MEGA INSTITUTE FOR ADVANCE RESEARCH AND DEVELOPMENT

Journal of Arts and Linguistics Studies
ISSN Print 2959-0957 ISSN Online 2959-0965
Volume 4 Issue 1 2026
Pages 289-304
Open Access

Elderly Discourse in Healthcare: Communication Patterns Among Elderly Sindhi Patients, and Specialist Doctors, in Private Clinics, Karachi, Pakistan

Publication Details
Paper Received:
December 15, 2025
Paper Accepted:
Janurary 27, 2026
Paper Published:
Janurary 30, 2026

Muhammad Hassan Abbasi
Lecturer, Dept. of Basic Sciences & Humanities Dawood University of Engineering and Technology Karachi.
Email: hassan.abbasi@duet.edu.pk
Prof. Dr. Maya Khemlani David
Honorary Professor, Asia-Europe Institute University of Malaya Kuala Lumpur, Malaysia. Email: mdavid@um.edu.my
Mariam Afatb
Lecturer, Department of Science and Humanities, FAST-National University of Computer and Emerging Sciences, Karachi Campus.
Email: mariam.aftab@nu.edu.pk

Article DOI: https://doi.org/10.71281/jals.v4i1.619

Abstract
Elderly population is increasing worldwide, and greater has to be focused to attend to their social, psychological and healthcare needs. Effective communication within the healthcare sector plays a crucial role in ensuring care for elderly patients. Previous studies have examined elderly patient's recollections of doctor-patient interactions, healthcare needs, and patients' satisfaction in healthcare discourse, research on real-time discourse involving elderly individuals, and specialized doctors. This study investigates the communication patterns of elderly Sindhi male and female patients within the healthcare sector. To achieve this, a qualitative multiple case study approach was employed, with data collected through observation, discourse recordings, and field notes. Four elderly patients (two males and two females aged 60 and above) participated in the study, with interactions with their doctors recorded over six hours. Interactional sociolinguistics served as the analytical framework for data analysis. The findings indicate that specialist doctors played a key role in facilitating discourse with elderly patients and bridging intergenerational sensitivity. They fostered a sense of connection by recalling patient history and daily routines when interacting with female patients while showing respect for the feelings and linguistic identity of elderly male patients. This study offers an understanding of elderly discourse in the healthcare sector and its impact on health communication. The health sector and Government should improvise their policies and train medical staff on ageist language in communication courses and training.

Keywords: Elderly discourse, health communication, intergenerational sensitivity, doctor talk.

Published by MIARD. Copyright: © the author(s). This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY NC) license (https:// creativecommons.org/licenses/by/ 4.0/).

1. Introduction

The elderly population is growing around the world (Salauddin & Jalbani, 2006). Elderly people require significant care socially, psychologically and health wise (Waite, 2018). The increasing number of older populations results in an increase in social problems, and this trend is also evident in Pakistan (Sabzwari & Gohar, 2011). Elderly abuse has been common and exists in different forms emotional, physical, psychological, financial and verbal (Shah et al, 2019). Hence, it is vital to determine how elderly discourse takes place in the health domain, especially in the case of multilingual Sindhi speakers in Pakistan.

Senior citizens are considered a vital component of the social system. Therefore, the United Nation drafted certain rights for the elderly named as the UN Principles for Older Persons (1991), as cited in Zaidi et al (2019). Additionally, the Madrid International Plan of Action on Ageing (MIPAA, 2002) critically analyzed by Sidorenko and Zaidi (2018) provides global guidelines for the better facilitation and treatment of older individuals. Pakistan aligns with these global principles for the rights of senior citizens. Pakistan's first attempt regarding the safety of the senior citizen was reflected in the National Policy (1999) which primarily focused on different provisions regarding the health of elderly people. Thereafter, Pakistan became a signatory of MIPAA (2022) and designed future policies for elderly like Relief Package for Older People (2004) and Senior Citizen Act, Islamabad (2021). The Sindh Government also safeguarded the rights of senior citizens through Sindh Senior Citizen Welfare Act (2016) and KPK introduced the Kyber PaktunKhwa Senior Citizen Act (2014).

