

*Lynda Yates, Macquarie University, Australia*

## Abstract

Whether in pursuit of a safer place to live, economic advancement or simply from a desire to travel, increasing numbers of professionals find themselves working outside the cultural settings and using a language in which they did not train. As a country of migration, Australia is home to many such transnationals. Despite high levels of proficiency in English, however, many find that communication at work can be something of a challenge, and that different perspectives on professional roles and identities as well as differences in pragmalinguistic and sociopragmatic assumptions can become invisible barriers to success and progression. In this article I will draw on recent research into the demands of two different professions, childcare and medicine, to consider some of the issues faced by transnationals seeking to master not only the language but also the professional and community cultures underlying talk at work. I argue that language instruction programs designed to prepare new arrivals to enter the workforce should include explicit attention to cultural values based on empirical evidence in order to increase understanding of both how and why people talk the way they do in different working environments.

Keywords: interlanguage pragmatics, cultural values, workplace language, English language teaching, transnationals, migration

## 1. Introduction

Whether in pursuit of personal safety or economic advancement, increasing numbers of adults find themselves working in cultures and languages in which they did not train. As a country of migration, Australia hosts many such transnationals. The 2011 census indicated that nearly a quarter of the population was born overseas (ABS 2012), and migration continues to contribute significantly to population growth (about 60 percent for the year ending March 2013 (DIBP 2014)). Despite this internationalisation, English is still very much the dominant language in social, economic and political life, and language and cultural skills are therefore regarded as a key to settlement success and social inclusion (Burns and Roberts, 2010). Transnationals from language backgrounds other than English, even those with very high levels of proficiency, can find that their communication skills in English are a major and potentially long-term barrier to employment at a level commensurate with their skills, resulting in downward occupational mobility that is both a source of personal frustration and a serious waste of human capital and consequent loss to national productivity (Jackling 2007; Colic-Peisker 2002).

In this article I explore an important but largely invisible aspect of potential communication difficulties at work: the pragmatic understandings underlying communicative expectations in a workplace, how they relate to particular professional values, and how these are expressed through talk at work. My central concern here is the potential for the transfer of pragmatic understandings to contribute to negative impressions at work, both in the short and in the longer term. In order to explore the professional and community values that underpin and drive the linguistic choices that speakers make at work, I draw on empirical studies conducted in two different professions: childcare and medicine.

I will first briefly examine some of the issues for immigrants and other transnationals as they adjust to a new working environment. Focussing on interpersonal talk, I will illustrate how cultural and industry-specific philosophies and values can underpin the patterns of interaction expected in different workplaces. On the basis of this I argue that, treated sensitively, sociopragmatic values are a crucial starting point both for understanding intercultural communication at work, and for developing language curricula and teaching approaches capable of addressing these.

## 2. Cultural values and pragmatics at work

### 2.1. *Impressions at work*

The under-employment of transnationals post-migration can be attributed to many factors other than language proficiency; difficulty with the recognition of qualifications, a lack of local networks, and negative community attitudes (Colic-Peisker 2005, 2009). However, good communication skills clearly play a central role, not only for immigrants, but for all job-seekers. Employers consistently report that good soft skills, including good communication skills, can be more important even than good technical skills, because the latter can be more easily taught on the job (Yates 2008). For transnationals from other languages and backgrounds, language proficiency, or more precisely *communicative* proficiency in English, that is, the knowledge and skills to ‘apply language proficiency to contextualized situations’ (Llurda 2000: 93), can be an important factor in how they manage the impression that others have of them.

Impressions at work, both positive and negative, are often formed very quickly and yet they can play an important role in triggering unfortunate and misleading stereotypes. This

makes it crucial for speakers of other languages to be able to manage the impressions they project through English, and to understand how these align with prevailing professional and institutional cultures in their new workplaces and communities. In this, the pragmalinguistic choices made by speakers and the communicative values that they orient to in interaction can play a vital role (Goffman 1959). When these are at odds with those expected in their new work context, speakers may inadvertently present an impression of themselves that they do not intend (Bilbow 1997: 465).

If, for example, a newly-arrived immigrant is used to workplaces where feedback to juniors is given freely and directly, but finds themselves in a work environment where careful attention to face is expected, their frankness may be seen negatively as aggressive or unnecessarily harsh (Yates and Major 2015). Thus, while grammar, vocabulary and pronunciation difficulties are easily identifiable aspects of proficiency that interfere with communication or mark a speaker as ‘audibly different’ (Miller 2003), pragmatic competence, that is ‘the ability to communicate and interpret intentions in context’ (Fraser 2010: 15) or mastery of what one mystified transnational referred to as ‘the secret rules of speaking’ (Bardovi-Harlig 2001) represents a less visible and therefore potentially more significant source of misunderstanding. While such ‘rules’ are a challenge for all newcomers to any community, the dangers of transfer and thus misunderstanding are greater for those used to very different cultural and communicative values and who are using a language in which they are still developing proficiency.

