Chapter 4

ANALYSIS OF THE DATA

4.0. Introduction

The chapter, Analysis of the Data, analyses the nurses’ reports making use of various approaches of discourse analysis to categorize the distinctive structural forms used in those reports, to interpret the specific functions of the linguistic forms found in the reports, to identify the discourse devices like cohesion and coherence used by the students in such reports and to ascertain the way the students acquire the subject-specific language, English for nursing students and to establish the pedagogical significance of the subject-specific language as a powerful tool to the field of language teaching and learning in the advanced level. The chapter also gives a detailed linguistic presentation and interpretation of the data by analysing the reports of the nursing students. This chapter of the thesis not only features the linguistic explanation of the discourse devices in the text, but also calculates the various structural patterns such as ellipsis, nominalisation and other similar linguistic units found in the report to bring out the clinical information.

4.1. Grammatical Cohesion

The grammatical cohesion looks at the patterns of grammar and vocabulary that combine to tie meanings in the text together as well as to connect the text to the social context in which it occurs. The items that combine together to make the text cohesive and give it a unity of texture. The following section analyses what the discourse elements create the grammatical cohesive ties in the text and how they are achieved by the elements.
4.1.1. Reference

Reference creates surface links between sentences in a text. It is a specific nature of the information that is signalled for retrieval. The information to be retrieved is the referential meaning, the identity of the particular thing or class of things that is being referred to is referent. The cohesion lies in the continuity of reference, whereby the same thing enters into the text a second time. It may be established at varying distances and although it usually serves to relate single element that has a function within the text. The reference items, used for cohesive ties, may be exophoric or endophoric. The exophoric and endophoric reference, in fact, embody an instruction to retrieve from elsewhere the information necessary for interpreting the passage. Any instance of reference whether exophoric or endophoric needs a presupposition that must be satisfied and the thing, referred to, must be identifiable somehow. The things, identifiable from the neighbouring part of the text, are known as endophoric and the things, recoverable with the help of extra-linguistic situation, are called exophoric. Endophoric reference may be anaphoric or cataphoric reference. Referents that are identified by looking back in the text are called anaphoric and cataphora is identified by looking forward in the text.

The references in English are personal references (I, me, mine, my, you, yours, your, we, us, ours, our, he him, his, his, she, her, hers, her, they, them, theirs, their, it, its, its, one and one’s) which refer to something by specifying its function or role in the speech situation. This system of reference is known as person. Demonstrative reference is a reference by means of location on a scale of proximity. It is usually a form of verbal pointing. Some of the demonstrative references are this, that, these, those, there, here, now, then and the. The speaker identifies the referent by locating it on a scale of proximity. Comparative
reference is an indirect reference by means of identity or similarity. It can be divided into two comparatives as general comparative and particular comparative. General comparative expresses likeness between things. *Identically, differently, otherwise* etc., are some for general comparatives. Particular comparative does comparability between things in respect of a particular property. The property may be a matter of quantity or of quality. *So many, more, further, additional, equally* and *better* are particular comparatives in English.

Betty Samraj (2008) analysed the disciplinary structural variation in the introduction of master theses from the fields of biology, philosophy and linguistics employing the discourse analysis and semi-structured interview method. The analysis generally revealed that reference features were distinguishable according to academic discipline. Gocic (2011) stated the referent item (for personal names) is constantly eschewed in legal English. It is regarded as the safest means for avoiding ambiguity, because when it comes to anaphoric reference, it is always not clear which word in the legal text a pronoun or determiner refers to. Hameed (2008) and Kunto (2009) analysed an English text published in a magazine for the purpose of identifying cohesive elements in the text. In the text, demonstrative reference is higher than other types of references in the text. The high frequency occurrence of demonstrative reference makes the news stories distinguishable from other types of texts. Arfanti (2002) examined cohesion in Melayu Serdang folklore. He was able to identify that the endophoric pronoun reference is the most dominant grammatical cohesive device in the folklore.

The most important function of reference is avoiding the repetition. The personal reference item replaces its referent and functions as a nominal group in the clause. Look
at the following text, derived from ‘Legal English and Plain Language: an introduction’ by Christopher Williams (2004).

Powers of *vice-chair* 11. Where - (a) a member of a Board is appointed to be *vice-chair* either by the Assembly or under regulation 10 and (b) the *chair* of the Board has died or has ceased to hold office or is unable to perform the duties of *chair* owing to illness, absence from England and Wales or any other cause, the *vice-chair* shall act as *chair* until a new *chair* is appointed or the existing *chair* resumes the duties of *chair*, as the case may be; and references to the *chair* in Schedule 3 shall, so long as there is no *chair* able to perform the duties of *chair*, be taken to include references to the *vice-chair*. [1]

The reason for such a repetition in [1] is to ensure that there can be no ambiguity. The use of reference is continuously repeated and regarded as the safest means for avoiding doubtness. The use of reference *he* definitely creates the problem as to who is being referred to whom. This doubt technically arises when the reference item acts as head of a nominal group. If reference is a determiner, there would be no ambiguity. Personal pronoun can never be a determiner (see Table 4.0), but personal possessive can be the determiner of a nominal clause. They do not replace a nominal group unlike ‘There was a student in the school. *He/She* did never come to the class on time’ but come before the repeated word or a more general noun like ‘*The* student/pupil did never come to the class on time’. In both cases, the reader gets the text comprehensible as well as interconnected. Context only differs the form and function of language. The pronouns (*he or she*) which semantically
'stand in' for its referent that identifies who or what is being spoken or written about.

The determiner *the* ‘stand with’ its referent.

<table>
<thead>
<tr>
<th><strong>Demonstrative</strong></th>
<th><strong>as Modifier</strong></th>
<th><strong>as Head</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>That garden seems bigger.</td>
<td>That is a big garden.</td>
<td></td>
</tr>
<tr>
<td>Your garden seems bigger.</td>
<td>Yours is a big garden.</td>
<td></td>
</tr>
</tbody>
</table>

**Table 4.0 Reference as modifier and as head**

The above studies advocated and found out that the reference forms and functions vary according to their domain where they have been used in. That variation is the specific linguistic features of the domain. The nurse’s reports also have some unique and specific reference features. The way they use the linguistic components in the reports and the style they write only creates the reports, a domain-specific genre. The reports are anaphorically composed with a demonstrative reference *the*. The readers presuppose the referent by looking backward. They do not need any complex skills to retrieve the referent *patient*.

The referential analysis was employed to examine the specific referential types used in the nurse’s reports and how they tie the referents cohesively and coherently. The demonstrative reference that is definite article *the* is the only reference practised in the reports. The following text shows the cohesive tie of demonstrative reference.
The following report on a patient with cancer shows the referential cohesive tie.

The reports are anaphorically composed with a demonstrative reference the.

The readers do not need any complex skills to retrieve the referent patient. No exophoric and cataphoric references are found in the reports. Before discussing the specification of
demonstrative reference tie in the reports, we overview the referential features of other disciplines.

The reason for why there are no other reference items in the reports, though the possibility is to use personal reference and other types of demonstrative references. The options are to use personal pronouns either *he* or *she* which refers to a person based on the person’s gender. *He* or *She* is normally substituted to a person, when the person is mentioned again in the text. In written texts, for example, ‘Patient received from OT. *He/She* conscious and oriented.’ Here, *he* or *she* is replaced as referent item instead of repetiting the referent *patient* again and again in the subsequent clauses. The alternation of *he* or *she* for *student* occurring throughout the passage binds the text tied cohesively. Not only the personal pronouns *he* or *she* makes the text cohesive but also the personal possessives (*his*, *him*, *her* and *hers*) help the text to be interrelated with each other. It is true that in both cases the readers will get a cohesive text. But this study is on finding the specific forms and their functions used in the nurse’s reports. With the hypothesis framed in mind, the researcher further discusses the specific referent item used in the reports.

