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Interactional Patterns of the Hospital Teacher's Classes

Theses of the PhD Dissertation
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Hospital teachers' situation is very special. They are to work under special conditions constantly adapting themselves (...) Only individuals with a high degree of understanding, empathy and excellent receptors can become good hospital teachers.

We, the staff of the Department of Pediatrics at the University of Pécs are lucky to work together with such hospital teachers. (children's neurologist Katalin Hollódy, MD, associate professor).

Source: <http://www.pecsikorhaziskola.hu>

1. Introduction

In line with an action plan launched in Lisbon in 2002 (Mihály, 2002) concerning further training and development of teachers, and also with new advances in spoken language research in Hungary the observation and analysis of effective teachers' communication has gained more and more importance recently (1999, 2005; Antalné 2005; Boronkai 2009, 2010, 2012; Iványi 1996). In a paper Ms Albertné raises the necessity of obtaining data concerning interaction in non-frontally organized classroom activities (Albertné 2005).

The present research is meant as an attempt to contribute to filling in this gap by focusing on non-frontally organized hospital classes, using the method of conversation analysis. The thesis presents the institution and the characteristics of the interaction between student and teacher comparing them to those of traditional classroom settings.

The analysis is underpinned by functional-cognitive linguistic conversation analysis, which has developed from ethnomethodological conversation analysis; its methods can equally be used for analyzing everyday conversation and institutional interaction.

Earlier spoken language research focused on linguistic structure, until later on the demand for adding the communicative aspect appeared. Conversation analysis rejects theories and explanations outside the interaction (ten Have, 2005), it is meant to investigate into conversation and its inner characteristics. It assumes that spoken language use is governed by certain rules which appear as traits of conversations (Deppermann 1999). These regularities are put in the forefront of investigations.

The conversation analyst concentrates on the methods and tools the participants of the interaction use to establish order in conversation, also a prerequisite of social order (Schegloff 1979).

Conversation analysis has been used by Hungarian researchers as a methodological framework for analyzing various types of conversations including linguistic and stylistic analyses of spoken language texts and attorney interrogations (Hámori 2006a, 2006b.), spontaneous conversations and drama dialogues (Boronkai 2010), and also classroom activities (Albertné 1999).

2. Hypotheses

In the present dissertation the following hypotheses are investigated:

1. The interaction pattern of personalized hospital classes are identical to that observed in everyday conversation.
2. In the interaction pattern of hospital classes institutional elements appear.
3. In the ill child – hospital teacher interaction turn taking is always initiated by the hospital teacher.
4. The overwhelming majority of overlapping utterances concern the subject matter.
5. Teacher's dominance in hospital classes is unquestionable.
6. In hospital schools ill-child – hospital teacher interactions serve the effective acquisition of the subject matter exclusively.

3. Material and Method

3.1. Pécs Hospital School

Pécs Hospital School was established using the model of Tübingen Hospital School on 1 March, 2000. Ill children's right for education is regulated in section 4 (t) of the Bill of CXC of 2011.

Two types of education are available, one is for students requiring long periods of hospitalization, primarily in the Pediatric Oncology and Neuropsychiatry units, while the other type is meant to offer on-going support to those spending shorter periods in hospital, e.g. to receive surgical treatment or dialysis.

3.2. *The corpus*

Recordings serving as the basis for the empirical research were made at the Department of Pediatrics of the Clinical Centre of Pécs between 2009 and 2013. Biology and geography classes were conducted by a hospital teacher. Seven classes of 3 children were recorded. The length of the classes ranged between 19 and 43 minutes, depending on the health status of the children. Recordings were made with the permission of the Ethical Committee of the Faculty of General Medicine at the University of Pécs after the parents signed informed consent.

Guided sampling was used to select one of the recorded classes of each child for the purposes of quantitative analysis. In the three classes selected 237 turns of the hospital teacher, 312 turns of the ill children and 187 turns of simultaneous speech were investigated. The examples were selected from the whole study corpus of 25741 words.

3.3. *The arrangement of the material: categories*

The analyses of the hospital teacher's turns covered the topics, speech acts, simultaneous utterances and deixis. Deixis is a concept of pragmatics, whereby the interpretation of the relationship of an entity and a pronoun is determined by the actual context (Boronkai 2010).