While many immigrants arrive with, or quickly gain, competence in the areas more traditionally associated with language development such as vocabulary and grammar, pragmatic aspects of language use, such as how direct to be or how or when to show solidarity or deference, can remain elusive and difficult to recognise (and therefore understand) without specific instruction (Takahashi 2010). Moreover, not only does

development in general language proficiency not guarantee development in pragmatic proficiency (Matsumara 2003), it can also lead interlocutors to expect native-like pragmatic behaviour and to misinterpret intentions when this is not the case. In a beginner learner who also has more noticeable difficulties with vocabulary and grammar, pragmatic infelicity, that is, pragmatically inappropriate behaviour, will be more readily seen as related to an incomplete command of the language. A more proficient speaker, however, is likely to have fewer syntactic or lexical errors and therefore less readily understood to be a learner. This means that any pragmatic missteps they make are more likely to be attributed to rudeness rather than associated with their developing competence (Thomas 1983). Advanced speakers are not only expected to ‘get it right’, but they also have more language with which to potentially get it wrong. Even very proficient speakers who have worked in a culture for extended periods may under-use pragmatic devices or remain unsure of the cultural values tacitly oriented to by native speakers (Lundell and Erman 2012; Yates 2005; Yates and Major 2015).

Talk at work can encompass a very broad spectrum of forms and functions, ranging from talk related to a particular profession or institution to anything spoken and written at work. It is commonly understood to include both transactional and relational language since these are so closely intertwined (Schnurr 2013). Moreover, it is often the interpersonal rather than the technical aspects of communication at work that immigrants find they need to learn (Duff et al. 2000; Riddiford and Joe 2010; Yates and Major 2015), for example, the range and subtleties of requests required at work (Vine 2004), the role and nature of humour (Marra 2007; Marra and Holmes 2007), small talk (Holmes 2005), and even expletives (Daly et al. 2004). As early sociolinguistic research has illustrated (Gumperz 1982), the transfer of even apparently insignificant aspects of the way we speak from our first language into the use of another can be the source of miscommunication and lead to negative evaluations by

employers and colleagues. Indeed, employers can find that, while their immigrant employees have the right technical skills for their roles, the more social aspects of workplace communication can cause difficulty (Holmes et al. 2009).

Professional and supervisory roles in particular demand complex communicative skills, including the ability to work in a team, to inspire trust, to get things done efficiently but appropriately. Choices such as deciding on the level of (in)formality to use with different people; how to ask a colleague or a subordinate to do something with an appropriate level of solidarity or deference; or even how to engage in such apparently routine interactions as small talk (Holmes 2005; Yates 2010a) can impact on the impression speakers make and thus on their ability to prosper at work. The consequences of regular pragmatic infelicity such as unexpected directness (Kallia, 2005) or difficulty varying requests according to status (Riddiford and Joe 2010) can have potentially serious short-term and long-term impacts, not only on their language learning, but also on their self-esteem and sense of belonging.

Pragmatic difficulties might arise productively, such as when a speaker's intentions are misunderstood, or receptively, that is, when a speaker misinterprets the intended force of what is said to them. Either way, the consequences for working relationships are likely to be undesirable and can lead to suspicion, distrust and even hostility. Yet such difficulties at work are rarely discussed openly, and thus rarely recognized for what they are. They can therefore fester over time as an unresolved source of friction so that even proficient speakers of English can find a ‘communicative ceiling’ which impacts on their ability to thrive and progress at work.

Research on these micro-aspects of communication at work has largely focused on how language is used in different professions and workplaces rather than on the values underlying them. Thus the “Language in the Workplace Project” in New Zealand has investigated communication styles in a variety of different workplaces (Daly et al 2004;

Holmes 2005; Marra and Holmes 2007; Vine 2004) and how these can be tackled in courses for professional immigrants (Riddiford and Joe 2010; Riddiford and Homes 2015).

Communication in various professional contexts has also been investigated, for example, in medicine (Harvey and Adolphs 2012; Hudak and Maynard 2011) and accounting (Moore and Burns 2008). However, the challenges for newcomers are both linguistic and cultural: they need to understand not only *what* kind of talk might be expected, but also *why* it takes the form that it does, that is, to understand the values that underpin talk at work in different professions and workplaces. Hence the focus of this article.

