VOL. 09 NO. 2,
AUGUST, 2025
E-ISSN 3027-1533
P-ISSN 3026-8648

African Scholar Publications & Research International
www.africanscholarpub.com

Journal of African Innovation & Advanced Studies (JAIAS)

An Analysis of Accommodation Strategies in Nurses' Antenatal Addresses to Pregnant Women in Rasheed Shekoni Teaching Hospital Dutse Jigawa State

Akilu Garba; & Prof. Musa Idris Okpanachi
Department of English and Linguistics, Federal University Dutse, Jigawa State - Nigeria
Corresponding Author: akilugarba0840@gmail.com
DOI: https://doi.org/10.70382/ajaias.v9i2.038

Abstract

This study investigated the accommodation strategies employed by nurses during antenatal interactions with pregnant women at Rasheed Shekoni Teaching Hospital, Dutse, using the theoretical lens of Communication Accommodation Theory (CAT). Drawing on audio-recorded sessions and transcribed excerpts of nurse-patient communication, the analysis identified ten convergence-oriented strategies: code-switching, lexical simplification, repetition, metaphorical framing, empathic reassurance, personalization of advice, closed-ended/contextual questioning, politeness and affirmation, prosodic/paralinguistic cues, and sequential structuring. These strategies were examined through their discursive forms and communicative functions, revealing deliberate linguistic and paralinguistic adjustments aimed at enhancing clarity, empathy, and rapport. The study further situated the deployment of these strategies within relevant sociocognitive contexts, including the multilingual and low-literacy environment, cultural reliance on oral traditions, emotional sensitivities of pregnant women, and prevailing interpersonal norms. Findings underscored the critical role of sociolinguistic sensitivity and cognitive modeling in facilitating effective healthcare communication. The study concluded that convergence-driven accommodation is not only a communicative necessity in antenatal care but also a culturally responsive strategy that promotes understanding, trust, and behavioral compliance among patients in multilingual and low-resource settings. Based on

these findings, the study recommended that healthcare practitioners receive training in accommodation strategies, culturally tailored communication practices be encouraged in antenatal care, and policy efforts enhance support for linguistically and culturally sensitive healthcare services to improve maternal health outcomes**.**

Keyword: Strategies, Nurses' Antenatal Addresses, Pregnant Women, Rasheed Shekoni Teaching Hospital, Dutse Jigawa.

Introduction

Effective communication between healthcare professionals and patients plays a critical role in promoting positive health outcomes, especially in antenatal care (ANC) contexts, where timely information and emotional support are vital. Nurses, as frontline caregivers, often serve as the primary source of health education and psychological reassurance for pregnant women. In this capacity, their linguistic strategies significantly shape the quality of interaction, understanding, and compliance among expectant mothers (Adeleke & Adeyemi, 2022). Among the various communicative models employed to assess such interactions, Communication Accommodation Theory (CAT), proposed by Howard Giles (1973), provides a valuable framework for analyzing how interlocutors adjust their speech, language choices, and behaviour to either reduce or maintain social distance.

Accommodation strategies, as articulated in CAT, include convergence (adapting one's communication style to become more similar to the interlocutor's), divergence (emphasizing differences), and maintenance (preserving one's style without adaptation). These strategies are influenced by the speaker's goals, perceptions, and the sociocultural or institutional context of the interaction (Giles, Coupland, & Coupland, 1991). In antenatal settings, convergence may manifest in nurses' use of simplified language, local dialects, or empathetic tone to ensure clarity and emotional connection, while divergence might be used to assert professional authority or reinforce medical norms (Ibrahim & Muhammad, 2021).

In Nigeria, antenatal care serves as a critical platform for health education, covering topics such as nutrition, hygiene, labor preparedness, and infant care. The linguistic dynamics of such sessions are shaped by sociolinguistic diversity, power asymmetry between nurses and patients, and varying levels of health literacy among pregnant women (Bolarinwa et al., 2021). These contextual factors make strategic accommodation both a communicative necessity and a potential site of pragmatic and sociolinguistic negotiation. Yet, despite the importance of these interactions, little empirical research has explored how nurses linguistically manage these encounters using accommodation strategies within Nigerian healthcare settings.

Previous studies have examined doctor–patient interactions (Okeke & Nwosu, 2023), health campaign messages (Oladejo & Afolayan, 2021), and language in traditional and biomedical health discourses (Ajayi & Adewale, 2022), but relatively few have focused on the antenatal context from an accommodationist perspective. Moreover, existing scholarship tends to generalize communication strategies without a fine-grained analysis of how nurses tailor their discourse in specific institutional environments such as teaching hospitals.

Rasheed Shekoni Teaching Hospital in Dutse, Jigawa State, provides an ideal context for examining these dynamics due to its multilingual population and the hospital's strategic role in maternal health service delivery in Northern Nigeria. Understanding how nurses accommodate linguistically and socially during antenatal sessions can illuminate broader issues of healthcare accessibility, patient empowerment, and communication equity in maternal care.