Deixes were classified according to the categories they concerned. In the corpus deixes concerning individuals, time, space and the ill children's health status were identified.

The ill child's turns were classified according to their topics and type (self- and other initiated turns).

When the ill child was selected by the hospital teacher, i.e. other-initiated turn took place, the way of selection was also investigated.

The investigation of simultaneous speech was carried out from three aspects: length, function and topic.

3.4. The method of quantitative analysis

The quantitative analysis was carried out using the Folker 1.2. transcribing software (Schmidt – Schütte 2011). The Folker 1.2. is a Windows 7-based program which allows for creating special XML format transcripts of spoken language texts. Quantification based on the software was followed by statistical analysis, tables and figures were created using IBM SPSS 20 software, the ratios were compared by means of binominal probe.

3.5. The methods of qualitative analysis

Qualitative analysis concentrated on speech as a process. This part of speech analysis is full of extracts, it is meant to illustrate the sequences, the structure of turns and the cycles of the hospital teacher's class.

4. Results

4.1. Quantitative analysis of the hospital teacher's classes

4.1.1. The hospital teacher's turns

The topic of the hospital teacher's longest turns concerned conveying the subject matter and providing confirmation. The topic of each of the 38 – 297 second long turn concerned the subject matter.

Significance test concerning changes of topics showed that the ratio of hospital teacher's turns without changing the topic was significantly higher ($p < 0,001$).

The most frequently occurring hospital teacher's speech act was the indicative utterance.

Combined speech act categories, indicative and interrogative (24,2-25-9%), and indicative and imperative (18.5%) showed a relatively high incidence.

Significance tests also indicated that teacher's turns containing simultaneous speech were significantly more frequent ($p=0.27$).

The incidence of deictic phrases was 59.1% in all hospital teachers' turns, which most frequently concerned the present and the present and past time combined. The ratio of teacher's deictic turns concerning space was 27.8%, while those concerning the ill child's health status was 5.1%.

The most frequently occurring deictic phrases, (35 of 96) concerning space were those concerning the hospital school. The joint study of space and time deixes showed that 60 % of the deictic phrases concerning the past exclusively were related to the hospital school.

In deictic phrases with reference to the present and future time combined both the hospital school and the child's own school appeared in 33.3% of both the hospital teacher's and student's turns.

4.1.2. The ill child's turns

The topic of the ill child's longest terms concerned the subject matter. The simultaneous presence of personal remarks and the subject matter was also common.

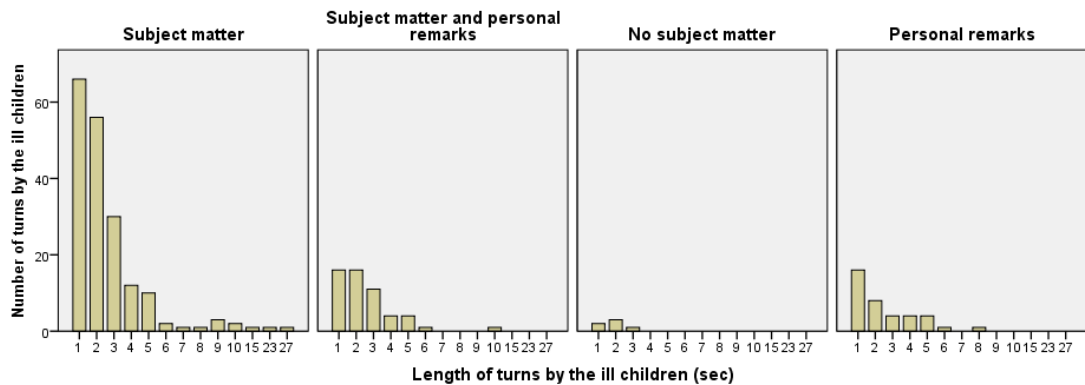


Figure 1 Relationship between content and length of the ill children's turns

In the 312 ill children's turns 147 was self-initiated and 155 other initiated. In 10 cases the type of turn allocation could not be determined. Further investigations concerned other-initiated turns.

Other-initiated turns used by the hospital teacher included teacher's question (61.3%), teacher making pauses to allocate the right to speak (22.6%), teacher using imperative (10%). Further investigations concerned ill children's self-initiated turns.