## *2.2. Linguistic and cultural dimensions*

The sociocultural values that underlie the way that language is used are both general and specific, that is, alongside the general communicative values that speakers orient to in a community, there will also be industry, discipline, institutional and workplace-specific values (Schnurr 2013), and these are all crucial for understanding appropriate and effective communication at work. The values at these different levels will share some characteristics, but may also differ across professions, institutions and specific workplaces. For example, the kinds of doctor-patient interactions expected in a hospital are likely to draw on cultural expectations in the community as a whole, and on those related to the kind of medicine (say, paediatrics vs geriatrics) as well as values related to the institution (in this case a hospital) and the particular hospital department. Thus cultural expectations about what constitutes appropriate communicative behaviour will vary across workplaces, but will also reflect values shared by community members at various levels ranging from the community of practice in a specific department, through the culture of the organisation or institution, and also the socio-cultural values held more generally in the wider community (Schnurr 2013: 92).

The distinction between sociopragmatics and pragmalinguistics offers a useful means of understanding and describing both the sets of values that speakers orient to in a community, and the repertoires of devices and strategies that they draw on in communication (Thomas 1983). Sociopragmatic competence can be defined as the ability to ‘analyse the sociocultural dimensions of social interaction in order to select appropriate forms’ (Holmes and Riddiford 2011: 377). These dimensions constitute the sociopragmatic values that underlie and drive what is generally considered to be appropriate communication in a context, such as when it is appropriate to speak to whom and about which topics, how much deference or familiarity might be expected, how much modesty or self-promotion is appropriate and in which contexts, and so on. Understanding these values is important on a number of levels. Not only do they “inform perceptions of the context and its variables (e.g. age, gender, relationships) which in turn lead to particular communicative choices” (Meier 2003: 77), but they can also impact on how we react to these variables (for example, how the perception that an interlocutor is more senior than ourselves influences the degree of deference we show); what kind of communicative style is appreciated in a particular context (for example, when humour or informality may be appropriate); how we read signals (for example, whether a lack of reactive tokens means attention or inattention); and so on.

Pragmalinguistic resources are the linguistic items or devices that speakers have at their disposal in any language to signal the pragmatic force of their intentions, that is, the items that they can use to show deference or formality, or to soften requests and criticism. Thus, in English, syntactic complexity is routinely used to soften requests (as in ‘can you please stand up’ or ‘if you could please stand up’). Similarly, English speakers may show familiarity through the use of terms of endearment or nicknames, or deference through the use of titles. Language learners need to understand both the sociopragmatics of a situation and the pragmalinguistic resources they can use to successfully convey their intentions in that

situation. Pragmalinguistic competence, then, is essentially linguistic and involves knowledge of conventionalized language usages (Holmes and Riddiford 2011).

As interlanguage pragmatics research has clearly demonstrated, however, the issue for transnational speakers of English is that languages offer different pragmalinguistic resources for mapping force onto form, and the sociopragmatic values underpinning their use varies across cultures (Trosborg 2010; Yates 2010b). Thus not all languages use syntactic complexity in the same way or to the same extent to soften requests, and cultures vary in the extent to which deference or informality are expected in different situations. Since we are all socialised into the ways in which a community uses language at a young age, unless learners are given specific, targeted assistance to understand how these sociopragmatic and pragmalinguistic aspects of language use may be different from those they grew up with, they are likely to transfer them, at least in part, into the way they use English (Kasper 1992).

However, cultural values are slippery and contentious to both investigate and teach (Piller 2011; Spencer-Oatey and Franklin 2009) and have, perhaps for this reason, received relatively less attention in the interlanguage literature (Meier 2003, 2010; Yates 2010b). However, provided it is carefully dissociated from stereotypes and treated appropriately as inherently dynamic and variable across time, place and social status, culture is a vital component of context-sensitive approaches to teaching that can offer learners crucial insight into the interpretation and production of meaning in a context (Ishihara and Cohen 2010; Liddicoat and Scarino 2013). There are, of course, challenges in doing this, but a first step is to understand more about how cultural values are reflected in the linguistic choices that speakers make, and how these vary according to context. My goal in drawing on the two studies reported here is to elucidate how the cultural values associated with a profession are reflected in the way that language is used in professional contexts.

### *2.3. Learning about pragmatics*

Since simply living in a country does not necessarily guarantee rich opportunities for interaction (Yates 2011) or exposure to the range of interactive moves and activities that transnationals will need in their daily life (Bardovi-Harlig and Hartford 1993), it is vital that issues of sociopragmatics and pragmalinguistics are addressed explicitly through instruction. Even where there is regular access to interactions that provide clear models of interpersonal communication in a community, it is by no means clear that the pragmalinguistic conventions or the sociopragmatic values underpinning them will be noticed (in the language acquisition sense of Schmidt 1990), or their importance in daily interactions fully understood (Lundell and Erman 2012). It is also clear from the literature, in contrast, that pragmatic aspects of language use can be taught (Bardovi-Harlig 2001; Rose 2005; Riddiford and Joe 2010).