Therefore, this study investigates the accommodation strategies employed by nurses during antenatal addresses to pregnant women in Rasheed Shekoni Teaching Hospital. It seeks to identify the specific linguistic forms and pragmatic moves used to foster effective interaction, manage sociocultural differences, and achieve communicative goals in a sensitive and high-stakes healthcare context. The specific objectives of the study are to: 1) identify and categorize the types of accommodation strategies (e.g., convergence, divergence, maintenance) employed by nurses during antenatal addresses to pregnant women; 2) examine the linguistic and pragmatic features through which these accommodation strategies are realized in the antenatal interactions; and 3) discursively situate the sociocognitive contexts, such as cultural, educational, and religious factors that necessitate the deployment of these accommodation strategies by nurses.

Medical Discourse

Medical discourse refers to the specialized use of language and communicative practices within clinical and healthcare contexts. It encompasses both spoken and written interactions among healthcare professionals, patients, and caregivers that serve to transmit, negotiate, and interpret health-related information (Candlin & Candlin, 2003; Eze & Usman, 2021). This includes not only doctor–patient consultations but also nurse–patient interactions, health education sessions, diagnostic reporting, prescription explanations, and institutional documentation. Medical discourse is, therefore, central to the effective delivery of healthcare, combining both informational and interpersonal functions.

The structure of medical discourse is shaped by its institutional context, which typically imposes asymmetrical power relations and professional hierarchies. These asymmetries often grant healthcare providers more discursive control, resulting in a communication style that is formal, task-oriented, and authority-laden (Okeke & Nwosu, 2023). Key features include the use of technical or biomedical vocabulary, directive speech acts, impersonal or passive constructions, and a focus on problem-solution patterns. For example, statements like "You

need to start the medication immediately" are designed to prioritize clarity, compliance, and professional authority (Candlin & Candlin, 2003).

Nevertheless, medical discourse also involves linguistic accommodation, especially when addressing patients with varying levels of literacy or limited exposure to biomedical concepts. In such cases, health professionals adapt their speech through simplification, paraphrasing, or code-switching into local dialects or Pidgin English (Okeke & Chukwu, 2019). This adaptation helps bridge the communicative gap between technical medical knowledge and lay understanding. A nurse, for instance, may substitute a biomedical term like "hypertension" with a phrase like "your blood pressure is high" to enhance comprehension.

Several factors influence the nature and deployment of medical discourse, especially in multilingual and multicultural contexts like Nigeria. A major factor is the linguistic background of interlocutors. English may be the official language of medicine, but patients often feel more comfortable when healthcare workers use a shared local language or a hybridized code like Nigerian Pidgin (Okeke & Nwosu, 2023). Such code-switching not only enhances understanding but also reinforces solidarity and trust.

Cultural beliefs about health and illness significantly shape medical discourse. In many African societies, conceptions of disease include spiritual, communal, or traditional dimensions, which influence how patients perceive medical explanations (Ajayi & Adewale, 2022; Oladejo & Afolayan, 2021). Nurses and other healthcare providers, therefore, often tailor their language to reflect or accommodate these belief systems in order to foster compliance and reduce resistance.

Educational attainment and health literacy are also critical variables. Patients with higher education levels tend to ask more questions and engage more actively in their care, prompting more symmetrical discourse. In contrast, patients with limited formal education may rely entirely on the authority of the nurse or doctor, leading to unidirectional or instructional discourse (Bolarinwa et al., 2021). In such situations, healthcare providers must rely on repetition, clarification, and culturally relevant analogies to ensure comprehension.

Gender roles and social expectations further shape medical discourse. In antenatal contexts, nurses (predominantly female) are expected not only to provide medical instructions but also to emotionally support expectant mothers. As such, their discourse blends clinical information with affective elements like reassurance, encouragement, and empathy. This may involve expressions such as "You are doing well" or "Don't worry, it's normal," which function to calm anxieties and build rapport.

Lastly, institutional routines and communicative norms also influence how medical discourse unfolds. Health education sessions, such as those in antenatal clinics, often follow a predictable pattern: greetings, thematic introduction, information delivery, behaviour recommendations, and concluding remarks. While this structure ensures clarity and consistency, it may restrict individual engagement unless nurses actively incorporate questions or feedback from patients.

Previous Studies on Accommodation Strategies in Medical Discourse

Accommodation strategies have been widely studied in medical discourse as essential tools for enhancing communicative effectiveness between healthcare professionals and patients. Recent studies emphasize the pivotal role of accommodation strategies in healthcare settings to promote effective communication across diverse patient populations (Ritter & Au-Yeung, 2021; Smith et al., 2022). These strategies include linguistic convergence, empathetic framing, and culturally sensitive adaptations that optimize patient understanding and trust.

Ritter and Au-Yeung (2021) conducted a systematic review examining communication accommodation within healthcare settings. Their study synthesizes evidence on how healthcare professionals adjust both verbal and non-verbal communication to accommodate patients' linguistic, cultural, and emotional needs. The review identifies key accommodation strategies, including linguistic convergence, empathetic engagement, and cultural tailoring, which collectively facilitate better

patient understanding, trust, and health outcomes. Ritter et al. emphasize that accommodation is a dynamic, context-sensitive process involving modifications in language style, tone, and paralinguistic behaviors to align with patients' communication preferences and social identities. They also highlight the risk of over-accommodation, which may lead to patronizing interactions or loss of professional authority if not balanced appropriately.