However, while these policies, rights and acts provide guidelines, principles and statutory bodies, none of them offer a concrete mechanism for facilitating or monitoring communication with the elderly, especially in the healthcare sector. Consequently, health-related research is garnering increasing attention nowadays and is becoming more prominent in linguistic studies (Ma and Cummings, 2023). As a result, the present study focuses on real time natural doctor-patient interaction to identify patterns within health communication for elderly people.

1.1. Research Gap

Previous study focused on elderly patients recalling doctor talk and their responses (David et al, 2023). Elderly patients find it difficult to report accurate talk, response and incidents because of their memory and age. (David et al., 2023; Haug, Dahm & Gewald, 2022 & Richard, Glaser, & Lussier, 2017). Therefore, it is vital to observe and record real-time communication between elderly people and specialist doctors This study identifies and compares the communication between elderly male and female patients with male specialist doctors in private clinics in Karachi, Pakistan.

Solid collaboration with health care providers and elderly patients enhances our understanding of the relationship between discourse norms of both parties which can influence health outcomes. These discourse norms, communication patterns and interaction has not been investigated in Pakistan and most empirical studies have been conducted in the global world (Samra et al, 2015). Our role as language researchers is to help both elderly patients and healthcare providers become aware of communication norms between doctors and patients. Elderly patients visit private clinics so that they can be listened to and facilitated in a better way by paying high fees as compared to government hospitals in Pakistan (Sabzwari & Gohar, 2011 Yet global healthcare providers treat elderly patients by ignoring physical, psychological, and social problems. Therefore, the present

study investigates the communication patterns of elderly Sindhi male and female patients with specialist doctors within the healthcare sector.

1.2. Research Objectives and Questions

The research objectives and questions for the present study are:

1. To identify the communication patterns between specialist doctors with elderly patients
2. To compare the communication patterns of specialist doctors with male and female elderly patients
3. What are the communication patterns between specialist doctors with elderly patients?
4. What are the different communication patterns between specialist doctors with male and female elderly patients?

2. Literature Review

Empirical studies on doctor-patient interactions with elderly patients have primarily focused on attitudes, patient satisfaction, elderese, and ageism (Ben-Harush et al, 2016; Chee, 2011; David et al 2023; Peck, 2011; Samra et al, 2015; Shah et al, 2022). David et al (2023) focused on perceptions of interactions of elderly Malaysian and Pakistani patients with doctors. The major objective of the study was to investigate whether 'elderese' is used by doctors with senior patients or not. The findings showed most doctors use elderese with older patients, a discourse which refers to talking down to the older patient by some doctors (Chee, 2011). Similarly, Samra et al. (2015) focused on medical students and doctors' attitudes towards elderly patients using semi-structured interviews in the U.K. The findings showed that stereotypical behavior existed toward elderly care and participants had negative emotions towards caring for older citizens.

Peck (2011) explored perceptions about whether doctor-patient interaction leads to satisfaction during the medical visit or not. The study collected data quantitively from 177 patients and audiotaped the encounters between doctor and patient. It was found that doctors have patient-centered encounters with elderly people above age 65. It was reported that age plays a significant factor in interaction with the doctor. Shah et al (2022) further explored elderly patient interactions with healthcare providers and caretakers. Findings showed that health care providers (HCPs) provide empathy, calm response and value engagement compared to the caretakers. The results showed that having a fuller understanding of the problems of the elderly and their expectations can improve communication patterns.

Ben-Harush et al (2016) investigated 'ageism' which refers to discrimination, stereotypical behavior and prejudice against the elderly. Using focus group interview, the study focusses whether medical staff physicians, nurses and social workers have knowledge about ageism in Israel. The findings showed that health care providers face difficulties with older generations, and discriminatory communication takes place.

In addition to these findings, studies on linguistic accommodation provide further insights into doctor-patient interactions. Olorunsogo (2021) examined politeness strategies in doctor-patient interactions in Nigerian private hospitals. Diagnostic elicitation and familiarization strategies were identified that helped doctors adapt communication to patient needs. Similarly, Lamouchi et al. (2024) investigated linguistic accommodation strategies employed by non-Arabic speaking doctors in Saudi hospital, highlighting their role in enhancing healthcare. The findings reflected the importance of accommodating local Arabic language to facilitate the doctor-patient interaction. In Pakistan, Khawaja et al. (2023) found that language barriers in doctor-patient interactions lead to frustration, lack of

rapport, and patient dissatisfaction, highlighting the importance of linguistic accommodation in healthcare communication.