However, the extent to which a transnational embraces the communicative values and pragmatic behaviours espoused by members of their new community must always be a matter of personal choice (Ishihara and Cohen 2010). Since they have not grown up in that community, they cannot and will not be regarded as ‘native’ to it. They therefore need to find ways of communicating that are appropriate but which suit their individual sense of identity. The teaching and learning of pragmatics cannot, therefore, be prescriptive. Rather, the goal of instruction should be helping transnationals to understand the cultural underpinnings of communication in a new environment and how intentions are expressed so that they can decide for themselves what their ‘third way’ might look like (Kramsch 1993).

This suggests a potentially important role for instruction in helping transnationals to understand the range of verbal and non-verbal behaviours they may find in the workplace, and how these may differ from their previous experiences of talk at work. Such behaviours include small talk (Clyne 1994; Yates and Major 2015), topic choice (Holmes 2005), listening behaviours (Deng 2008), the formulation of speech acts (Gass and Ne 2006; Yates

2005, 2010b), the way speakers contextualise what they want to say (Gumperz 1982), the use of discourse markers (Fuller 2003; Vanda 2007), and the role and nature of informal language (Dahm and Yates 2013; Newton 2004).

However, not only are language courses for higher proficiency immigrant learners often lacking (Piller et al. 2012), but, where they exist, there is also often little explicit focus on pragmatics (Derwing and Waugh 2012; but see de Bres 2009). Pragmatic aspects of language use, such as how to soften requests or refusals, rarely feature on teacher training programs and so remain little understood by language teachers, who often feel underprepared and lack appropriate materials (Diepenbroek and Derwing 2013; Yates and Wigglesworth 2005; but see Riddiford and Holmes 2015; Yates and Major 2015). They can also be reluctant to tackle areas of communication that appear to relate to deeply held personal values of right and wrong for fear of causing offence or falling into the trap of perpetuating cultural stereotypes. Therefore, English language instruction needs to be responsive to the competing discourses (Baxter 2002) and hybridity, diversity and dynamism of our contemporary multicultural society (Burns and Roberts 2010), but also focussed on the skills and knowledge that transnationals need. This article contributes to this goal by drawing on two empirical studies designed to explore how sociopragmatic values in different communities and workplaces are played out pragmalinguistically in two different work settings: childcare and medicine.

### 3. Some empirical evidence

The studies described below both investigate how professionals interact in their workplace. In the first, naturally-occurring workplace data were collected using pen and paper. In the second, simulated workplace interactions were video-recorded using role-plays performed by

medical professionals in interaction with experienced medical role-play actors, one of whom was also a nurse. The data were then analysed for the use of pragmalinguistic resources and evidence of underlying sociopragmatic motivations, using a range of tools drawn from interlanguage pragmatics and interactional sociolinguistics.

### *3.1. Study 1: Language of childcare<sup>1</sup>*

As Münchow argues (this volume, 2011), perspectives on approaches to childcare and therefore on what is considered to be good childcare practice vary across cultures, and this variation is also reflected in the way in which childcare workers are expected to talk to children. The aims of this study were to understand how early childhood teachers regulated and directed children's behaviour in a childcare setting, and uncover some of the cultural assumptions that underlie them. The concrete objective was to develop language teaching materials for immigrants to Australia who were preparing to study for a vocational training certificate in childcare. Studies of talk to young children have illustrated how recurrent patterns of interaction in everyday activities are an important means of socialising youngsters into the values and practices of a community (He 2000) and reflect important cultural values that underpin the way teachers talk, such as, for example, the importance of attending to the feelings of others (Moore 2013).

In this collaborative action research project (Burns 2010), I worked with teachers on the Adult English Migrant program,<sup>2</sup> the national on-arrival English language program for adult immigrants, who were preparing their learners to take up a career pathway in Childcare. This option was popular but teachers had noticed that some of their students tended to be very direct when they gave instructions, and that many came from cultures with very different approaches to childcare. They were therefore keen to provide evidence-based instruction that

would help them to understand both approaches to childcare in Australia and how this impacted on the way in which childcare workers interacted with children.

In an initial series of workshops with the teachers, we worked together on the principles and practice of action research, the nature of speech acts and language functions, and techniques for observing and recording language use in an authentic setting. The teachers then spent some time observing and collecting samples of language practices, and in particular the language used to regulate behaviour, in various childcare centres in Melbourne.