In the medical field, the patients are theoretically and medically treated as biological specimens by the doctors and nurses. They give more importance to the biological objects than the gender of the person. Another hesitation may arise to think that there are certain cases, the health-care providers consider the genderic features of the patients, for male, when the diseases like Testis-determining factor, Alport syndrome (genetic disorder), Prostate cancer (cancer in male reproduction system), Androgenic alopecia (male pattern baldness) etc, are diagnosed. In such cases too, they do not require the personal reference items by linguistic knowledge but medical knowledge.
All sciences always work with the objects and do not allow the personal references at any cost. Though they treat animate things, they term them as objects. This is a universal variation between language used in science and in other disciplines.

The definite article, *the* has been a specific reference item in discourse analysis. There are no other items in English that behaves exactly like *the*. It is a determiner, more particularly, specific determiner (Halliday and Hasan, 1976: 70). The specific determiners are semantically selective and contain within themselves some referential elements in terms of which item is to be identified as present in the environment. The environment may be situational or textual. When it is textual reference, the form with repetition or some identifiable meaning become cohesive (*the*+patient). It merely indicates that the item is specific and identifiable. Cohesive theory says the reference is either exophoric or endophoric. The exophoric reference would be identifiable on extra-linguistic grounds, no matter what the situation is. The identifiable sourse of endophoric reference lies in the text refering backward (anaphoric) and refering forward (cataphoric). Unlike the selective demonstratives (*this, that, those* and *these*), *the* can never refer forward cohesively (Halliday and Hasan 1976: 72). So the specific determiner, the *the* always refers backward cohesively, i.e. anaphoric reference. There is a commonly held belief that the typical function of *the* is an anaphoric one which invariably specifies by reference back in the text.

The significance of *the* is always a signal of identity showing the criteria for asking "which" patient is to be recovered from the preceding text. This is what provides the 'texture'. The function of the definite article can be summed up by saying that it is a specific determiner. It means that the noun it modifies has a specific referent and the information required for identifying this referent is available within it. The presence of
the creates link between the sentences in which it occurs and contains the referential information. So it is cohesive and plays a specific role in the nurse’s reports.

4.1.2. Substitution

Substitution, one of the grammatical cohesions, can be defined as the replacement of one item by another in a sentence. The replacement elements are one, ones, same (of nominal substitution), do (of verbal substitution) and so (of clausal substitution). It is regarded in semantic and pragmatic terms as a means of avoiding redundancy of expression. The language users follow the maxim ‘reduce as much as possible’.

Substitution is not merely a preference of economy but contributes clarity, by reducing items which are shared as ‘given information’. Substitutions of forms provide cohesion in written text. The connection between the forms in sentence level makes the reader to link the information overtly. The substituted part requires the listener or reader to ‘supply the missing words’. Since they are to be supplied from what has gone before, the effect of cohesive substitution can be thought of in the simplest terms as processes within the text.

Substituted words cannot be employed in the simple sentences. The writer substitutes another element i.e. more general word to the specific word, when the given information is nearer in the clause. But in report writing, substitutions are possible even in simple sentences. In report writing, the utterance of the speaker and the response of the feedback giver are taken together for analysis. So substitution occurs in the simple sentences as a frequent phenomenon in the report writing. The compound and complex sentences have the condition of accepting the endophoric substitutions. Substitutions can be endophoric but can never be exophoric. The exophoric substitutions do not supply the
replaced words, phrases or clauses as soon as the reader reads the clause and as not long as in the clause. Otherwise the reader may mismatch the nearer elements.

The nurse’s reports do not have complex and compound sentences at all. So the sentential cohesion is visually non-existent in the entire reports. The clinical context does not match the conditions of substitutions linguistically. The substitution is used for precision, economy and clarity. Though the precision and clarity is central principal objectives of nursing English writing, there are no substitutional forms in the texts. The endeavour is to leave no room for ambiguity and to ensure that transforming clinical information more simple than complex.

4.1.3. Ellipsis

Ellipsis is a type of structure, where some parts of speech are omitted and which can be retrievable from the neighbouring sentence (endophoric ellipsis) or the present situation (exophoric ellipsis). In writing it occurs to avoid repetitions, otherwise the structures would be redundant. Though the elided items or words are deliberately left out in a sentence, the items are retrievable. If there is an ellipsis, there will be a presupposition in the structure. That is, recoverable from the context. Ellipsis is very similar to substitution where a word or phrase is not left out as in ellipsis but substituted a more general word or phrase.

Ellipsis can be categorised based on its function as nominal ellipsis, verbal ellipsis and clausal ellipsis. Nominal ellipsis denotes that there is an omission of a part in the nominal group. Verbal ellipsis refers to ellipted form within the verbal group where the ellipted form depends on the neighbouring verbal group. Clausal ellipsis refers to the omission of a clause in the sentence. Based on ‘verbatim recoverability’, ellipsis has been divided into two types as endophoric ellipsis and exophoric ellipsis. Endophoric ellipsis is
understood from the surrounding parts of the text and it is called as textual ellipsis. The textual ellipsis can further be classified into anaphoric and cataphoric ellipsis. Exophoric ellipses or situational ellipses are the types of ellipsis that do not on the linguistic context for their interpretation but the interpretation depends on the knowledge of a particular extra-linguistic context.

Some form of ellipsis is identified in 140 nurse’s reports. The most frequently occurring structural form is exophoric ellipsis (95%) in the sample. The ellipted part is always auxiliary or helping verb in the verbal group. The number and percentage of the nurse’s reports in which each type of structural forms is shown in Table 4.1.

<table>
<thead>
<tr>
<th>Forms</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellipsis</td>
<td>95%</td>
</tr>
<tr>
<td>Complete sentence</td>
<td>1%</td>
</tr>
<tr>
<td>Substitution</td>
<td>0%</td>
</tr>
<tr>
<td>Nominalisation</td>
<td>1%</td>
</tr>
<tr>
<td>Imperatives</td>
<td>2%</td>
</tr>
</tbody>
</table>

Table 4.1. Frequency of Forms

In the reports, the sentences were identified with the omission of be form and have form verbs in the verbal groups. If the sentence has the main verb as be form or have form, the full verbal group is omitted and retrieval information was supplied from the situation. For example,

Patient conscious and oriented. [3]

Patient is conscious and oriented. [3a]
Pulse volume tension fair. [4]  
Pulse’s volume and tension are fair. [4a]  
IV fluids on flow. [5]  
IV fluids are on flow. [5a]  
Patient’s general condition weak. [6]  
Patient’s general condition is weak. [6a]  
O2 on flow. [7]  
O2 is on flow. [7a]  

The ellipted form is the auxiliary or helping verb in the present progression and passive forms. The main verb in the verbal group is not omitted. For instance:

Present progression form

Patient not responding the external stimuli. [8]  
Patient is not responding the external stimuli. [8a]  
Patient not taking oral fluids. [9]  
Patient is not taking oral fluids. [9a]  
Patient sitting with the support of the backrest. [10]  
Patient is sitting with the support of the backrest. [10a]
Patient following diet chart. [11]

Patient is following diet chart. [11a]

Passive form

TPR checked and recorded [12]

TPR was checked and recorded [12a]

Treatment given as per doctor’s order [13]

Treatment has been given as per doctor’s order [13a]

Ventilator provided [14]

Ventilator is provided [14a]

Patient received from OT [15]

Patient has been received from OT [15a]

Oral fluid not given [16]

Oral fluid is not given [16a]

Physical examination done [17]

Physical examination has been done [17a]

The above examples from [8] to [17] taken from the various reports are given to understand the overall structures used in the nurse’s reports. The following example will provide the exophoric ellipsis used in a report on patient diagnosed with appendicitis and the report was written on the day of surgery.
Patient (...) unconscious and disoriented. Temperature pulse respiration
(...) checked and recorded. Pulse volume tension (...) fair.