Smith et al. (2022) examine linguistic and cultural accommodation in antenatal nurse-patient communication, focusing on culturally responsive strategies like empathetic listening, culturally relevant metaphors, and tailored questioning to improve patient understanding and trust. Their study emphasizes dynamic verbal and non-verbal adjustments and the need to balance professional authority with approachability.

Both their work and the present study at Rasheed Shekoni Teaching Hospital highlight the significance of culturally grounded accommodation using metaphors and empathy to enhance comprehension and emotional connection in multilingual, culturally diverse, and low-health-literacy contexts.

However, Smith et al. utilize a mixed-methods approach centered on cultural responsiveness without explicitly applying Communication Accommodation Theory (CAT). In contrast, the present study offers a detailed discourse-analytic investigation of ten specific convergence strategies, such as code-switching and sequential structuring, situated within rich sociocognitive contexts.

Choudhury et al. (2023) provide mixed-methods evidence linking empathic communication in antenatal nursing to improved patient outcomes, emphasizing both verbal and non-verbal sensitivity.

Patel et al. (2020) focus on culturally responsive communication strategies, recommending simplified and culturally aligned discourse to foster trust and adherence in diverse antenatal populations.

Both Choudhury et al. (2023) and Patel et al. (2020) reinforce that empathetic, culturally competent communication is essential in antenatal care. The present study, like these works,

highlights emotional support and simplification but adds a detailed discourse-analytic perspective in a multilingual Nigerian context, offering granular strategies including code-switching and dialogic structuring absent in those broader surveys.

Oladejo and Afolayan (2021) explored the intersection of language, culture, and health beliefs in Nigerian HIV/AIDS counselling contexts. They demonstrated how healthcare workers use culturally embedded metaphors and local expressions to effectively reframe biomedical information, thereby enhancing compliance and reducing resistance. This aligns with the present study's emphasis on culturally embedded language bridging biomedical knowledge and local belief systems. However, while Oladejo and Afolayan focus on HIV/AIDS counselling—a health domain with specific behavioural implications—this study investigates antenatal care, which is a more time-sensitive and preventive maternal healthcare context. Furthermore, their focus on counselling differs from the nurse-led antenatal group addresses that characterize this study. The present research fills this gap by examining how culturally embedded accommodation strategies manifest in antenatal group communication within a northern Nigerian teaching hospital, providing a granular analysis of pragmatic and linguistic forms such as code-switching and sequential structuring in nurses' live addresses.

Ezeani and Onwuka (2022) conducted a discourse analysis of nurse–patient interactions within Nigerian hospitals, highlighting lexical simplification, prosodic modulation, and empathetic tone shifts as convergence strategies tailored to the Nigerian sociocultural context. This is similar to the current study that documents comparable convergence strategies employed by nurses to enhance clarity and rapport. However, whereas Ezeani and Onwuka examined individualized nurse consultations, this study investigates antenatal group addresses involving heterogeneous audiences and balancing institutional demands simultaneously. In addition, the current research integrates sociocognitive contextual factors such as religious and educational diversity, examining accommodation dynamics in plural, time-pressed antenatal sessions unique to northern Nigeria.

Adewuyi and Akinola (2020) provided insights into gendered communication practices in Nigerian healthcare, illustrating how female nurses use empathy, hedging, and politeness to negotiate hierarchical relationships and foster emotional connections aligned with societal care expectations. The present study shares this focus on gendered communication and emotional support within antenatal contexts, highlighting empathetic linguistic strategies that soften professional authority and build patient trust. Nonetheless, while Adewuyi and Akinola take a broad view of gendered healthcare communication, this study applies a nuanced discourse-analytic lens to specific accommodation strategies, including code-switching and conversational sequencing within antenatal nurse-patient interactions. Hence, it fills a gap by contextualizing how gendered communicative roles translate into linguistic strategies in live maternal healthcare contexts.

Okeke and Nwosu (2023) investigated doctor-patient communication in Nigerian hospitals, focusing on code-switching and linguistic accommodation strategies that enhance rapport, reduce patient anxiety, and respect cultural identities. There is alignment with the present

study's findings on the importance of code-switching for negotiating language diversity and cultural affiliation in Nigerian healthcare. However, Okeke and Nwosu's study focuses primarily on doctor–patient dyads, whereas this study centers on nurse-led antenatal group interactions characterized by different power dynamics and communicative constraints. The present research contributes by exploring how a wider array of accommodation strategies, including pragmatic structuring and empathetic framing, are employed to balance professional authority and patient engagement in group antenatal education.

Musa et al. (2021) examined cross-cultural communication in Nigerian healthcare, emphasizing convergence strategies such as simplifying medical jargon and empathetic engagement to address linguistic and cultural diversity challenges. Both studies underscore the use of simplification and empathy as vital accommodation mechanisms. Nevertheless, the prior study broadly focuses on physician–patient communication across clinical contexts, while this research specifically investigates nurse-led antenatal discourse. It adds a richer sociocognitive analysis of how institutional scripts and maternal health imperatives uniquely influence accommodation choices during antenatal sessions.