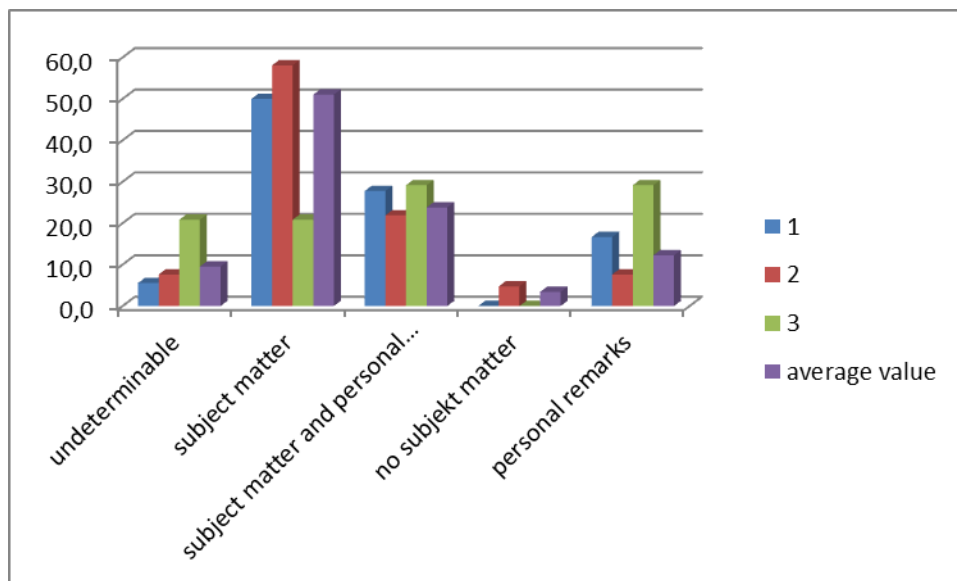


Figure 2 Topic of ill children's self-initiated turns

As a rule this latter kind of turn concerned the subject matter (51%) and the combination of the subject matter and personal remarks (23.8%)

4.1.3 Simultaneous speech

Because of their high incidence, overlaps in the turns were also the target of investigations. The topic of simultaneous speech was the subject matter in 145 of 187 cases, while in 39 cases personal remarks were made and only in 3 cases did they concern the recording of the class, at the beginning and at the end of the classes. The ratio of student initiated simultaneous speech was 33.7% while the teacher-initiated simultaneous speech concerned confirmation for the student.

4.2 Qualitative analysis of the hospital teacher's classes

4.2.1 Sequences in the hospital teacher's class

Characteristic building blocks of the hospital teacher's class were two-turn sequences, which in several cases came one after the other. The characteristic features of the question – answer sequences in these special classes included the student's answering the question within the teacher's turn either by finishing or completing the teacher's utterance.

In question-answer paired sequences instances when the hospital teacher answers the ill child's question can be found.

It also happened in the hospital class that the ill child completed the teacher's utterance.

In several cases the complementation made by the student was confirmed by the teacher repeating the student's words.

4.2.2 The way of turn allocation

For the description of the interactional pattern a decisive factor was the fact that in the classes investigated turn taking took place by other initiated and self-initiated ways.

In the hospital teacher's class, similarly to the conventional class, the teacher required the student to answer a question or used imperative, i.e. other-initiated turns were used. The student immediately reacted to both types of speech acts.

In the hospital school class the ill child took the turn, i.e. he used self-initiated turn, where the teacher answered the question or interrupted the class by adding something relevant. The fact that the ill child initiated a turn modified the process of the classroom activity, but did not change it, the hospital teacher reacted to the child's contribution and corrected it.

4.2.3 The realization of the cyclical pattern in the hospital classes.

Recurrent episodes in the hospital teacher's class primarily concerned the recording of the class, reference to the previous class' subject matter and the summary of the subject matter of currently going class. In several classes towards the end of the class the hospital teacher enquired about the student's wellbeing and also made reference to the subject matter of the following class.

5. Discussion

5.1. Features of the hospital class in common with everyday conversation

The hospital teacher deals with one child at a time, so this class has a lot more in common with everyday conversation than with conventional classes, where the teacher communicates with the whole classroom.