Analysis of these observations focussed on the wide range of forms and formulations used to direct child behaviour, that is, on the directive speech act and on the philosophy of childcare that might underpin them. Using the frameworks and coding frameworks modified from early interlanguage speech act research, each directive was analysed for the directness of the head act, and how it was modified lexically, syntactically and propositionally, that is, what words were added or chosen to express the act, how it was expressed syntactically and what additional moves were used to mitigate its force. For a full description of coding categories, see Yates (2005).

We found a wide variety of ways in which behaviour was regulated by the teachers, and were struck by the way in which positive reinforcement and shared rules and routines were used to avoid bald directives, as the following excerpt illustrates.

#### Excerpt 1

- 1 W3: We're going to go outside now, so if everyone would like to turn around and
- 2 face me. Who remembers how to put on sunscreen? (*children chorus with*
- 3 *responses*) We put on a little here, a bit on our cheek, and a bit on our forehead.
- 4 And we rub it all in. Remember to close your eyes. I've got the mirror to check if
- 5 we've rubbed it all in.

6 Ch3: I can do this.

7 W3: You can do yours. Did you rub it all in? (*holding up the mirror*) Put some

8 here. Look at your face and see if you can see any white cream.

9 Ch3: Yes

10 W3: You need to rub it in. Well done A. What's that on your forehead, P? Can you

11 rub it in please? Well done, good job everyone. You've got much better at doing

12 that.

As illustrated in Excerpt 1, teachers' directives were extensively softened in a range of ways, including syntactic and lexical modification (lines 1, 10-11: *so if everyone would like to turn around; Can you rub it in please?*), They were also often accompanied by explanations (line 1: *we're going to go outside now*), which, together with the frequent use of the inclusive pronoun 'we' (lines 1, 3, 4), the liberal use of praise and encouragement (lines 11-12: *Well done, good job everyone. You've got much better at doing that*), and explicit reference to past activity (line 2: *Who remembers how to put on sunscreen?*), served to reinforce shared values, social inclusion and mutual responsibility. It was also clear that teachers made explicit reference to shared rules and routines as a means of regulating behaviour without resorting to the imperative. As illustrated by the examples shown in Table 1, these included reference to norms that had been established previously (*What voices do we use inside?; Inside feet!*). The difference between '*using hands*' and '*using voice*'), mitigation of requests using suggestion formulae (*Do you want to...; How about we...*), and questioning rather than direction (*sitting up nicely?*)

Table 1

Intention	Realisation
Be quiet	OK. Excuse me, that's a bit loud. What voices do we use inside?
Sit quietly	Sitting up nicely? Bottoms on floor? Legs crossed? I'm waiting for....L. L, can you sit on your bottom?
Help clear up	Show me what a big helper you can be.
Wash hands	Do you want to go and wash your hands?
Stop fighting	You don't need to use your hands, just use your voice.
Don't run	Inside feet!
Don't cycle on that side	How about we use this side of the track to go this way and this side of the track to go that way (pointing to indicate direction). Good plan?

From such directive and other behaviours observed in the childcare centres and our ethnographic understanding of the context in which they were collected, it was possible to do some ‘backwards engineering’ to establish some principles of childcare that appeared to drive their use. Thus mutual respect or ‘attention to other’ (Moore 2013) was being encouraged through the use of routines such as ‘magic words’ (i.e. *please* and *thank you*) and ‘saying sorry’. The use of inclusive ‘we’ and reference to other behaviours such as hugs and ‘joining in’ also served to stress the value of inclusion and respect for others. The difference that context made to expectations of behaviour was also very much emphasised, and this provided a face-saving way of regulating behaviour by reference to the location (*Inside feet!*) that avoided direct reference to either the prohibited action or its perpetrator. In addition, it was also clear that explanations and descriptions were used to provide context for directives so

that the reasons for them were explicit. Table 2 summarises some of the routines and formulae observed and suggests the cultural values that underpin their use.

Table 2

Formulae/ routines	Values
‘Magic words’ ‘Saying sorry’ ‘Nice actions’	Mutual respect
Inside vs. outside Bed etiquette Book corner	Different behaviour appropriate in different contexts
Hugs Joining in	Inclusion
Elicit wherever possible Explain why something is necessary Talk about what is happening	Interactivity

As shown in Table 2, for the contexts explored in this study, the fundamental sociopragmatic values underlying the approach to childcare seemed to include a strong orientation to inclusion, mutual respect, and a focus on helping the developing child to understand what is required in different contexts. One of the implications of these for the language of childcare is that directives are less likely to look like commands, that is, to use the bald imperative. Those charged with the care of children will be expected, therefore, to

gain compliance wherever possible through a range of acts which may or may not also be realised by an explicit request form. These include the use of encouragement and praise for positive behaviour rather than punishment for bad behaviour, the building of self-esteem, and reference to shared rules with clear explanations as a way of helping children to understand their mutual responsibilities.