Overall, empirical evidence shows that doctor-patient interaction focuses on attitudes, patient satisfaction, eldersee, ageism and linguistic accommodation. However, none of the studies have focused on real-time communication between elderly male and female Sindhi patients with doctors. The present study fills this gap by identifying communication patterns and comparing the communication between elderly patients and specialist doctors, in private clinics in Karachi, Sindh, Pakistan.

3. Methodology

The present study focuses on health communication patterns of elderly male and female patients with specialized doctors. Hence, a qualitative case study has been undertaken. A qualitative case study (Creswell, 2014) provides rich insights into the problem being investigated and the communication patterns being observed.

The data for the present study was collected using purposive and snowball sampling. As the study aims to observe the communication patterns of elderly citizen, purposive sampling was used to collect data from male and female patients. Snowball sampling enabled the researcher to find more participants due to social networking of the early participants. The target population of the present study included male and female Sindhi elderly patients aged 60 and above. The sample size of the present study included four elderly patients (two male and two females aged 60 above) and four specialized doctors. The sample was sufficient, as qualitative studies focused on analyzing the problem in depth and small size has been sufficient to provide answers. Since the research focused on the elderly discourse of the senior citizen in the natural settings, it was not easy to find more participants due to the social problems of the elderly and privacy. Also, the data

reached the saturation point and the researcher started receiving similar data. The profile of the participants is shown in figure 1.

The data for the study was collected after formal consent was obtained from the elderly patients and doctors. The elderly and specialist doctors were assured that the data was recorded and used for research purposes only. Hence, the specialist doctors agreed to voluntarily participate in the study. The data was collected using participant observation, recording and field notes. The communication between elderly patients was recorded using mobile phones and transcribed. The data was recorded in natural, habitual settings and the patients communicated in Sindhi/Urdu. The recorded data was transcribed and translated from Sindhi/Urdu to English. The data for communication was recorded for four hours. As an ethical practice, the participants were assured that their identity would remain confidential, therefore, pseudonyms were assigned, as shown in figure 1. Interactional sociolinguistics was used as a tool for data analysis. Interactional sociolinguists focus on different conventions like language, social context and speech events. (Spolsky, 1998 and Toomaneejinda, & Saengboon, 2022). The present study focused on elderly communication in the health sector with specialist doctors and the elderly in private clinics. The recorded data was analyzed into themes and is shown in extracts 1 to 3 in the findings.

Case 1 Elderly Female: EFP1 Young Caretaker EPS1 Medical Staff MS1 Specialist Doctor: Dermatologist SD1 Visit to Agha Khan Private Clinic	**Case 2** Elderly Male : EMP1 Specialist Doctor: Eye Specialist SD2 Medical Staff MS3 Senior and Young Caretaker EPS2 EPSS1 Visit at a Private Clinic
Case 3 Elderly Male EMP3 Young Caretaker EPS2 Medical Staff MS3 Specialist Doctor: Eye Specialist SD3 Visit to Private Clinic in Hamdard Hospital	**Case 4** Elderly Female EFP4 Young Caretaker EPS3 Specialist Doctor: Physician SD4 Visit in a Private Clinic in NMC

Figure 1: Participants' Profile

4. Findings

The present study identifies and compares the communication patterns between elderly Sindhi patients (male and female) with specialized doctors. Interactional sociolinguistics has been utilized to analyze communication patterns.

4.1. Politeness in Elderly Discourse

The findings of the study show that specialist doctors showed politeness through verbal and non-verbal discourse and used different strategies to manifest politeness in their communication. Politeness is manifested by specialist doctors with elderly by being persistent, patient, associating with the linguistic identity of the patient, promoting positive and effective conversation, and developing sense of association with the patient.

4.2. Being Persistent and Patient

Elderly people require attention, care and a calm listener who can comprehend their health issues and recommend medications or exercise. The communication between elderly male patient EMP3 and specialized Doctor (SD3) is shown in extract 1.