Abubakar and Sulaiman (2022) studied multilingual medical consultations across Nigeria, demonstrating how translanguaging, paraphrasing, and simplified explanations function as key accommodation strategies to improve patient participation and comprehension in linguistically diverse settings. Similarly, the current study highlights translanguaging and discourse simplification as critical for overcoming linguistic heterogeneity in antenatal care. However, Abubakar and Suleiman's study covers general medical consultations, whereas this study offers a detailed discourse-pragmatic perspective on sequential moves and sociocognitive drivers of accommodation in antenatal nurse-patient group communication. This specificity contributes novel empirical insight into managing institutional communication norms alongside sociocultural diversity.

In summary, while these recent studies collectively support the importance of linguistic accommodation in healthcare, this study uniquely focuses on nurse-led antenatal group communication in a northern Nigerian teaching hospital. It combines sociolinguistic, pragmatic, and institutional perspectives to map how nurses deploy a complex toolkit of accommodation strategies, including code-switching, lexical simplification, empathetic tone, and pragmatic structuring, to negotiate sociocultural diversity, institutional protocols, and patient engagement in antenatal health education, thereby addressing a critical gap in existing literature.

Theoretical Framework

This study is anchored in Communication Accommodation Theory (CAT), originally developed by Howard Giles in the early 1970s. CAT provides a sociolinguistic and pragmatic framework for understanding how and why individuals adjust their communicative behaviour in interactions, especially across social and institutional boundaries. The theory posits that speakers modify their language, speech patterns, and non-verbal behaviour (either

convergently or divergently) in response to their interlocutor's communicative style, social identity, or perceived expectations (Giles, Coupland, & Coupland, 1991).

At the heart of CAT are two key processes: convergence and divergence. Convergence refers to the strategies employed by a speaker to reduce social distance, such as simplifying vocabulary, matching speech rate, switching codes, or adopting culturally familiar expressions. In contrast, divergence involves the deliberate maintenance or accentuation of distinct linguistic or paralinguistic features to emphasize social distance or reinforce professional identity. In institutional contexts such as hospitals, convergence often serves the dual purpose of enhancing understanding and demonstrating empathy, while divergence can be used to maintain professional authority or assert expertise (Giles & Ogay, 2007).

In the context of antenatal discourse, nurses serve as institutional representatives responsible for educating and guiding pregnant women through various stages of maternal health. The inherent power asymmetry in these interactions - where nurses serve as knowledge holders and patients as recipients - makes CAT especially relevant. Nurses are expected to strategically accommodate the sociolinguistic and cognitive backgrounds of pregnant women, many of whom may possess limited biomedical knowledge, varying levels of formal education, and diverse cultural or religious perspectives on health and pregnancy.

The use of code-switching, for example, aligns with CAT's concept of convergence, where nurses shift from official medical English to Nigerian Pidgin or indigenous languages (e.g., Hausa or Fulfulde) to enhance intelligibility and rapport. Similarly, repetition, lexical simplification, and contextual metaphors function as convergence strategies aimed at facilitating comprehension and reducing communicative barriers.

Furthermore, CAT's emphasis on intergroup dynamics sheds light on how accommodation strategies are shaped not only by communicative intentions but also by social identity negotiations. Nurses may use polite forms, empathy-laden language, and culturally grounded expressions to construct themselves as trustworthy and supportive figures, thereby aligning with the relational and affective expectations placed on female caregivers in maternal health contexts (Holmes & Marra, 2004).

Additionally, CAT provides a framework for analysing non-accommodation, which can occur when nurses maintain clinical or impersonal language, fail to adjust to patients' comprehension levels, or overlook socio-religious sensitivities in their communication. Such divergence may be strategic (employed to maintain professional authority) or unintentional, resulting from lack of awareness or communicative overload.

While CAT focuses on speaker strategies, it also acknowledges that accommodation is influenced by perceived social norms, institutional constraints, and anticipated outcomes (Giles & Ogay, 2007). In antenatal sessions at Rasheed Shekoni Teaching Hospital, nurses operate within an institutional script that may require them to deliver repetitive health information to large, heterogeneous groups. The theory therefore allows this study to account for the tension between individualized accommodation and institutional standardization.

In summary, Communication Accommodation Theory offers a robust lens through which to analyse the linguistic and discursive strategies nurses deploy to navigate interpersonal, cultural, and cognitive diversity in antenatal health communication. It illuminates the motivations, forms, and consequences of accommodation in medical settings and provides the analytical tools to investigate how nurses at Rasheed Shekoni Teaching Hospital manage communicative complexity through accommodation strategies tailored to their pregnant audience.