Treatment (...) given as per doctor’s advice.

Inj: Cefotaxime 1gm IV bd

Inj: Gentamicin 80mg IV bd

Inj: Ranitidine 50 mg bd.

IV fluids (...) on flow.

The patient (...) nil per oral.

No oozing from the operated area.

CBD (...) kept in position.

Watch patient at night. [18]

The above text, which is a report of a patient with appendicitis shows the exophoric ellipsis used in the nurse’s reports. The missing elements are retrieved not by the neighbouring texts i.e. either looking backward or looking forward but situational context i.e. applying extra-linguistic features. The ellipted items are understood by the nurses and doctors with the help of visual records. The reports seem like a running commentary and has visual record available, so that the readers can easily understand the meaning cohesively. Though some parts are omitted for the purpose of economy, the text is understood cohesively by the nurses and doctors.
It is understood that exophoric ellipsis is one of the common properties of language (Bernstein, 1990 and McShane, 2005) and needs linguistic as well as extra-linguistic interpretations to comprehend the utterances. It is noticed that the above given examples have the features of restricted code. Indeed, exophoric ellipsis is a very common property of spoken language.

Endophoric ellipsis (both anaphoric and cataphoric ellipsis) are not found in these reports. The reason behind this is that endophoric ellipses are always occur in compound and complex constructions. The context does not allow the constructions since the students have to do nursing procedures and take care of the patients rather than sitting and thinking how to omit the words, phrases and clauses and which part to be omitted in the sentences. This is why, the students mostly prefer the simple sentences to the compound and complex sentences. On the other hand, exophoric ellipses are often inferred as a ‘world of discourse’ (McCarthy, 1991: 40) connected with the discourse of the moment, but not directly. The situational ellipses would habitually and mostly occur in the written reports, because the students (report writers) and doctors (report readers) share the same world of knowledge, the same clinical background and the same linguistic experience.

For reasons of economy, emphasis or style, a part of the structure has been omitted, which is recoverable from a scrutiny of the situational contexts and textual context and the elided parts of the sentences are unambiguous. In the reports, ellipsis is used as linguistic mechanism which helps specific linguistic structures to be expressed more economically, at the same time maintaining their clarity and comprehensiveness. In this context, the common task of ellipsis is to avoid unnecessary repetition of
functional words (i.e. *be form verb and possessive form verb*) in order to make all sentences together and coherent.

There are reference and ellipsis found in the nurses’ reports. The grammatical discourse markers in the reports are united and comprehensible for the readers. The specific discourse markers (demonstrative reference marker, exophoric ellipsis and non-substitution) used in the nurses’ reports make the reports different from other professional reports and particularly the medical reports of doctors and paramedics.

### 4.2. Lexical Cohesion

The previous analyses on reference, ellipsis, substitution and conjunction described the specific forms and functions of grammatical cohesion found in the nurse’s reports. This section on lexical cohesion is to analyse the selection and function of vocabulary in the reports. The cohesion achieved by selecting lexical items is known as lexical cohesion. It is purely achieved by the choice of lexical items used by the writer. When a writer is to describe a *bike*, he/she is going to talk about the *bike*. He/She has to use the term *bike* in many places to give information about the vehicle. The writer either repeats the vocabulary *bike* or chooses a synonymy *motor-cycle* for *bike* or more general word *vehicle* (always with *the*) to refer back to the *bike*. This lexical chain between content words obliviously creates the cohesion at the lexical level.

Lexical cohesion is the harmony achieved through the choice of vocabulary in terms of mainly specific content words to general content words or the repetition of the specific content words. The lexical cohesion functions within the lexis and is achieved through the selection of lexical items. The use of lexical relation is to refer back to another content word and it is related by having a common referent to another in a text.
In most cases, the reiterated items like repetition and general word, may be accompanied by a reference item, usually the. Lexical cohesion speaks of the relationships in meaning between lexical items in a text and, in particular, content words and the relationship between them. All these instances have a common factor that one lexical item refers back to another, to which it is related by having a shared information.

4.2.1. Reiteration

The lexical cohesion is attained by reiteration and collocation. A reiterated item may be repetition, synonymy, superordinate or a general word. Collocation is achieved through the association of lexical items that regularly co-occur.

The most direct form of lexical cohesion is the repetition of a lexical item. Whenever, the repetition occurs in the text, there will be a grammatical (cohesive) reference item (especially demonstrative reference the, this, that, those and these) signalling that the listener or reader knows which item is intended and there is nothing else to satisfy the demonstrative modifiers.

The main theme of the nurse’s reports is patient. Every action and activity happens around, for and to the patient. It is obvious that patient appears throughout the report. The lexical cohesive analysis identified that a specific lexical relation used in the reports and the specific relation is repetition. It already emphasised that ‘patient’ is a biological specimen for the health-care providers, so they need not use he or she to refer back to the patient in reference analysis. Here the question is that why there is no other lexical selection for content word patient. By examining the synonyms for patient, The Sage’s English Dictionary and Thesaurus, WordReference.com and Collins English Thesaurus list the following hypernym for patient which has no equivalent lexical entries in the thesaurus as
synonyms. Hyponymy is the relationship which obtains between specific and general lexical items, such that the former is ‘included’ in the latter i.e. ‘is a hyponym of’ the latter (Crystal, 2008: 233). A semantic relationship which identifies the sense relation of hyponymy; e.g. to say that a car is a kind of vehicle is to say that the class of cars is included within that of vehicles.

**Patient:**

1. case (hyponym)
2. diseased person (hyponym)
3. sick person (hyponym)
4. sufferer (hyponym)
5. subject (hyponym)

*Patient* received from OT.  [19]

The *patient* general condition weak. (repetition)  [19a]

The *case* general condition weak. (hyponym)  [19b]

The *person* general condition weak. (general word)  [19c]

In [19a], there is repetition: *patient* refers back to *patient* with the specific determiner *the.*

In [19b] *case* refers back to *patient,* of that is a hyponym, *case* is a superordinate of *patient.* In [19c] *person* refers back to *patient,* of which it is a general term. All these are cohesive in exactly the same way as the theory we have come across in 3 Chapter. The form used in the nurses’ reports is [19a]. The other forms are not found in the reports collected from the students.
The other lexical cohesions used in the reports are given in the following examples.

- Treatment given as per doctor’s *order.* [20]
- Treatment given as per doctor’s *instruction.* [21]
- Treatment given as per doctor’s *advice.* [22]
- Treatment given as per doctor’s *prescription.* [23]
- *Watch* the patient at night. [24]
- *Observe* the patient at night. [25]
- *Look at* the patient at night. [26]
- *O₂* given. [27]
- *O₂* administered. [28]
- Physical *examination* done. [29]
- Physical *investigation* done. [30]
- Physical *test* done. [31]
- Physical *assessment* done. [32]

The above lexical analysis shows that the particular vocabulary items tend to cluster round with certain elements of text patterns. It is, in fact, important that nurse’s register is closely tied with some lexical selection. The study has brought out the relationship between vocabulary and register. The lexical choice of the students within the identified clusters depends on the context where the lexical items are used in.
4.2.2. Collocation

Collocation describes associations between vocabulary items which have a tendency to co-occur. It is not something that is restricted to a single text but is part of the textual knowledge of collocations as the students write in the reports. The vocabulary in a real text collocates only with certain vocabularies with each other. It is achieved through the association of lexical items that regularly co-occur. It does not depend on any general semantic relationship of the types just discussed above, but rather on a particular association between the items, that is, there is a tendency to co-occur. This ‘co-occurrence tendency’ is known as collocation. The following figure 4.0 shows the Taxonomical Relationships of the collocation found in the nurses’ reports.
Figure 4.0. Taxonomical Relationships
The figure 4.0. Taxonomical Relationships clearly visualises the collocational associations and their co-occurrences in detail. The patient is the central topic of the reports. Around the topic, there are complaints, diagnosis, diet, instrument, condition and check-ups which collocate with the topic theme. Each co-occurrence items has a kind of vocabulary items which have a tendency to depend on the general semantic relationship. These relations take place by the sense associations including idiosyncratic connections. The conclusion of collocational patterns indicates a wider relationship beyond the individual text in the language of nurses. The connection of collocation is another way in which a text has the property of cohesion and texture.