Extract 1

1 SD3: Saein Khush aheyo ? [Saein, how are you?]

2 EMP3: Saein, maa teekh aheya [Saein, I am fine]

3 SD4: How is your left eye? Sugar is controlled hai na ?

4 EMP3: I feel some problem in my left eye, sugar is controlled. Sometimes light affects the eye.

5 SD4: Honorable sir, kindly read the numbers

6 EMP3: A K R …. Y A B D ..

7 SD4: Your eyesight has improved, last time it was not well.

8 EMP3: Yes Saein, all thanks to you

9 SD3: Improvement aa gaye hai. I will give you an injection on the last visit. Did I give any other drops.

The analysis showed that the doctor promoted politeness by using polite terms polite terms like *Saein (Line 4) and honorable sir (Line 8)* to make the elderly patient feel cared for and respectful. Also, the doctor lets the elderly speak and share his medical problems. Overall, the doctor promoted a positive environment and politeness by polite terms.

In the same manner another doctor promoted politeness in the discourse by showing concern about the health of the female elderly, repeating the discourse for confirmation, giving respect and blessing to the elderly.

The doctor began the discourse by inquiring about the current health of the elderly female (do you have any other problem or pain in line 7) and asks for confirmation as well from the patient. Then he says "*All your medical tests are good. You seemed really fit (Line 1). Thanks to God"* as shown in extract 2.

As a result of these different politeness strategies the elderly patient felt confident and interacted with the doctor. The specialist doctor ends the communication with

blessings for the patient to maintain a positive environment during the visit. (God *bless you. Do not take any tension in line 14).*

Extract 2

1 SD4: All your medical tests are good. You seemed really fit. Thanks to God

2 EFP4: Acha.

3 SD4: Now I am giving you medicine for three more months. Complete the course.

4 EFP4: Yes, I have been eating the same medicine. It has been a year since I last visited.

5 SD4: One year has been completed.

6 EFP4: Yes, I visited one year ago.

7 SD4: Do you have any pain or problem now?

8 EFP4: Right now. I do not have any pain or problem.

9 SD4: Are you sure? Confirm?

10 EFP4: Yes Yes.

11 SD4: You have some spots on your hands.

12 EFP4: Yes, I visited a skin specialist, he said it's due to sugar. And now I have visited your 13 clinics, so that I can take medicine and get my results checked by you. Your medicine really works swiftly.

14 SD4: Yes, these are due to sugar. You may take the medicine, and it will be over. Your original medicine is going on. God bless you. Do not take any tension.

4.3. Sense of Association with Elderly

In a similar manner, in extract 3 politeness was promoted by the doctors by developing a sense of association with the elderly when talking to his elderly female patient (EFP1) and doctor. The doctor formed a sense of association with

the patient by inquiring health, family and another specialist doctor so that the elderly female feels comfortable in sharing the medical issues and the treatment. The doctor (SD1) created a sense of association with the elderly female patient by narrating about patient history, referring to another Doctor for a sense of relationship and building trust and assuring that the treatment is correct as observed in extract 3. Overall, the doctor promotes the patient's self-satisfaction and assures that the treatment provided is correct and it may be verified by the known doctor as well.

Extract 3

1 SD1: How are you? Which products do you use, when did you first observe these spots on your hands.

2 Do you visit any other Doctor?

3 EFP1: I am fine. I observed these spots on my hands some time ago, then I tried some local

4 creams, but the spots did not go. I once shared it with my sister. She suggested I visit a doctor.

5 Yes, I visit Prof. Dr. Amanullah Abbasi….

6 SD1: Oh, the famous Physician Prof. Dr Sahib. I know him very well. He is related to me as well.

7 EFP1: Ohhh, he is a good Doctor, I have frequently visited him since 2010.

8 SD1: Yes, he is one of the best physicians in town. If you take his prescribed medicines, then you won't face a lot of trouble in life.

10 EFP1: What about these spots?

11 SD1: oh, you do not need to worry about these. I will prescribe you some medicine and cream. You need to follow the prescription for three weeks. You may also consult your physician and get the medicine prescribed.

14 EFP1: Yes, I would defiantly tell him about it and follow the guidelines and precautions as suggested by you.

4.4. Language Accommodation

The specialist doctor manifested politeness by language accommodation, promoting linguistic identity and letting the elderly narrate his medical problems and discourse in his mother tongue. The doctor switched from Sindhi, Urdu to English (*Saein Khush aheyo (line 1) to improvement aa gai hai and get the injection again as stated in line 9 of Extract 1*) to facilitate communication with the patient. In the same manner other specialist doctors also accommodated the female patients in their discourse.