In the classes investigated in the present study, similarly to everyday conversation, each participant makes utterances.

Keeping to the topic, i.e. insisting on proceeding with the subject matter is a requirement, therefore the class is linear, however, there can be some

detours. Samples included in the qualitative analysis support the idea that in personalized hospital classes the student also takes detours, which means that both parties may step out of the traditional classroom framework.

The samples also indicated that besides the question – answer paired sequences the incidence of adjacency pairs is also varied, similarly to that in everyday conversations.

The quantitative analysis of turn takings and the qualitative examples suggest that both the hospital teacher and the ill child may choose both self-initiated and other initiated turns, another characteristic feature of turn taking conventions in everyday conversations.

Simultaneous speeches (overlapping utterances) are possible in everyday conversation and the quantitative analysis in the present study suggests that it is also characteristic of the hospital teacher's class.

In spontaneous conversations one speaker may complement the other's turns. In the hospital teacher's classes the student also complements the teacher's turns. The qualitative analysis also revealed that the incidence of informal elements prevails, which is a characteristic feature of spontaneous conversation (Boronkai 2013).

5.2. Traits identical to those of institutionalized conventional classes

Similarly to institutionalized classes, where the topic is determined by the teacher (Albertné 1999), the hospital teacher also delineates the topic and, by emphasizing the institutional framework, clarifies the aim and the roles.

Keeping to the topic is a requirement in the hospital classes, the incidence of the hospital teacher's turns where no change in the topic occurs is significantly higher ($p < 0.001$).

The teacher's turns are much longer than those of the students, they are 9 times as long. Similarly, in the conventional class the teacher's turns prevail (Balatoni 1999, Síklaki 1998). In both types of institutional conversations the prevalence of the teacher's speech can be observed.

Teachers' turns primarily aim to convey the subject matter regarding their content and regardless of their length both in conventional classroom sessions and in the hospital teacher's class (Antalné 2006).

A further characteristic feature of both types of classes is the presence of teacher's confirmation.

Speech acts show a great variety in both types of classes, as the teacher may use a variety of grammatical forms in one and the same communicative situation (Németh 1996). The teacher may use indicative, exclamatory, interrogative and imperative forms to instruct the student (Antalné 2006). In the conventional classroom the teacher's instruction is the most prevalent turn with a ratio of 38% (Antalné 2006). This suggests that in the hospital teacher's class it is not the teacher's instruction that occurs most frequently. Teacher's statements and the combination of the individual speech acts, the presence of even three types of speech acts (indicative, interrogative and imperative) simultaneously are characteristic. The function of the hospital teacher's class is helping the child getting back to the school and this function is expressed by means of language in the hospital class sessions.

This idea is supported by the simultaneous presence of the three time categories, which is complemented by the hospital teacher referring to the hospital school and the ill child's school as space in more than half of the turns and in another 40% the hospital school is mentioned.

The student's turns are disproportionately shorter than the teacher's turns, so the communicative disproportionateness can be established (Antalné 2006). Although the ill child's turns are much shorter, but he more often takes turns to react to the teacher's statements, asks questions or even confirms the teacher's statements. All this is done within the institutional framework of the class, mostly concerning the subject matter, so continuously keeping the class focus can be managed and the student becomes active part of the communication.

A peculiar feature of the hospital teacher's classes is the presence of deixes in 60 % of the turns, which is higher, 81% in the case of the secondary school student and lower, 51% in the case of the primary school student. References to the child's health status are outstanding only in one of the three classes. This suggests that references to the child's health status are made only when it is necessary in the given situation, however, it is not a general characteristic feature of the hospital teacher's classes.

References to the time planes can only be interpreted in combination with the category of space. Deixes exclusively concerning time in two third of the cases no reference to space was present. In other words, provided the teaching takes place in the present time, the hospital teacher did not deem it necessary to mention the hospital school as space, which could count as the confirmation of the hospitalized status. In contrast, in 60% of the deixes concerning the past time exclusively the hospital teacher made references to the hospital school.

The purpose of this can be the confirmation of the joint effort to study. The shared recent past may also be interpreted as the acceptance of the ill child's current situation.