4.3. Theme and Rheme

All English clauses generally consist of theme and rheme. Theme is an element which serves as a point of threshold of a message in a clause and it contributes to the focus and flow of information in a text. The theme is located on the left-most constituent of the clause. Each clause has a theme as a starting point of the message. The starting point of a sentence varies according to the types of sentences. The theme of declarative sentence, in many cases, will be a nominal group, the theme of interrogative sentences, interrogative word and the theme of imperative, the imperative form of verb. These are the beginning items of the message and the point of departure for what the speaker is going to say. The very first portion (sometimes called Hook) of a first clause in a text i.e. theme presents what the speaker or writer is going to say. The subsequent themes (hyperthemes) in the text supply subsidiary information of the first theme. What discourse analysts call the remaining elements of the clause is rheme. The rheme, in a
clause, is everything else that comes after its theme. The rheme gives message about the theme in the clause. The rheme is located the right-most constituent of the clause.

The importance of analysing the theme and rheme is how the unity and connectedness with which individual sentences relate to each other. The result of the analysis brings out the way ideas are patterned within and between sentences as well as within and between paragraphs in the texts. There are patterns of organisation above the sentence and these patterns influence the production and organisation of the texts. Each clause conveys a message in two parts, i.e. what comes first and what comes last. The first portion is the entrance of the message and the last gives the chunk of information about the first portion. The following themes and rhemes are developed by the very first theme or rheme in the text or other themes and rhemes in the text. These themes and rhemes are interwoven around a central concept all together. The information distribution throughout the text is formally called thematic progression.

4.3.1. Thematic Progression

Thematic progression is an organising principle that accounts for the ordering of information in discourse beyond the level of the sentence. The organisation of ordering creates cohesive relations across the text. The relations would be understood through the thematic progression analysis. There are three types of thematic progression: constant theme, linear theme and split rheme. The constant or reiteration thematic organisation and linear thematic progression are the thematic progressions found in the nurses’ reports. No multiple thematic structures are used by the nursing students.
4.3.1.1. Constant Theme

<table>
<thead>
<tr>
<th>Theme</th>
<th>Rheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>conscious and oriented.</td>
</tr>
<tr>
<td>The patient</td>
<td>diagnosed with Hyperpyrexia.</td>
</tr>
</tbody>
</table>

Table 4.2. Constant Theme

![Figure 4.1. Constant Theme](image)

In this pattern, ‘theme 1’ is picked up and repeated at the beginning of the next clause, signalling that each clause will have something to say about the theme. In table 4.2., there are two sets of constant theme. The thematic progression of this text is shown in figure 4.1. Thematic progression here is a Constant Theme. Here the same theme appears in a series of sentences, to which different rhemes are linked.

4.3.1.2. Linear Thematic Progression

Another common pattern of thematic progression in the reports is when the subject matter in the theme of one clause is taken up in the rHEME of a following clause. The text analysed in Table 4.3. shows an example of this kind of progression. This is referred to as linear pattern theme. This pattern is illustrated in Figure 4.2.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Rheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient</td>
<td>have breathing difficulty.</td>
</tr>
<tr>
<td>Watch</td>
<td>the patient.</td>
</tr>
</tbody>
</table>

Table 4.3. Theme and Rheme: linear theme pattern
There is a possibility for the occurrence of more than one element at the beginning of English sentences. All English sentences do not begin with only grammatical subject but also begin with adjunct. If a sentence begins with adjuncts, the start points are called textual and interpersonal themes. The grammatical subject is called topical or ideational theme.

The thematic analysis brought out that patient is the topical theme of the entire report, so there are no other themes like textual and interpersonal themes. The patient is a topical area of the reports. The studies by Nwogu (1990) and Nwogu and Bloor (1991) were based on both professional and popular medical texts and they observed a high frequency of both linear and constant themes in the two subgenres. The third type of thematic progression pattern (spilt themes/rhemes), was found only in the professional texts. Most topical Themes in scientific and academic discourse in English tend to be realised in the grammatical category of Subject that is, topical theme (Gosden, 1993).

Bernard McKenna (1997) provided valuable practical information about the thematic progression in engineering report writing. North (2005) examined whether the students’ use of theme may vary according to their disciplinary background or not in undergraduate essays. Belmonte et al. (1998) attempted at proving that the notion of Theme/Rheme is highly useful in the comprehension and production of texts. Mohsen Ghadessy (1995) analysed the grammatical and lexico-semantic properties of clause themes in a number of written sports commentaries. The result showed that the data contained 60% of animate themes and 25% of inanimate themes. Martinez (2003)
revealed differences in the thematic construction of the research articles in biology. Some of the textual themes found were mainly temporal external themes.

The rhetorical structures give a clear identification of the nurses’ topic area through the organisation of constant and linear thematic patterns. The multiple theme and rheme patterns are non-visual due to the fact that the reports have the typical features of spoken language and have the features of restricted code. In spoken language, the speakers do not pattern or interweave their information in a complex sentence pattern as they do for writing.

4.4. Move Analysis

A five-move structure is identified in the written reports. Moves are the means by which the communicative purposes of the reports are achieved, in addition to accomplishing the purposes of the communication; moves can also be used to label or identify the communicative events of the nurse’s reports. Each move may consist of a range of strategies that can be seen as embodying the range of options available to the writer (here, the nursing students) to accomplish the moves. The communicative purpose of nurse’s reports is to transfer the responsibility for patient care from the off-going nurse to the on-coming nurse. The five major moves used by nurses to achieve their purposes during a shift. The five moves are:

1. Patient information (optional)
2. Patient’s general condition
3. Treatment administration
4. Patient’s condition after treatment and
5. Things to do in the following shift.
The five moves found within nurses’ reports are discussed with illustrative examples in this section. The number and percentage of the reports in which each move appeared is shown in Table 4.4.

<table>
<thead>
<tr>
<th>Move</th>
<th>Total Occurrence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient information (optional)</td>
<td>23/140</td>
<td>16%</td>
</tr>
<tr>
<td>2. Patient’s general condition</td>
<td>140/140</td>
<td>100%</td>
</tr>
<tr>
<td>3. Treatment administration</td>
<td>131/140</td>
<td>94%</td>
</tr>
<tr>
<td>4. Patient’s condition after treatment</td>
<td>140/140</td>
<td>100%</td>
</tr>
<tr>
<td>5. Things to do in the following shift</td>
<td>129/140</td>
<td>92%</td>
</tr>
</tbody>
</table>

Number and Percentage of reports in Which Moves Appeared in Table 4.4.

It is not necessary to all moves to be appeared in the reports. However, from the entire sample, the percentage of reports in which every move appeared is above the threshold of 90%, except the optional move, Patient information, which is appeared for where the information of patient collected in the casualty. Moves 2 and 4 appeared in every report in the data, providing linguistic evidence that the focus of nurses’ reports are in exophoric ellipses and imperatives, in move 5.