5. Discussion & Conclusion

Previous studies have focused on attitude, patient satisfaction, health care providers' attitudes towards ageism, elderese and language accommodation (Ben-Harush, 2016; Chee, 2011; David et al, 2023; Olorunsogo, 2020, Peck, 2011, Samra et al, 2015; Shah et al 2022). However, this study provides insights into real time elderly discourse in the health sector and its implications for elderly communication within private clinics in Karachi, Pakistan.

The analysis of the discourse showed that doctors used different politeness strategies in their discourse with elderly. Politeness was manifested using polite terms by the specialist doctors with the elderly, creating a positive environment, developing a sense of association and language accommodation by promoting linguistic identity.

The doctors communicated politely with the male and female Sindhi elderly patients to create a positive environment where the elderly could comfortably share and express their concerns. Additionally, health care providers created a sense of association and satisfaction among the patients to make them feel comfortable as shown in Figure 2.

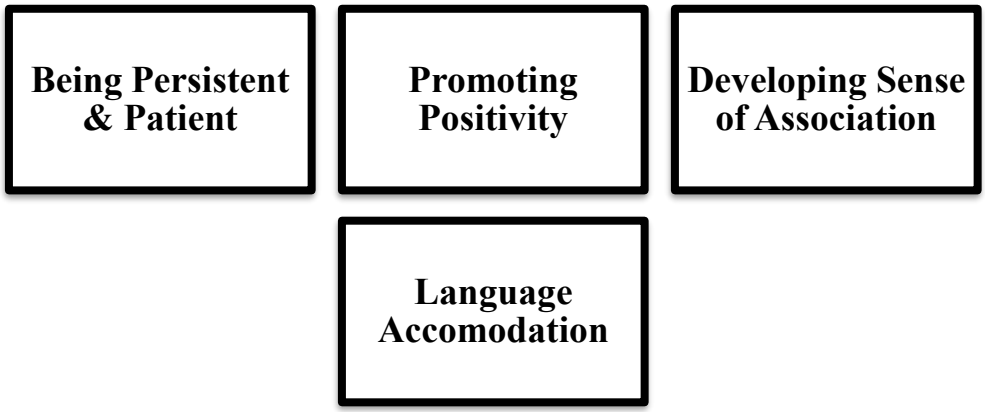

Figure 2*:* Health Communication with Elderly Sindhi Patients

The findings from this study also showed that specialist Doctors used polite discourse, developed affection, respect and regard by following discourse norms with elderly patients. The findings indicate that specialist doctors played a key role in facilitating discourse with elderly patients and bridging intergenerational sensitivity.

This study offers an understanding of elderly Sindhi discourse in the healthcare sector and its impact on communication with the elderly especially in promoting politeness in communication with the elderly. The health sector and the government should improve their policies and train medical staff in elderly language through communication courses and professional training. Additionally, raising public awareness about the needs and rights of elderly citizens is highly essential. Future studies within area can be conducted with language used by minority patients with healthcare providers, communication patterns and norms used by doctors with socially disadvantaged patients and their language, errors in communication for patients with low literacy. These studies can be conducted in different districts of Sindhi especially in the rural areas where govt hospitals and clinics ran by NGOs are the relief centers

References

Ben-Harush, A., Shiovitz-Ezra, S., Doron, I., Alon, S., Leibovitz, A., Golander, H., ... & Ayalon, L. (2017). Ageism among physicians, nurses, and social workers: findings from a qualitative study. *European journal of ageing*, *14*, 39-48.

Chee, F. Y. T. (2011). Elderspeak in Singapore: a case study. Nanyang Technological University. https://hdl.handle.net/10356/93631

Creswell, J. (2014). Research Design: Qualitative, Quantitative and Mixed Methods Approaches. 4th ed. Sage Publications.

David, M. K, Nasir, Zakia & Ali, Ameer (2023). *Seniors and their Perceptions of the Use of Ageist Talk by their Doctors.* 1st International Conference on Applied Linguistics ICAL in RIAPH University, Islamabad.