Language classes designed to prepare learners for a career in childcare might therefore draw on these findings to highlight how both the pragmalinguistic forms found in this context and the sociopragmatic values related to philosophies of childcare vary. For example, reflection on the degree of authoritarianism that is (or is not) appropriate and the role of modelling behaviours can lead to exploration of how and why directives may be formulated indirectly, that is, how direct orders may be avoided, or how questions and suggestions can be used as reminders about shared rules, and other syntactic and lexical means of mitigation.

However, although the findings of this study have immediate practical application as pragmalinguistic models in language instruction materials, their real value lies in providing an example of how learners might themselves investigate the way in which pragmalinguistic forms relate to both industry-specific and community-wide sociopragmatic values in particular settings. In this way, we can help immigrants understand that language forms are motivated by particular shared ways of thinking. Equipped with explicit examples of this general principle at work, they can be empowered to not only formulate directives that are appropriate to context, but also to make use of this more general understanding of how cultural values impact language use. Using the tools they have learned along the way, they will be able to explore and understand for themselves the relationship between the pragmalinguistic forms used in any context and the sociopragmatic values that underpin them.

### *3.2. Study2<sup>3</sup>: The language of patient-centred care*

The motivation for this study came from the desire to provide an evidence base to inform medical communications training, and in particular training designed to assist internationally-trained medical graduates (IMGs) who had qualified in another language and culture but were seeking registration in Australia. Previous studies have suggested that IMGs may have particular difficulties with what Pilotto et al. (2007) have called the ‘more subtle’ aspects of medical talk. As noted above, even though they may have been resident in the community for a number of years, IMGs may not necessarily have a nuanced understanding of either the general communicative culture in Australia, or of how doctor-patient care is enacted within the patient-centred approaches to health care espoused in Australia.

Research has shown that a patient-centred approach to health care encourages closer doctor-patient relationships, and thus greater patient compliance and better health outcomes (Stewart et al. 2003). It typically involves a focus on the whole person’s experience of a condition and thus a personal as opposed to a merely medical focus. Within such approaches, therefore, doctors are expected to elicit a patient’s perspective, encourage them to give a full account of their circumstances, and demonstrate empathy for their situation. This involves the ability to pick up on and respond appropriately to ‘empathic opportunities’, rather than simply parroting empathic formulae at relevant junctures (Roberts et al. 2003). Patients are expected to participate actively in shared decision-making on matters of disease management, and doctors have the responsibility to make a full disclosure of the risks relevant to any proposed procedure, test results or ultimate prognosis. A reduction in doctor–patient social distance and informality are encouraged as a means of facilitating such free and frank exchanges (Tipton 2005).

Those IMGs who have trained in medical cultures where doctors typically take a more authoritarian and distant stance in relation to their patients may find it difficult to make the

transition to a patient-centred approach and to work out exactly how to reduce social distance in this context (Hall et al. 2004). They may find it confusing to understand exactly how they can modify the way they talk in ways that are more patient-centred – exactly how they can signal greater approachability, come across as friendly, and show empathy and reassurance in ways that are not formulaic. Moreover, these difficulties could be both sociopragmatic and/or pragmalinguistic in nature. On a sociopragmatic level, they may have difficulty understanding the values underlying a patient-centred approach, so that they may not be confident of how informal they are expected to be or how much interpersonal talk is appropriate. On a pragmalinguistic level, they may not be aware of exactly how to express what they want to say in ways that will be perceived as friendly and approachable.

Dahm and Yates (2013) survey the literature, where a range of behaviours have been associated with impressions of approachability, including the use of appropriate greetings and introductions and familiar naming; informality of language and tenor of interpersonal relations; appropriate use of mitigation including vague language and hedges; appropriately tailored explanations; non-rote-learned displays of empathy, including the ability to pick up on patients' cues in order to explore and acknowledge their perspective; and the use of interpersonal strategies such as small talk, interpersonal side sequences, and personal disclosure. In order to explore these areas of language use, naturally-occurring and interactional role-play data were collected from qualified medical practitioners in two studies briefly described below.