Each move consists of one to several strategies used to accomplish the intent of the move within the genre. As the case is with the moves, not every strategy occurs in every report; several strategies (steps) do not occur in the reports. The strategies of the nurse’s reports are given below in table 4.5.
Table 4.5. The strategies of moves in the nurse’s reports

4.4.1. Move 1-Patient Information (optional)

The move 1 gives the details of patient’s personal information and previous clinical history. The personal information contains the patient’s name, gender, age, occupation and address and the previous clinical history gives the information about the patient’s previous illness and treatments. These introductions to the readers support the connectivity of the series of reports. They establish the identity of the patient that the patient is receiving treatment. The reason, that the patient is in the hospital, helps diagnosing the disease along with the medical assessments. For examples,

“abdominal pain, cold, fever” (report 45) [33]

“bleeding in head” (report 76) [34]

“no intake for 2 days, nausea and vomiting” (report 120) [35]
The opening move of nurses’ reports fulfills the functions of introducing the patients and giving their personal and clinical information to the on-coming nurses. The moves help the on-coming nurses to know the background of the patients and to prepare themselves to carry out nursing procedures effectively. Within the introduction to the patient, information is included about the patients and their name and the medical diagnosis or surgical procedure for which the patient has been admitted to the hospital. Information about the patient’s occupation, age, gender, sex and name are compulsorily included. It is typically the most interactive of the moves in nurses’ reports conducted face-to-face either with patient or the one who accompanies with the patient.

4.4.2. Move-2 Patient’s General Condition

The patient’s general condition checks and records (sometimes hourly basis) the patient’s temperature, pulse, respiration, pressure rates and the condition of pulse’s volume and tension. According to the patient’s disease, the other medical tests are administrated and their results are recorded.

“TPR checked and recorded” (report 01) [36]

“½ hourly TPR checked and recorded” (report 86) [37]

“Pulse volume tension fair” (report 04) [38]

“BP checked and recorded” (report 67) [39]

½ hourly vital signs checked and recorded” (report 12) [40]

The move 2 shows the nursing procedures of testing and assessing the patient’s general condition. With the results of the test and assessment, the diagnosis is confirmed. Once the diagnosis is made, the doctors begin to prescribe to the patients the medication
and next treatment which will be categorised as treatment administration (move3). Move 1 is also very supportive in carrying out the medical check-ups. The results of the check-ups are recorded in the various charts such as TPR Chart, Diet Chart, BP Chart etc.

4.4.3. Move-3 Treatment Administration

The nurses mostly administer the treatment as advised by the physician. The move 3 presents the information about the treatment and the drugs to be administered to the patient. The other supporting procedures to the main treatment are written in this section. The sentences are nominalisation and exophoric ellipsis. The following example is taken from the report (52) on myocardial infarction (heart attack).

“Head elevation

Oxygen on flow

Inj. Dopamine $1^{\text{amp}}$ in $500^{\text{mg}}$ DNS $6^{\text{drops}}$/min

Inj. Lasix $100^{\text{mg}}$ in $100^{\text{mg}}$ NS $4^{\text{d}}$/min

T. Aspirin $150^{\text{mg}}$ 0-1-0

T. Atrovastitin- 8

T. Clopidogrel- 4

T. Sorbitrate- 2

T. Enalapril- 2

T. Pantac $150^{\text{mg}}$- 1

Salbutamol nebulisation given.
Echo cardio done.

Treatment given as per doctor’s order.” (report 52) [41]

A predominant move in the nurses’ reports is move 3 Treatment Administration where the doctor’s instruction on medication, diet, activity and tests are followed carefully. The treatment administered is specifically ordered for the patient by a physician. However, this move also includes instruction placed by a nurse such as re-positioning, turning and providing extra assistance to the patients. 29 reports have the activities that have been relayed in the previous shifts and 13 reports show the treatment continued from the previous shifts.

4.4.4. Move-4 Patient’s Condition after Treatment

About the patient’s status after administering treatment appears as follows:

“The patient’s general condition fair” (report 48) [42]

“The pt’s general condition weak” (report 33) [43]

The patient’s complaint during the medication or after medication is also given in this move.

“No specific complaints” (report 19) [44]

“The pt complaining breathing difficulty” (report 113) [45]

“Complaining of stomach pain” (report 134) [46]

Based on the complaint’s accuracy, the treatment is given to the patients. The procedure for the (report 113) patient was carried out as:

“O₂ given” (report 113) [47]
This section supplies the procedures of health education and psychological support which are given to the patients with the reason of offering a complete health care.

“Health education given” (report 28) [48]

“Psychological support given” (report 61) [49]

The on-coming nurses utilise these strategies to know about the information of the patient’s response to treatments or activities. The off-going nurses sometimes cannot treat the patient’s response immediately. So they write the procedures to be done in the following shift in the final move 5 ‘Things to do in the following shift’. The off-going nurses frequently report and note the findings of observations and assessments in the reports when they are in the shift. Example 23 displays the off-going nurse’s report of negative assessment findings. So the on-coming nurse should further look into the final move where off-going nurse relays the activities to be done by the on-coming nurses.

4.4.5. Move- 5 Things to do in the Following Shift

The off-going nurses use Move 4 to signal the conclusion of her remarks about the patient. This move was most often accomplished with a simple concluding statement by the off-going nurse. The off-going nurses instruct the on-coming nurses if the patient condition is weak. The strategy is completed with either imperatives or modality. Move 5 is generally applied by the off-going nurse to signal that the nurse has finished the report and gives some instructions to the on-coming nurses.

“Every hourly temperature should be maintained” (report 118) [50]

“Intake output chart to be maintained” (report 15) [51]

“Tepid sponging should be given” (report 121) [52]
“Please watch the patient at night” (report 140) [53]

“Watch the pt throughout night”  (report 95)  [54]

“The patient should be isolated”  (report 29)  [55]

If the off-going nurse has reported that the patient is on oxygen, the on-coming nurse follows the order and does the necessary actions like monitoring the oxygen saturation level. The off-going nurses use Move 5 to signal the conclusion of their remarks about the patient. This move is most often accomplished with a simple concluding statement and imperatives by the off-going nurse. The Move 5 is generally applied by the off-going nurses to signal that they have finished the report.

The overall structural interpretation, using move analysis, reveals the cognitive organisational structures that nurses use to achieve the transfer of responsibility used in the patient care. A five-move structure is identified to describe the structure of the reports in the reports. Moves are the means by which the communicative purposes of the nurse’s reports are achieved; in addition to accomplishing the purposes of the communication, moves have been used to label or identify the communicative events of the reports. The communicative purpose of nurses’ reports is to transfer the responsibility for patient care from the off-going nurses to the on-coming nurses and doctors.

4.5. Some Measurable Linguistic Characteristics of the Nurses’ Reports

To further describe the language that nurses use in the reports, the entire data was analysed to identify frequently appearing words and frequently appearing sentences. Analysis of the data to determine the most frequently appearing words and sentences within the reports was carried out using AntConc, a freeware corpus analysis software
package. Further, this section examines and identifies some measureable characteristics of linguistic forms used in the nurses’ reports. It also interprets the functions of the identified linguistic forms. The 140 nurses’ reports were selected to measure the specific linguistic forms used by the final year nursing students. The frequency analysis was employed to bring out the domain specific forms. To identify what forms were common in the reports, the different structures of sentences, the verb forms and sentence length, clause types and verb-tenses were counted statistically and examined linguistically.

The approximate words of the nurses’ reports were 20864 words and the reports consisted of 2608 sentences. For the purpose of analysis, a sentence had been considered to begin with a capital letter and to end with a full-stop. Some sentences did not fall under the above consideration. The sentences without the caps and full-stops were also included in the analysis. The students engage with the intensive nursing procedures and patient care in the causality, so the traditional and formal consideration of beginning a sentence and ending a sentence was not considered for the study.

4.6. The Sentence Types and Discourse Functions (Tense and Aspect)

The reports, consisting of 20864 words, contained 2608 sentences: 219 were imperatives and the remaining 2389 were statements. There were no interrogative and exclamatory. Table 4.6. confirmed the numbers of different types of sentence and their occurrences.
The statement forms denoted the discourse functions of illocutionary, locutionary, perlocutionary, assertives and directives. On the other hand, the imperative forms functioned only the directives act.

