurse and help the nurse provide better care for their patients.

There is a particular situation in Conversation 3 in Chapter 4, when the nurse when she talks to the mother, she says "OK, what's wrong with Lama?" without any kind of form of addresses. This may be due to two reasons, the first is that the nurse may be pressed for time and wants a quick response from the mother.

The second reason is that the nurse only sees the mother in relation to the child and is only considered a source of information; therefore she is not requiring strong interpersonal work.

Integrating concepts such as respect, empathy, trust, as well as confidentiality in the nurse interaction with the patient can help to build a productive relationship and this is achieved when the nurse uses such expressions as the mentioned above.

Turn-Taking

Turn-taking reveals the idea of power in talk which is determined by the speaker who talks most of the time to be the most predominate of talk (Anderson, 1990, cited in Durantie, 2009, p. 348). In the case of medical conversation, the dominant speaker in talk which occurs between the nurse and the patient is usually the nurse, and this is due to their professional role in the hospital. The reasons which encourage the nurse to talk more than the patient are varied. One of these is when the nurse tries to check on the patient and reassure them because the patients are worried about their health.

This aspect of nurse's role is reflected in Conversations 1 and 2. Also, the nurse needs to talk more with the patient if she plans to provide this patient with a feeling of confidence and reassurance as in Conversation 3. Because the patient in Conversation 3 is a little girl, the nurse talks more as a way of helping her to talk freely, as children often have a fear of hospitals in general. In Conversations 4 and 5, where the patients are children, one who has drunk a bottle of the nail remover and the other child who has been burned by a heater; we find the nurse has the majority of the talk. The reason is that the patients' health condition leads their mothers to be worried, so they lose control and keep crying. The nurse's role is indicated when she tries to reassure the mothers about their children's health as well as giving them instruction for a supposed similar situation in the future. Furthermore, in Conversations 6, 7, and 8, the nurses are the predominate of the talk because of their attempts to manage the situation, reassure the patient about their health, as well as obtaining more information about the patients' pain and illness.

The nurse predominance of talk with the patient is vital and has a great role in shaping the future of health is and this is identified by the strategy of turn-taking. The nurse's need to talk more the patient is regarding different purposes. These aims are reassuring the patient, checking their health condition, managing the situation, requiring more information from the patient, as well as providing confidence or instructions to that patient. (Please see appendix 3)

Pragmatic Function

The four pragmatic functions, holding *on, assessing, informing,* and *caring* are being used by the nurses under the specific circumstances that the patient has. The benefit of using these pragmatic functions is to produce comfort talk, which the patient usually needs in most situations. Therefore, the *comfort talk* register with the four pragmatic functions which were adopted by Proctor (1996) is useful in facilitating the treatment of the patients and providing them with the feeling of comfort. However, there are also linguistic features which contribute to the nurses' comfort talk. One of these linguistic features is the intonation aspect that occurs within the nurse's speech. The normal or the slower rate of speech is considered as a vital component in showing comfort talk, especially in expressing the caring function. In this study, the vocal intensity is difficult to be measured related to the quality of recording which is not clearly done and it is affected by noise in the emergency room.

CONCLUSIONS

In medical encounters that involve a nurse and a patient, it is usual that the nurse is the person who initiates the talk by greeting and asking questions that contribute to the patient's treatment. However, there are some circumstances where the talk is initiated by the patient related to the patient's health case. The use of titles as well as turn-taking indicates how the relationship between the nurse and the patient is being constructed. Furthermore, the nurse tends to use ways of communication related to comfort talk to serve particular purposes related to the patient's behaviour.

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