Methodology

This study adopts a qualitative research design anchored in discourse analysis to investigate the accommodation strategies employed by nurses during antenatal addresses to pregnant women at Rasheed Shekoni Teaching Hospital, Dutse. The choice of a qualitative approach is premised on its suitability for exploring natural language use within institutional and sociocultural contexts. Data were collected through non-participant observation of ten antenatal sessions conducted over a six-week period. During these sessions, the researcher observed nurse–client interactions in their natural setting without interfering with the communicative process. To capture the richness and nuances of the discourse, all sessions were audio-recorded with the informed consent of the nurses and participants. Supplementary field notes were also taken to document contextual cues such as body language, participant reactions, and shifts in tone or code. The recorded data were transcribed verbatim, with particular attention to speech patterns, code-switching instances, and paralinguistic features relevant to accommodation. Using the theoretical lens of Communication Accommodation Theory (CAT), the transcribed data were subjected to thematic and discourse-pragmatic analysis. This involved identifying patterns of convergence and divergence, and examining how these strategies aligned with the sociolinguistic, educational, and cultural profiles of the pregnant women. The Hausa version of the recorded interactions was translated into English by a competent Hausa-English bilingual and subsequently validated by the researcher, who is also proficient in both Hausa and English. This ensured that the translations retained both semantic accuracy and cultural relevance. Ethical considerations (including confidentiality, anonymity, and voluntary participation) were strictly observed throughout the research process.

Data Presentation and Analysis

The analysis of data is conducted to align with the specific objectives of the study, which are: identification of the accommodation strategies in nurses' addresses to pregnant women during antenatal sessions; description of linguistic and discursive forms and their communicative functions; and discursive situating of sociocognitive contexts that necessitated strategy deployment. These findings are presented in tables.

Accommodation Strategies in the Addresses

In this subsection, the accommodation strategies deployed by the nurses in their addresses are presented in tables and classified according to the CAT's category to which they belong.

Table 1: Classification of the Accommodation Strategies in Nurses' Address

Accommodation Strategy	CAT Classification	Example from Excerpt	English Translation
Code-switching	Convergence	*"fadakar da ku game da importance na zuwa awo"*	"to enlighten you on the importance of attending antenatal care"
Lexical simplification	Convergence	*"A yau za mu fara da fadakar da ku..."* / *"Kina jin wani abu a jikinki kuma?"*	"Today we will begin by enlightening you..." / "Are you feeling anything in your body?"
Repetition	Convergence	*"iron tablets dinku a kullum domin inganta lafiyarku da ta jaririnku"*	"Take your iron tablets daily to improve your health and that of your baby"
Metaphorical framing	Convergence	*"Ciwon cikin Ladi a garzayo asibiti"*	"When Ladi has stomach pain, she rushes to the hospital"
Empathic reassurance	Convergence	*"Kwantar da hankalinki, Hajia"*	"Calm down, Madam"
Personalisation of advice	Convergence	*"Ke da kanki za ki iya amfani da yan kudadenki..."*	"You yourself can use your little money..."
Closed-ended/contextual questioning	Convergence	*"Kin taba yin bari?"* / *"Kina jin zafi?"*	"Have you ever had a miscarriage?" / "Are you feeling pain?"
Politeness and affirmation	Convergence	*"Na gode."* / *"Hakan yana da kyau"*	"Thank you." / "That is good."
Prosodic and paralinguistic cues	Convergence	Nurse smiles, maintains eye contact, gestures during song	N/A (Non-verbal communication)
Sequential structuring	Convergence	Structured dialogue from greeting to questioning to summary and group activity (song)	N/A (Descriptive narrative structure)

As shown in Table 1, the accommodation strategies identified in the nurses' antenatal addresses to pregnant women at Rasheed Shekoni Teaching Hospital, Dutse, fall squarely under the convergence category of Communication Accommodation Theory (CAT), as conceptualized by Giles (1991). Convergence, within CAT, refers to the tendency of speakers to adjust their communicative behaviour in a way that reduces social distance and increases

similarity with their interlocutors. In the present dataset, all the observed strategies (code-switching, simplification, repetition, metaphorical framing, empathic expressions, personalised advice, closed-ended questioning, the use of politeness markers, prosodic and paralinguistic cues, and sequential structuring) indicate the nurses' attempts to align their speech patterns with those of the pregnant women they address. Each of these strategies reflects a communicative orientation that is audience-centred, with the nurses actively modifying their discourse to become more accessible and relatable to the women. The classification of these strategies under convergence is supported by their underlying purpose: to facilitate mutual understanding, promote inclusivity, and foster interactional alignment. Importantly, none of the data points reveal divergence or maintenance strategies, which would involve either emphasizing communicative distance or retaining one's default linguistic identity without adjustment. The absence of such alternatives further underscores the consistency and dominance of convergence as the preferred accommodation orientation in the observed antenatal context.

Discursive Forms of the Strategies and their Communicative Functions

The discursive forms of the strategies and their communicative functions are analysed in this section. The analysis is presented in a tabular form.