<table>
<thead>
<tr>
<th>Length in Words</th>
<th>1 to 3</th>
<th>4 to 6</th>
<th>7 to 9</th>
<th>10 to 12</th>
<th>13 to 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Sentences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>269</td>
<td>937</td>
<td>1376</td>
<td>21</td>
<td>5</td>
</tr>
</tbody>
</table>

**Table 4.7. Number of Sentences of Different Lengths**

In the data, the average sentence length was 8 words. The distribution of sentence lengths was shown in Table 4.7. The lengths of sentences seemed reasonable for the literature of medical writing. It further showed that they did not need very lengthy sentences to convey the nursing procedures, though they engaged many discourse functions like locutionary, illocutionary, perlocutionary, assertives and directives act.
Table 4.8. Number of Sentences According to Clause Type

<table>
<thead>
<tr>
<th>Clause Types</th>
<th>No. of Sentences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple</td>
<td>2608</td>
</tr>
<tr>
<td>Compound</td>
<td>0</td>
</tr>
<tr>
<td>Complex</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 4.8. projected the number of frequent occurrences of the clausal types of sentences in the reports. All the sentences are simple in form. It counted 2608 sentences including ellipsis, ‘to be’ form, nominalisation and imperative. There were no complex and compound sentences in the data. It was identified that the compound structure in the verbal group, but the structure did not count the clausal types of compound and complex forms. For example,

TPR checked and recorded

4.6.1. The Imperatives and Discourse Functions

Directives typically take the form of an imperative sentence which differs from the statements. Among the 219 imperatives, 110 sentences were VP+NP structure, 73 sentences were ‘to be’ forms and 36, modal statements. These three forms, VP+NP, ‘to be’ form and modal statement played the directives function to the oncoming nurses. The nurses were directed by the off-going nurses to carry out the uncompleted procedures. Though the sentences were in ‘to be’ form and modal statement, they acted and as directives and conveyed the function of commands. The ‘to be’ form and modal statement were in passive voice and hence, called passive directives.
Imperatives (VP+NP)  

Passive ‘to be’ Form  

Directives  

Modal Passive Form

Figure 4.3. The Form and Function: Directives

a) VP+NP

For example,

\[
\text{VP} \quad + \quad \text{NP}
\]

Check the patient \[57\]

Watch the patient \[58\]

Collect the lab report \[59\]

In the reports, Directive functions were taken place with the typical and formal form of imperatives that counted 110 forms (50.22%). It did not have subject. The forms referred to the situation of the immediate future.

b) The ‘to be’ form

Input and output chart \textit{to be} maintained. \[60\]

Ryles tube aspiration \textit{to be} maintained. \[61\]

Daily sterile dressing \textit{to be} given. \[62\]

Inj. Metro and Inj. Cipro \textit{to be} given. \[63\]
Every hourly temperature *to be* checked and recorded. [64]

Urine sugar chart *to be* maintained. [65]

Enema *to be* given. [66]

OT preparation *to be* done. [67]

Blood count *to be* noted. [68]

The ‘to be’ passive forms (73 sentences), having the discourse function of directives, occurred with the percentage of 33.33%.

c) **Modal Passive Statement**

The patient *should be* isolated. [69]

O$_2$ *should be* given. [70]

3 episodes of seizure *should be* given. [71]

Head *should be* elevated. [72]

Tepid sponging *should be* given. [73]

Abdominal ultrasound *should be* done. [74]

Lab reports *should be* collected. [75]

Diet chart *should be* maintained. [76]

The patient condition *should be* watched. [77]

IV fluids *should be* administered, 50 ml per hour. [78]
The forms having the finite verbs with modal verbs were taken into analysis. Though the types of forms were in statements, they performed the discourse functions of directives to the oncoming nurses. The modal forms were in passive voice. They were 36 (16.43%) modal passive forms in the reports.

4.6.2. The Statements (passive) and Discourse Functions

The total number of passive voice was 1339 sentences and the percentage, 51.34%. The analysis on active and passive voices resulted that the passive was relatively frequent in the reports but it did not show big difference. The difference between the active and passive forms was 5.79%. The various passive forms were: the Simple Present/Past Passive Tense (NP+….+Past Participle) (57.72%), the Simple Present/Past Passive Tense (NP+….+not+Past Participle) (1.79%), the ‘to be’ form (25.09%) and the modal passive form (15.38%). The ‘to be’ form (25.09%) and the modal passive form (15.38%) have been already discussed above in the imperatives and discourse functions.

The passivisation used in the reports represented the non-human participations in the causality.

4.6.2.1. The Simple Present/Past Passive Tense (NP+….+Past Participle)

Vital sign checked and recorded. [79]

The patient received from OT. [80]

Patient admitted. [81]

Drugs given. [82]

Ventilator provided. [83]

Physical examination done. [84]
Ryles tube kept in position. [85]
Salt restriction given. [86]
ECG taken. [87]
Tepid sponging given. [88]
The pt condition improved. [89]
RBS checked. [90]
Morning dues given. [91]
Privacy provided. [92]
Soft liquid given. [93]
Pre-medication given. [94]
Nebulisation given. [95]
Psychological support given. [96]
CBD kept in position. [97]

These passive forms functioned as assertives by which the nurses expressed the various procedures. The procedures were really directed by the doctors as illocutionary acts. The assertive functions showed that the procedures done to the patients. The most frequent form among passive forms was the Simple Present/Past Passive Tense (NP+….+Past Participle) and its approximate percentage was 57.72%.
4.6.2.2. The Simple Present/Past Passive Tense (NP+….+not+Past Participle)

Oral fluids not given. [98]

Fast walking not advised. [99]

The pt’s history not collected. [100]

Culture test not taken. [101]

Fever not controlled. [102]

The Simple Present/Past Passive Tense (NP+….+not+Past Participle) was counted 24 forms (1.79%) in the reports. The forms represented that the undone causality procedures. The undone procedures were also conveyed as directives, to carry out the undone or uncompleted care-plans by the off-going nurses.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Passive Voice Forms</th>
<th>No. of Sentences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NP +….+Past Participle</td>
<td>773</td>
</tr>
<tr>
<td>2</td>
<td>The ‘to be’ form</td>
<td>336</td>
</tr>
<tr>
<td>3</td>
<td>Modal Passive Statement</td>
<td>206</td>
</tr>
<tr>
<td>4</td>
<td>NP+….+not+Past Participle</td>
<td>24</td>
</tr>
</tbody>
</table>

Table 4.9. The Frequency of Passive Voice Occurrences

4.6.3. The Statements (active) and Discourse Functions

There were 45.55% of active voice and 51.34% of passive voice in the reports.

1188 active forms and 1339 passive forms were counted in the reports. This confirmed that the common view that the passive is relatively frequent in the nursing writing, but the frequency analysis did not show the tremendous differences between the active and passive voice. Perhaps, the most interesting thing about the active and passive forms was
brought out when the forms were further categorised. The frequent forms of the active voice were the Simple Present/Past Active (NP+NP), the Simple Present/Past Active (NP+VP+NP), the Present Progressive Active (NP+….MV+ing+ NP), the Present Progressive Active (NP+….not+MV+ing+ NP) and imperatives (VP+NP).

4.6.3.1. The Simple Present/Past Active (NP+NP)

The Simple Present/Past Active forms were approximately 26%. The following examples were taken from the reports.

The patient conscious and oriented. [103]

Pulse volume tension fair. [104]

IV fluids on flow. [105]

The patient’s general condition fair. [106]

The patient unconscious and disoriented. [107]

Pulse volume tension weak. [108]

O$_2$ on flow. [109]

The patient on NPO. [110]

4.6.3.2. The Simple Present/Past Active (NP+VP+NP)

The Simple Present/Past Active (NP+VP+NP) gave very smaller figure in the reports. They were only 3% in the reports.