5.3. Other textual features of the hospital teacher's class

In addition to paired sequences the qualitative analysis revealed more complex mini dialogues, which support the claim for a more casual, permissive atmosphere of the class, a feature of the hospital teacher's class in common with everyday conversations. In this type of class the student is allowed to ask again, a remark that does not fit in the sequence.

The hospital teacher uses personal examples to place the students into life-like situations but, at the same time, the cycles constituting the class are also present. These cycles, however, besides conventional classroom episodes may include references to the hospital.

5.4. The results of examining the hypotheses

1. The interaction pattern of personalized hospital classes are identical to that observed in everyday conversation.

The hypothesis proved right. The hospital teacher's classes are two individuals' interaction, where the purpose of the conversation is predetermined, however, both the teacher and the student may take the turns and take detours, similarly to everyday conversations. The occurrence of adjacency pairs shows great variety, while the question – answer type of pairs prevail.

2. In the interaction pattern of hospital classes institutional elements appear.

The hypothesis proved right. Contextual features characteristic of the institutional character of classroom sessions appear in the hospital teacher's class, including longer teacher's turns, which are related to the subject matter and also keeping to the topic on the teacher's part.

3. In the ill child – hospital teacher interaction turn taking is always initiated by the hospital teacher.

The hypothesis could not be proved by the research, as the ill child in nearly 50% of the hospital teacher's turns uses self-initiated selection to take the turn.

4. The overwhelming majority of overlapping utterances concern the subject matter.

The hypothesis proved right. The joint analysis of the function and content of overlapping utterances indicated that their content concerns the subject matter or the subject matter combined with personal remarks.

The function is supportive overlapping utterances, which is a trait of the hospital teacher's classes regarded as half spontaneous and half institutional conversations.

5. Teacher's dominance in hospital classes is unquestionable.

The hypothesis did not prove right. Although the ill children's turns are much shorter but they more often take turns to react to the teacher's statements, ask questions about them or confirm them. All this is done within the institutional framework of the class, mostly in connection with the subject matter, so following the focus of the class remains intact and the child becomes part of the communication.

6. In hospital schools ill-child – hospital teacher interactions serve the effective acquisition of the subject matter exclusively.

The hypothesis did not prove right. Although keeping to the topic is a requirement of hospital teacher's classes, the student may ask further questions. The teacher uses personal examples to animate the process of studying. The function of the hospital teacher's class is to help the child return to his school. This function is expressed by language devices in the class, which is confirmed by the simultaneous presence of the three time planes. Confirming the child's present student status is important and so is the hope for returning to his past and hopefully future school.

6. New findings in the present dissertation

The interaction pattern of the hospital teacher's class is dual, it has more features in common with everyday conversation than with the interaction pattern of conventional classes, and it also bears contextual features referring to its institutional character.

This dual character can also be observed in the presence of overlapping utterances, their frequent appearance is characteristic of everyday conversation, while their content is predominantly related to the subject matter, which is an institutional trait. The occurrence of paired sequences in the hospital teacher's class shows a great variety, similarly to that in everyday conversations, while cycles constituting conventional classes are also present.

In the course of the interaction between hospital teacher and ill child the latter more often takes the turn using self-initiated turn taking than the hospital teacher.

In the hospital teacher's class communicative asymmetry is not present to that extent as it is in the conventional class.

The simultaneous presence of space and time deixes frequently occurring in the hospital teacher's class may justify the hospital teacher's transitional role between the hospital school and the institutional school.

7. Limitations and implications of the study

In the hospital recording classes may cause problems. It is necessary to find the hospital teacher and the ill child, who are less disturbed by the fact of being observed. Informing the parents is also important and so is their informed written consent. In the last moment sickness or other hospital-related circumstances may render the recording impossible. It may take long periods of time, even several years, to record and transcribe a corpus suitable for research. Despite this fact it would be desirable and important to further develop the already existing corpus by including recorded classes.

It would also be instructive to build a conventional school – hospital school parallel corpus and analyses them based on the same principles.

In addition to exploring the interaction pattern of the hospital teacher's classes the aim of the present study also included the presentation and popularization of the hospital school. The recordings lying in the basis of the present study, with the permission of the Ethical Committee, will be part of a corpus of conventional classes in an international research programme.

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