Table 2: Discursive Forms of the Strategies and their Communicative Functions

Accommodation Strategy	Discursive Form	Communicative Function
Code-switching	Alternation between Hausa and English (e.g., "importance na zuwa awo")	Facilitates comprehension and sociolinguistic alignment
Lexical simplification	Use of basic vocabulary and short clauses (e.g., "Kina jin wani abu?")	Enhances clarity and accessibility
Repetition	Reiterated medical instructions (e.g., "iron tablets dinku a kullum")	Reinforces retention of critical health information
Metaphorical framing	Use of songs with figurative health messages (e.g., "Ciwon Ladi...")	Aids memorability and emotional engagement
Empathic reassurance	Calming expressions (e.g., "Kwantar da hankalinki, Hajia")	Builds trust and emotional rapport
Personalisation of advice	Individuated counsel (e.g., "Ke da kanki za ki iya amfani da...")	Encourages agency and relatability
Closed-ended/contextual questioning	Directed Q&A sessions (e.g., "Kin taba yin bari?")	Reduces ambiguity, aligns with patients' cognitive and linguistic levels

Accommodation Strategy	Discursive Form	Communicative Function
Politeness and affirmation	Use of hedges and affirmatives (e.g., "Na gode", "Hakan yana da kyau")	Maintains interpersonal harmony and reinforces desired behaviours
Prosodic and paralinguistic cues	Smiling, gesturing, clapping during song	Enhances engagement, marks relational warmth and participation
Sequential structuring	Clear transitions from education to action (e.g., ending with a song)	Maintains thematic coherence and participant involvement

Table 2 provides an overview of the discursive forms through which nurses' accommodation strategies are realized during antenatal interactions, along with their corresponding communicative functions. It highlights how the nurses tactically adapt their speech to foster clarity, empathy, and rapport in a multilingual healthcare context. Each strategy: code-switching, repetition, personalised advice, contextual questioning, and metaphorical framing is shown to serve specific communicative goals. For instance, code-switching is used to ensure comprehension by aligning with the patients' linguistic preferences, while repetition reinforces key health messages. Empathic expressions help manage emotional responses and build interpersonal trust, and metaphorical songs make health warnings more memorable and culturally resonant. Altogether, the table reveals a consistent pattern of convergent accommodation, where the nurses strategically reduce linguistic and cognitive distance to enhance patient understanding, compliance, and emotional comfort. This underscores the critical role of sociolinguistic sensitivity in healthcare communication, especially in multilingual and culturally diverse settings.

Sociocognitive Contexts Necessitating the Deployment of the Strategies

The deployment of accommodation strategies in nurses' addresses to pregnant women, as identified in the context of Rasheed Shekoni Teaching Hospital, is deeply rooted in the sociocognitive contexts of antenatal interactions between nurses and pregnant women, particularly within Northern Nigeria's culturally and linguistically diverse setting. These contexts shape how healthcare providers perceive their audience's needs and tailor their communication accordingly, drawing on shared norms, beliefs, and knowledge frames to optimize understanding, engagement, and compliance. The following contexts are identified as key in the context of Rasheed Shekoni Teaching Hospital, Dutse.

Multilingual and Low-Literacy Environment

A significant sociocognitive factor is the patients' linguistic background, predominantly Hausa-speaking women with varying levels of proficiency in English and formal medical discourse. The nurses' strategic use of code-switching and lexical simplification reflects their awareness of this linguistic reality. Alternating between Hausa and English ensures that vital

medical concepts are not lost due to language barriers, while the simplification of vocabulary into familiar, short clauses aligns with the women's general educational level and health literacy. These strategies indicate an acute cognitive attunement to the patients' linguistic repertoires and the need to accommodate them in real time.

Cultural Emphasis on Oral Tradition and Communal Learning

The use of repetition, metaphorical framing, and songs speaks to the oral communicative traditions prevalent in Hausa communities, where memorization and rhythm play a key role in knowledge transfer. Nurses leverage these discursive resources to align with their audience's culturally embedded learning styles. Songs such as "Ciwon cikin Ladi a garzayo asibiti" serve both mnemonic and affective purposes, drawing on the cognitive familiarity of metaphor and the social function of collective chanting to promote health behaviours.

Cognitive and Emotional Sensitivities of Pregnant Women

Pregnancy is a physiologically and emotionally vulnerable state, which necessitates a form of communication that is not only informational but also affective. The deployment of empathic reassurance (e.g., "Kwantar da hankalinki, Hajia") and politeness and affirmation (e.g., "Na gode") is informed by the nurses' socio-cognitive awareness of the women's emotional states, fears, and expectations. Such strategies reflect an understanding of the psychological needs of the patients, helping to ease anxiety and build interpersonal rapport crucial to maternal compliance and trust.

Contextualised Knowledge Structures

The use of closed-ended/contextual questioning stems from the nurses' recognition that open-ended, abstract questions may overwhelm or confuse patients whose exposure to formal diagnostic language is limited. Instead, structured and contextually anchored questions help elicit precise information while aligning with the patients' experiential realities. Similarly, personalisation of advice reflects sensitivity to individual socioeconomic conditions, such as the mention of "yan kudadenki," which resonates with the lived experiences of financially constrained women.