The patient complained sleeplessness, fever and vomiting at night. [111]

The patient condition is poor. [112]
The patient had drugs and diet at 9 am. [113]

There is no complaint after treatment. [114]

The wound is clear and healthy. [115]

The patient took liquid diet. [116]

The patient menstrual cycle is normal. [117]

The comparison between The Simple Present/Past Active (NP+NP) and The Simple Present/Past Active (NP+VP+NP) showed the big variation in the reports. The Simple Present/Past Active forms denoted to show the discourse functions like the condition of patient, medical procedures and statues.

4.6.3.3. The Present/Past Progressive Active (NP+….+MV+ing+ NP)

The patient complaining of swelling of the leg and face. [118]

The patient sitting with support of the backrest. [119]

The patient following the diet control. [120]

IV fluids flowing 100ml per hour. [121]

The patient vomiting after the medication. [122]

4.6.3.4. The Present/Past Progressive Active (NP+….+not+MV+ing+ NP)

The patient not taking the oral fluids. [123]

The pt not responding the external stimuli. [124]

The patient not following the diet chart. [125]
It was noticed that the progressive forms were very small in number. The Present/Past Progressive Active (NP+….+MV+ing+ NP) and The Present/Past Progressive Active (NP+….+not+MV+ing+ NP) were calculated 107 forms and 112 forms respectively. The progressive forms were written in the nurses’ reports when the doctors came for the causality visits, so that, the physicians could suggest alternative way to complete the procedures or suggest new medical opinion.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Active Voice Forms</th>
<th>No. of Sentences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NP+NP</td>
<td>691</td>
</tr>
<tr>
<td>2</td>
<td>NP+VP+NP</td>
<td>59</td>
</tr>
<tr>
<td>3</td>
<td>NP+….+MV+ing+ NP</td>
<td>107</td>
</tr>
<tr>
<td>4</td>
<td>NP+….+not+MV+ing+ NP</td>
<td>112</td>
</tr>
<tr>
<td>5</td>
<td>Imperatives</td>
<td>219</td>
</tr>
</tbody>
</table>

Table 4.10. The Frequency of Active Voice Occurrences

4.6.4. Nominalisation and the Discourse Function

The use of nominalisation in the reports functioned to dissociate the human participants from the discourse as it is clear from the following examples:

Head elevation. [126]
Nil per oral. [127]
Sever bleeding. [128]
Diagnosis of acquired hemophilia. [129]
Profound bleeding. [130]
Assessment of the check-ups. [131]
No oozing from operated area.  
[132]

Complains of dizziness, fatigue and dyspnea.  
[133]

Teaching of health education.  
[134]

The nominalisations used in the reports were that the transformation was from verb to noun. The process of nominalisation turned verbs (actions or events) into nouns (things and concepts). The forms were no longer describing actions but they were focused on objects or concepts in the reports. The examples from [126] to [134], the verbs *elevate, not eating, bleed, diagnose, assess* and *teach* were nominalised and they became a concept rather than an action. The frequent use of nominalisation was one of the features in the nurses’ reports.

### 4.7. Frequently Appearing Words

The data were also analysed to determine the most frequently appearing words within the reports. This was carried out by using AntConc, a freeware corpus analysis software package. The word frequency analysis resulted 20864 words that appeared in the corpus, with the number of appearances for each word indicated in the results. In the corpus of the reports, the word *patient* was the most frequently occurring word; it appeared 6862 times. The next most frequent word, *the*, appeared 6361 times. The top 15 words from the reports were shown in Table 4.11.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Frequency</th>
<th>Content and Function Word</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6861</td>
<td>Patient</td>
</tr>
<tr>
<td>2</td>
<td>6361</td>
<td>The</td>
</tr>
<tr>
<td>3</td>
<td>4193</td>
<td>Given</td>
</tr>
<tr>
<td>4</td>
<td>3876</td>
<td>Condition</td>
</tr>
<tr>
<td>5</td>
<td>2745</td>
<td>Treatment</td>
</tr>
<tr>
<td>6</td>
<td>2698</td>
<td>Provided</td>
</tr>
<tr>
<td>7</td>
<td>1145</td>
<td>Diet</td>
</tr>
<tr>
<td>8</td>
<td>1123</td>
<td>Done</td>
</tr>
<tr>
<td>9</td>
<td>1086</td>
<td>Complained</td>
</tr>
<tr>
<td>10</td>
<td>983</td>
<td>Maintained</td>
</tr>
<tr>
<td>11</td>
<td>857</td>
<td>Checked and recorded</td>
</tr>
<tr>
<td>12</td>
<td>462</td>
<td>Doctor</td>
</tr>
<tr>
<td>13</td>
<td>389</td>
<td>fluid</td>
</tr>
<tr>
<td>14</td>
<td>224</td>
<td>Taken</td>
</tr>
<tr>
<td>15</td>
<td>217</td>
<td>Prescription</td>
</tr>
</tbody>
</table>

Table 4.11. Twenty Most Frequent Content and Function Words in the Corpus

In text, there were two types of words: content words and function words. Content words carried the meaning in a text; they comprised nouns and verbs. Function words, on the other hand, served to bind the text together, showing the relationships between content words and/or providing clues as to how to interpret the content words within a text. Function words included determiners, auxiliaries and prepositions.

The frequency list by itself was fairly unremarkable; among the 15 most frequent words in the corpus the function words, including determiners (e.g. the) and prepositions
(e.g. in, for, to) also played a remarkable function. This was not an unexpected finding; indeed, it is a typical finding for nearly all corpora. It is estimated that the occurrence of function words in conversational English was as high as 44% - nearly half of the total words. Of these function words in conversation, pronouns were the most frequently appearing function word. Since the reports had the features of spoken, the appearance of determiner in the list of most frequently appearing words in the corpus of nurses’ reports was not surprising. The most frequent occurrence of the determiner tied the referents and reference meaning cohesively in the reports.

The most frequent content word that occurred in the reports in the form of the verb give. The past participle given was the most frequent.

In most cases, a form of give, given was used to inform the oncoming nurse that the patient had or had not been completed the procedures; in the following examples:

Treatment given as per doctor’s prescription

Amoxicillin Inj. to be given.

The next most frequent verbs were provided, complained, done, checked and recorded, maintained and taken in the corpus. The verbs focused mostly the nursing procedures and the care-plans the nurses did in the causality for hospitalised patients. The verbs that appeared with the subjects medication, various medical instrument supply and various charts, in the past and present tense and statement and imperatives, underscoring the findings from the corpus analysis of the reports that the focus of the reports were not looking forward into the future. The future activities were conveyed through the directives.
The most frequent noun in the corpus was *condition*. The concordance for *condition* was always *patient*. The form was used to inform the status of patient to oncoming nurses and doctors that the patient is fair or weak. The next most frequent word was *treatment*, that occurred in the frequency of 2745. The *treatment* generally accompanied with the various injection names, the medical procedures and drugs names. The word *diet* was counted 1145 in the corpus, the word *doctor*, 462, the word *fluid*, 389 and the word *prescription*, 217.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Frequency</th>
<th>Content and Function Word</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>Patient</td>
</tr>
<tr>
<td>2</td>
<td>13</td>
<td>The</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>Given</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>Maintained</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>Condition</td>
</tr>
</tbody>
</table>

Table 4.12. Most Frequent Content and Function Words in a Report

Table 4.12. shows the frequency analysis of a single report written on the disease Dengue Fever. The most frequently words including both content and function words were *patient* (10%), *the* (9.9%), *given* (7.63%), *maintained* (6.10%) and *condition* (2%). There were 131 words in the report on Dengue Fever.