Data were collected from two role-play scenarios devised for this purpose in consultation with medical educators and conducted in specialist simulation facilities set up to look like hospital rooms. Four experienced Native English Speaker (NES)<sup>5</sup> medical professionals

practising in a large public hospital in Australia and three IMGs who had not practised in Australia (see Table 3 for details) were invited to play the role of a doctor who had just come on duty in an Emergency Department of a large hospital. The two scenarios involved a young patient, Aaron, who had broken his leg and had an adverse reaction to the preparation he was administered for a CT scan. Of particular relevance here is the second scenario in which the doctor meets with the young patient's grandfather, Jim, who had accompanied him to hospital but who was as yet unaware of what had happened. The doctor was instructed to explain the situation to Jim, who was rehearsed in his role as a concerned relative and played by an actor experienced in medical role plays. The interactions were video- and audio-recorded. As we were interested in exploring the performances of medical practitioners and the perspectives on those performances from within the medical world, we invited an experienced surgeon to observe and review them and make detailed notes of his impressions before they were transcribed for linguistic analysis (Dahm & Yates 2013).

Table 3

Pseudonym (gender)	Region of origin	Medical specialty	Years of practical experience
Ali (male)	Southern Asia	Respiratory Medicine	10+
Bron (male)	South Eastern Europe	General Medicine	None
Fara (female)	Central Asia	Internal Medicine	10+
Anne (female)	Australia	Intensive Care	10+
Lynne (female)	Australia	Nurse, medical educator	10+
Nina (female)	Australia	Internship Emergency	2+
Rebecca (female)	Australia	General Medicine	5+

A data-driven analysis drawing on a range of techniques from interlanguage pragmatics and discourse analysis (Harvey & Adolphs 2012) was used to explore the use of

relevant pragmalinguistic features and their potential relationship with sociocultural features.

The focus of the analysis was on the features associated with the building and maintenance of rapport as discussed above.

On first viewing, the performance of one IMG in particular, Fara, was judged negatively by the surgeon, who commented that he felt that she had ‘aggressive pronunciation’. On a second viewing, however, he revised his opinion of her performance overall, and wrote ‘*On second look she does a good and importantly, a safe, job.*’ While, given their prevalence in the medical profession, racism and sexism cannot be discounted as factors the initial negative judgement (ABC news report Mar. 2105; Aneez 2004), the fact that none of the four female NES doctors nor the two other (male) IMGs were judged similarly, suggests that other factors may be in play.

Linguistic analysis revealed that while there were certainly difficulties with her pronunciation that may have contributed to this negative impression (Yates 2014) and also inaccuracies in her use of grammar, such as, for example, of personal pronouns when referring to the patient. There were also aspects of her pragmatic performance that may have influenced this perception of her as ‘aggressive’. While Fara and the other IMGs made efforts to show empathy and build rapport by other means (for example, by direct statements of concern or reassurance), their use of many of the other approachability features was more limited. In particular, Fara tended to use more formality (formal naming, formal language, medical terminology, and explanations that were less well-tailored to a non-expert audience). This may have been because she had learned technical terms in English but had not yet acquired their more colloquial translations. She also used a more limited range of softeners and vague language. Some IMGs also had difficulty with greetings and forms of address.

The NES Australian-trained participants, on the other hand, made use of a range of strategies that reduced social distance with the grandfather. Thus, for example, they all

greeted and introduced themselves to Jim using their first names, and also specified their role. However, two of the three IMG doctors had some difficulty with this apparently very straightforward aspect of the interaction. Ali used title plus first name for both himself (Dr. Ali) and the grandfather (Mr. Jim), which is unusual in an Australian context, and Fara failed to provide any introduction until Jim prompted her (see excerpt 3).

### Excerpt 3

1. Fara: = Yeah. Do you want to sit down?
2. Jim: Please ( )
3. Fara: (Sit here) you can sit because we can talk uh, comfortably
4. Jim: Uhm
5. Fara: Okay.
6. Jim: Sorry, I'm Jim:
7. Fara: Yes uh Nice to meet you
8. Jim: Nice to meet you. Um, well, yes he's got a broken leg, [...]

Although it is clear from other aspects of her performance such as her invitation to sit (line 3) that she was concerned to make Jim feel comfortable, Jim has to start the introductions (line 6), and even then Fara does not provide her name or role, and this provides an uncomfortable start to their interaction. This difficulty is clearly not purely linguistic, since greeting and introduction forms are not complex, and while the role-play situation may have unsettled her, she may also have not fully appreciated the importance of such moves in setting a relaxed tone in a patient-centred encounter.