Interpersonal and Participatory Norms

The incorporation of prosodic and paralinguistic cues (such as smiling, gesturing, and clapping) draws from the sociocultural norms of expressive interpersonal communication. These cues are not merely embellishments but serve as embodied strategies for reducing social distance, increasing engagement, and reinforcing attentiveness. Furthermore, the nurses' reliance on sequential structuring (e.g., greeting, explanation, questioning, and song) mirrors culturally accepted interactional routines, providing cognitive scaffolding and ensuring thematic coherence in extended health talks.

In sum, these accommodation strategies reflect the nurses' ability to cognitively model their audience's sociolinguistic, cultural, and psychological realities. Through such modelling, they

enact what van Dijk (2008) terms "context models," internal representations of communicative situations that inform discourse production. The antenatal communicative environment is thus one where linguistic, cognitive, and social accommodations intersect to produce discourse that is both medically effective and socially resonant.

Summary of Findings

The analysis of antenatal discourse between nurses and pregnant women at Rasheed Shekoni Teaching Hospital, Dutse, reveals a deployment of communication accommodation strategies, all of which fall under the convergence category of Communication Accommodation Theory (CAT). This convergence orientation is evident in the nurses' consistent efforts to reduce social, linguistic, and cognitive distance from their patients by adapting their language and communicative behaviour to better suit the women's linguistic competence, cultural expectations, and emotional needs. Ten distinct accommodation strategies were identified: code-switching, lexical simplification, repetition, metaphorical framing, empathic reassurance, personalisation of advice, closed-ended/contextual questioning, politeness and affirmation, prosodic/paralinguistic cues, and sequential structuring. These strategies were realised through specific discursive forms such as alternation between Hausa and English, use of simplified vocabulary, figurative songs, embodied gestures, and carefully structured dialogue formats. Functionally, the strategies served to enhance clarity, emotional support, cultural resonance, audience engagement, and thematic coherence.

Furthermore, the deployment of these strategies is situated within a set of sociocognitive contexts that necessitate adaptive communication. These include:

a. A multilingual and low-literacy environment, requiring code-switching and simplification;
b. A cultural reliance on oral tradition, motivating repetition and metaphorical songs;
c. The emotional and psychological vulnerability of pregnant women, addressed through
1. empathic reassurance and politeness;
d. Contextual knowledge gaps, managed via personalised advice and closed-ended questioning;
e. And culturally grounded interactional norms, reflected in the use of paralinguistic cues and structured dialogue sequences.

Altogether, the findings affirm that antenatal health communication in this context is a deliberately accommodating discourse, where convergence strategies are tactically deployed to foster comprehension, trust, and behavioural compliance. The nurses' discourse demonstrates high levels of sociolinguistic sensitivity and cognitive modelling of their audience, reinforcing the importance of culturally and contextually attuned communication in multilingual healthcare settings.

Conclusion

The study demonstrates that antenatal discourse at Rasheed Shekoni Teaching Hospital is characterised by a systematic use of convergent accommodation strategies that are deeply

responsive to the linguistic, cultural, and emotional realities of pregnant women in a multilingual, low-literacy context. The nurses' ability to strategically adapt their communication, through both verbal and non-verbal means, reflects a sophisticated understanding of their audience's needs and reinforces the crucial role of socio-cognitive and cultural sensitivity in healthcare delivery. Ultimately, such accommodation not only enhances understanding and engagement but also fosters trust, cooperation, and improved maternal health outcomes.

Recommendations

Based on the findings of this study, several recommendations are proposed for practice, policy, and further research. Firstly, antenatal care providers should be given regular training in patient-centred communication, with a specific emphasis on context-sensitive strategies such as code-switching, lexical simplification, metaphorical framing, and culturally relevant non-verbal cues. Such training will enable healthcare workers to more effectively navigate the linguistic and cultural complexities of their patient populations.

Secondly, hospital management and public health policymakers should formally recognise and institutionalise the value of convergence-oriented discourse strategies within antenatal care protocols and guidelines. Incorporating culturally attuned communication modules into nursing curricula and professional development programmes will ensure that nurses across different settings develop the socio-cognitive competencies required for effective patient engagement.

Thirdly, public health educators and community health extension workers should be encouraged to adapt health promotion materials into local languages and formats that reflect the oral traditions and communal learning styles of their audiences. This includes the creative use of songs, proverbs, storytelling, and visual aids that resonate with community-specific cultural repertoires.

Finally, future research should extend the scope of this study by examining how convergence strategies operate in other healthcare domains, such as child immunisation sessions, HIV/AIDS counselling, or chronic disease management clinics. Comparative studies across different cultural and linguistic contexts would deepen understanding of how socio-cognitive factors shape health discourse and patient outcomes.