4.8. The Symbols and their Meanings

A symbol is an object that represents, stands for, or suggests an idea, visual image, belief, action, or material entity. Symbols take the form of words, sounds, gestures, or visual images and are used to convey ideas and beliefs. Symbols convey information faster than text. The medical symbols are frequently used in the nursing
reports. The techniques for deciphering the meaning of medical symbols are similar to those used for abbreviations. The symbols are discipline-specific. The goal of nurses' report is to communicate information about the patient's health and care. Symbols, intended to save time and space, are used in the reports. The following Table 4.13. Most Frequently Occurred Symbols in the Corpus:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symbols</th>
<th>Meaning of the Symbols</th>
<th>No. of symbols</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>∆</td>
<td>Diagnosis</td>
<td>89</td>
</tr>
<tr>
<td>2</td>
<td>C</td>
<td>With</td>
<td>75</td>
</tr>
<tr>
<td>3</td>
<td>Θ</td>
<td>Add one point</td>
<td>68</td>
</tr>
<tr>
<td>4</td>
<td>+</td>
<td>Positive</td>
<td>42</td>
</tr>
<tr>
<td>5</td>
<td>®</td>
<td>The right side</td>
<td>23</td>
</tr>
<tr>
<td>6</td>
<td>↑</td>
<td>Increase</td>
<td>16</td>
</tr>
<tr>
<td>7</td>
<td>↓</td>
<td>Decrease</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 4.13. Most Frequently occurred Symbols in the Corpus

The nurses frequently used the symbol ∆ for *diagnosis*. The Delta was computed 89 times by the AntConc Software in the corpus. The next common frequent symbol was C meant *with*. The *cum* is a Latin word which means *with*. It has occurred 75 times in the reports. The symbol mostly came along with disease names and the activity done with something (e.g. wash C water). The Θ symbol used with the IV fluids to add one point of Normal Saline (NS) and Normosol®-r (R). If there are two dots in the circle, the nurses add two points of NS and R. The Θ symbol existed in 68 reports. The positive symbol + occurred 42 times while writing the various medical assessments and tests reports. The right side ® symbol appeared 23 times totally when the operation procedures to be done on the
right side or the left side of the patient’s body. Finally the low frequency symbols Increase ↑ and Decrease ↓ were occurred 16 and 11 times respectively. The symbols used to denote the status of temperature, blood count, pressure, sugar level in blood and volume of pulse.

4.8.1. The Symbols and their Examples

a. The Delta Symbol $\Delta$

$\Delta$: Bronchial Asthma

$\Delta$: Intestinal Obstruction

Patient $\Delta$ with Hyperpyrexia

b. The $\bar{C}$ symbol

$\bar{C}$: patient $\bar{C}$ dehydration

$\bar{C}$: fever $\bar{C}$ seizure disorder

$\bar{C}$: Wash $\bar{C}$ salt water

c. The $\Theta$ symbol

IV fluids NS 10 $\Theta$ on flow

IV fluids RL 5 $\Theta$ on flow

IV fluids on flow RL 10 $\Theta$
4.9. Abbreviations and their Occurrences

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Abbreviations</th>
<th>Expansions</th>
<th>No. of Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pt</td>
<td>Patient</td>
<td>312</td>
</tr>
<tr>
<td>2</td>
<td>Inj.</td>
<td>Injection</td>
<td>253</td>
</tr>
<tr>
<td>3</td>
<td>G C</td>
<td>General Condition</td>
<td>229</td>
</tr>
<tr>
<td>4</td>
<td>Tx</td>
<td>Treatment</td>
<td>167</td>
</tr>
<tr>
<td>5</td>
<td>TPR</td>
<td>Temperature Pulse and Respiration</td>
<td>146</td>
</tr>
<tr>
<td>6</td>
<td>IV</td>
<td>Intravenous</td>
<td>140</td>
</tr>
<tr>
<td>7</td>
<td>I/O</td>
<td>Input and Output</td>
<td>112</td>
</tr>
<tr>
<td>8</td>
<td>T</td>
<td>Tablet</td>
<td>88</td>
</tr>
<tr>
<td>9</td>
<td>c/o</td>
<td>Complained of</td>
<td>73</td>
</tr>
<tr>
<td>10</td>
<td>BP</td>
<td>Blood Pressure</td>
<td>56</td>
</tr>
<tr>
<td>11</td>
<td>O₂</td>
<td>Oxygen</td>
<td>24</td>
</tr>
<tr>
<td>12</td>
<td>OT</td>
<td>Operation Theatre</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 4.14. Abbreviations and their Occurrences in the Corpus

Table 4.14. shows the number of high frequency occurrences of the abbreviations found in the reports. The above table does not illustrate the low frequency abbreviations which occurred below 6. The following important abbreviations were identified from the nurses’ reports: SN-Staff Nurse, P-Pulse, NPO- nil per oral, MRI-magnetic resonance imaging, H/O-History of, BP-Blood Pressure, CBD- catheter bladder drainage, IP-In-Patient, ECG- Electrocardiogram, V/S-Vital Sign, OT-Operation Theatre, CT-Computed Tomography and Vol.-Volume.
4.10. Subject Specific Language Acquisition

This section qualitatively explains the way in which the final year nursing students acquire their discipline specific language forms with the help of observation and informal interviews with the nursing students, staff nurses, tutors and doctors. It is found that within the subject area of nursing, there is a large amount of specific linguistic structures and terminology used to describe the nursing details, techniques and procedures in the clinical settings.

The results show that the students do not know about the structures they use in the reports. They know the meaning and function of those structures which are used for conveying their ideas to other health-care professionals. For them, English language is for their communicative purpose rather than applying all grammatical rules and structures. They acquire it seeing the textual regularities as traces of typified social actions by which the students are experiencing the language with response to recurring situations. The experience provides them useful means of leaning the nurse’s register without undergoing any bottlenecks which usually occur while learning English as a second language.

The students face the problems of learning English as a second language in their classroom environment where they are expected to write the standard language with all grammatical features. Though they had 12 years of English education at school and been taught the Standard English, they still face problems in acquiring it. It is quite interesting to note that the students write the clinical language easily than the language they do in the classroom.

They practically face the recurrent rhetorical situations within discourse communities which share a common communicative purpose. They use, modify and
develop the communicative acts at various clinical events. This functional approach creates the environment extending beyond the regularities of intra-sentential grammar. The situated learning in the casualty can be defined as learning a specific situation or context. The learning method/style used by the students in the functional approach is that of learning for communicative purposes during which the students first observe and then gradually acquire through a set of carefully arranged processes. The nursing students observe the nursing procedures for more than one year and then start to do simple care-plans like dressing, cleaning, etc. During the learning process, their mistakes are corrected by the staff nurses and doctors; sometimes even they have discussions with the class tutors. These processes take more than two years of their nursing programme. Finally, the students become more familiar with the linguistic functions used for various communicative purposes. The acquisition is achieved by the environment built within the specific language form and function. So it can be said that they just acquire the nurse’s register.

In this kind of disciplinary or discipline-specific literacy, the student-nurse acquires the professional skills that a nurse needs to acquire for the practice of nursing community. It involves medical knowledge, dispositions in the clinical environment, linguistic skills and a good rapport between doctors, patients and peer groups. The literacy of nursing theories and procedures involves not only engaging their medical knowledge but also applying the knowledge in the clinical environment.

It is a need to include the clinical specific activity like nurses’ report writing in the curriculum to teach the students the language structure and function found in the nurses’ reports. The literacy-specific teaching would definitely make the report writing very efficient. Many general language teaching courses do not provide the functional
perspectives practically in the second language classroom environment. The functional approach to learning is the best way for the nursing students to acquire the nurse’s register without any hurdles and make them to use the register very effectively and precisely.