Haug, M., Dahm, M., Gewald, H., & Georgiou, A. (2022). Just Talk to Me-A Qualitative Study of Patient Satisfaction in Emergency Departments. In *MEDINFO 2021: One World, One Health—Global Partnership for Digital Innovation*. (pp 385-389). IOS Press.

Imam, S. Z., Syed, K. S., Ali, S. A., Ali, S. U., Fatima, K., Gill, M., ... & Jameel, O. F. (2007). Patients' satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan–a cross-sectional study. *BMC health services research,* 7(1), 1-8.

Lamouchi, A., Abdellatif, M.S., & Hafez, W. E (2024). Linguistic accommodation strategies in Non- Arabic speaking doctors' interactions with patients in Saudi hospitals and its role in enhancing healthcare for them. *Research Journal in Advanced Humanities, 5* (4), 765-779.

https://doi.org/10.58256/j2whs893

Ma, W., & Cummings, L. (2023). Promoting language and health studies for a better society. *Language and Health*. 1(1),1.

Olorunsogo, D. (2021). Politeness strategies and pragmatic functions in selected doctor-patient interaction in Private Hospital in Akure. *Ghana Journal of Linguistics, 10*(1), 353-371.

Peck, B. M. (2011). Age-related differences in doctor-patient interaction and patient satisfaction. *Current gerontology and geriatrics research*, *2011*(1), 1-10.

Relief Package for Older People (2004). Global Action on Aging. https://globalag.igc.org/elderrights/world/2004/package.htm

Richard, C., Glaser, E., & Lussier, M. T. (2017). Communication and patient participation influencing patient recall of treatment discussions. *Health Expectations*, *20*(4), 760-770.

Salahuddin, K., & Jalbani, A. A. (2006). Senior citizens: A case study of Pakistan. *Journal of independent Studies and Research (JISR), 4*(2), 26-31.

Samra, R., Griffiths, A., Cox, T., Conroy, S., Gordon, A., & Gladman, J. R. (2015). Medical students' and doctors' attitudes towards older patients and their care in hospital settings: a conceptualisation. *Age and ageing*, *44*(5), 776-783.

Sabzwari, S. R., & Azhar, G. (2011). Ageing in Pakistan-a new challenge. *Ageing International,36*(4), 423-427.

Senior Citizen Act, Islamabad. (2021). Government of Pakistan. https://www.mohr.gov.pk/SiteImage/Misc/files/senior-citizen%20act%202021.pdf

Sindh Senior Citizen Welfare Act (2016). Government of Sindh. http://www.pas.gov.pk/uploads/acts/Sindh%20Act%20No.XXI%20of%202016.pdf

Shah, S.A., Ansari, K., & Dhanpal, S. (2019). Laws Protecting the Old and Elderly: A Comparison of the Position in Pakistan and Malaysia. In Zulazhar

Tahir, et al (Eds) *Elder Abuse and Neglect in Selected Asian Countries (*pp. 127-145). University of Malaya Press.

Shah, P., Donovan, K., & Hubal, R. (2022). Patient Interaction Involving Older Adults: Provider vs. Caregiver Expectations. *Geriatrics, 7*(5), 101.

Sidorenko, A and Zaidi, A (2018) International policy frameworks on ageing: Assessing Progress in Reference to the Madrid International Plan of Ageing. *Journal of Social Policy Studies, 16*(1). 141–154.

Spolsky, B. (1998) Sociolinguistics. Oxford University Press.

Toomaneejinda, A., & Saengboon, S. (2022). Interactional sociolinguistics: The theoretical framework and methodological approach to ELF interaction research. *LEARN Journal: Language Education and Acquisition Research Network, 15*(1), 156-179.

Waite, L. J. (2018, June). Social well-being and health in the older population: moving beyond social relationships. In *Future directions for the demography of aging: Proceedings of a workshop* (pp. 99-130). Washington, DC: National Academies Press.

Zaidi, Asghar, Stefanoni, Silvia & Khalil, Hasnain. (2019). *Promoting and protecting the rights of older persons in Pakistan.* British Council. 1-114. https://www.britishcouncil.pk/sites/default/files/promoting_and_protecting_th e_rights_of_older_persons_in_pakistan-_british_council_2019.pdf