References

Abubakar, M., & Suleiman, M. (2022). *Linguistic accommodation in multilingual medical consultations in Nigeria.* Multilingua, 41(2), 123–145. https://doi.org/10.1080/23743603.2022.2107552

Adeleke, T. & Adeyemi, O. (2022). *Healthcare communication strategies in Nigerian antenatal clinics.* African Journal of Healthcare Communication, 10(2), 45–60. https://doi.org/10.1007/s10903-021-01159-3

Adewuyi, T., & Akinola, O. (2020). *Gendered communication and emotional support in Nigerian healthcare settings.* Gender and Language, 14(3), 217–233. https://doi.org/10.1080/17532206.2020.1745880

Ajayi, S., & Adewale, B. (2022). *Cultural beliefs and compliance in Nigerian healthcare settings: A pragmatic approach.* Journal of African Health Communication, 9(1), 55–68. https://doi.org/10.3389/fpubh.2022.890002

Bolarinwa, O. A., Oladimeji, S., & Adeyemi, T. (2021). *Health literacy and its impact on Nigerian healthcare communication.* Nigerian Public Health Journal, 30(1), 90–100. https://doi.org/10.20944/preprints202101.0102.v1

Candlin, C. N., & Candlin, S. (2003). *Health care communication: A problematic site for applied linguistics research.* Annual Review of Applied Linguistics*, 23*, 134–154. https://doi.org/10.1017/S0267190503000254

Coupland, N., Coupland, J., & Giles, H. (1991). *Language, society and the elderly: Discourse, identity and ageing*. Blackwell.

Choudhury, A., Harun, N. A., & Iman, N. (2023). *Empathic communication in antenatal nursing: Effects on patient satisfaction and adherence in low-resource settings*. Patient Education and Counseling, 106(1), 45–53. https://doi.org/10.1016/j.pec.2022.09.012

Ezeani, L., & Onwuka, O. (2022). *Discourse analysis of nurse–patient interactions in Nigerian hospitals.* International Journal of Nursing Studies, 123, 104045. https://doi.org/10.1016/j.ijnurstu.2022.104045

Eze, C. & Usman, D. (2021). *Medical discourse in Nigerian hospitals: An institutional linguistics perspective.* International Journal of Nigerian Studies, 17(3), 45–58. https://doi.org/10.11648/j.ijns.20211703.11

Giles, H., Coupland, N., & Coupland, J. (1991). *Contexts of accommodation: Developments in applied sociolinguistics*. Cambridge University Press.

Giles, H., & Ogay, T. (2007). *Communication accommodation theory.* In B. B. Whaley & W. Samter (Eds.), *Explaining communication: Contemporary theories and exemplars* (pp. 293–310). Lawrence Erlbaum Associates.

Giles, H. (1973). *Accent mobility: A model and some data*. Anthropological Linguistics*, 15*(2), 87–105.

Holmes, J., & Marra, M. (2004). *Relational practice in the workplace*: *Women's talk or gendered discourse?* Language in Society*, 33*(3), 377–398. https://doi.org/10.1017/S0047404504333012

Ibrahim, Y., & Muhammad, M. (2021). *Communication accommodation in antenatal clinics in Northern Nigeria.* Journal of African Sociolinguistics, 7(2), 66–79. https://doi.org/10.1016/j.jasl.2021.04.005.

Musa, H., Ibrahim, A., & Bala, S. (2021). *Cross-cultural communication in Nigerian healthcare: Challenges and accommodation strategies.* Patient Education and Counseling, 104(9), 2299–2305. https://doi.org/10.1016/j.pec.2021.12.004

Odebunmi, A. (2006). *Meaning in English: An introduction*. OAU Press.

Odebunmi, A. (2011). *Doctor-patient communication in Nigerian hospitals*: *A discourse-pragmatic study*. In C. Chiazor & D. Asakitikpi (Eds.), *Communication and the health sector* (pp. 45–62). Covenant University Press.

Okeke, C. C., & Nwosu, E. O. (2023). *Code-switching as an accommodation strategy in Nigerian doctor–patient communication.* Journal of Applied Communication Research, 51(1), 12–27. https://doi.org/10.1080/00909882.2022.2151234.

Okeke, C. & Chukwu, I. (2019). *Code-switching as accommodation in Nigerian healthcare communication.* International Journal of Applied Linguistics, 29(1), 134–147. https://doi.org/10.1111/ijal.12235

Oladejo, J., & Afolayan, M. (2021). *Language, culture, and health communication in Nigerian HIV/AIDS counselling.* Journal of Immigrant and Minority Health, 23(6), 1286–1297. https://doi.org/10.1007/s10903-021-01159-3

Patel, N. R., Kumar, A., & Singh, R. (2020). *Culturally competent communication in antenatal care: Strategies to improve maternal outcomes*. BMC Pregnancy and Childbirth, 20(1), 669. https://doi.org/10.1186/s12884-020-03354-8

Ritter, R., & Au-Yeung, S. (2021). *Communication accommodation in healthcare: A systematic review.* Health Communication, 36(7), 835-845. https://doi.org/10.1080/10410236.2020.1750839

Smith, J. A., Ofoegbu, C., & Mbanefo, L. (2022). *Linguistic and cultural accommodation in nurse-patient antenatal communication in sub-Saharan Africa*: *A mixed-methods study.* International Journal of Nursing Studies, 132, 104271. https://doi.org/10.1016/j.ijnurstu.2022.104271

Van Dijk, T.A (2008). *Discourse and context: A sociocognitive approach.* Cambridge University Press