Like the surgeon in study 2, the NES used more familiar reference terms when discussing the patient, Aaron, and more informal and lay language in their explanations to Jim about his condition. Thus, for example, Anne referred to the patient using diminutives (e.g. '*little Aaron*') and praised him to his grandfather, describing him as '*a wonderful boy*' who has '*been a real trooper*' despite his pain. Nina explained that '*An operation is on the cards*', and Rebecca referred to the current stage of diagnosis as '*sorting out where you know, what what's the damage that it's been done*'. There was a noticeable difference, too, in their use of hedges. The NES used a wider range more frequently to soften the impact of their medical descriptions. For example, Lynne described Aaron as being '*a little bit upset initially*' and having '*a little bit of breathing difficulty*'.

They also tended to use a wider range of strategies to offer empathy, including both direct empathic statements such as '*The first thing to say is Aaron is fine*' (Anne) and '*I understand that you're really worried that's really understandable as well*' (Nina), and indirect empathic moves. These included personal small talk about the patient's feelings and situation such as '*Yeah, exactly and I think he'd like to see his grandfather, a nice friendly face*' (Nina), and '*Yep, yeah. Can I, can I just say that I, I'm aware that your, your daughter and son; Aaron's parents aren't here at the moment*' (Anne), as well as encouragement: '*it's quite promising that the initial scan was was clear*' (Anne).

Fara, in contrast, missed opportunities to pick up on areas of Jim's concern, and used less hedging, a more restricted range of softeners, and more formal medical terms in her explanations (see Excerpt 4).

#### Excerpt 4

Fara: Fortunately, *uh, uh, uh, uh* I saw the CT scan and the CT scan is normal and there is no (haemorrhage) no any *uh, uh, uh* oedema, nothing and the *uh, uh* head, the head is okay and also

She also relied on a narrow range of direct statements of reassurance such as '*Try not to worry too much*' to show empathy, and, in fact, repeats the phrase '*he is okay*' four times in an effort to be reassuring. However, this kind of repetition in which doctors draw on a very limited set of empathic expressions and formulaic phrases can be interpreted as detachment, be perceived as insincere and may effectively 'shut down' further exploration of patients' feelings (Dahm 2011; O'Grady 2011). Thus although she was undoubtedly making an effort to show empathy, she showed some of the features of a 'retractive communication style' (Roberts et al. 2003: 195), that is, one characterised by a strong focus on the medical agenda, tokenistic empathic responses, and explanations that were insufficiently tailored to a lay audience.

#### 4. Conclusion

In this article I have argued that, despite the challenges of working with notions of culture both conceptually and operationally, we cannot afford to ignore its impact on sociopragmatic expectations and pragmalinguistic behaviour, and thus its importance for transnationals seeking to be in control of the impression that others form of them in the workplace. While we certainly need to embrace the emergent and constructed dimensions of culture and guard against objectification and oversimplification, this should not entail a rejection of its powerful role in providing a largely invisible framework within which communities produce, reproduce and interpret meaning. As I have illustrated above, speakers also bring with them

to every interaction cultural values and pragmalinguistic habits that bear the imprint of their workplace, professional and community experiences in the form of often unexplored assumptions about what is important about communication and what constitutes appropriate communication in different contexts.

Immigrants and other transnationals cannot afford to ignore this reality. It is also unrealistic to expect that language programs can cater for every newcomer's career pathway at every level of proficiency. More practical is an approach to the teaching and learning of pragmatics that seeks to develop in learners the skills they need to explore the sociopragmatic and pragmalingusitic territory of their working landscapes for themselves, a kind of language and communication detective work. According to this approach, learners are encouraged to understand their own sociopragmatic motivations so that they can recognize those of others and then to investigate different contexts for themselves through a process of 'data collection', comparison with their own perspectives, and reflection.

The aim of such an approach is to provide heuristic tools, not rules or formulae that must be applied in particular situations. Since uptake in pragmatic learning must remain a matter of personal choice, the role of pragmatic instruction is to help adult immigrants and other newcomers to be able to identify how cultural values play out in interaction so that they can decide for themselves how they wish to negotiate their new identity in the workplace. Indeed, although my focus here has been on immigrant professionals, they themselves can use the same tools to help NES colleagues understand the impression they may make on clients or colleagues from other language backgrounds and how this can be managed more successfully. In our increasingly multicultural workplaces, an understanding of the impact of cultural values on interaction and how these are reflected in the way we speak will be a crucial skill for professionals, whatever their background.

## Notes

<sup>1</sup> Thanks to Linda Achren and the teachers from AMES Vic who collaborated in this study.

<sup>2</sup> Eligible immigrants to Australia whose English is assessed as below basic functional level are entitled to 510 hours of English language instruction on this program.

<sup>3</sup> Thanks to Maria Dahm, Beth Zielinski, Agnes Terraschke, Peter Roger and John Cartmill who collaborated in this study.

<sup>4</sup> Operationalised as having gone to secondary school and trained in Australia.

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