DISCOURSE PATTERNS AND THERAPEUTIC STRATEGIES IN NAIRALAND VIRTUAL COMMUNITY MEDICAL THREADS

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Abstract

This study examines therapeutic strategies in patients/medical practitioners (PMPs) interactions. Fifty web pages of health discourse from threads with high number of responses were collected from the archives of the Nairaland Virtual Community (NVC) threads. Thirty-five posts were purposively selected for analysis because they were representations of the patterns and discourse strategies featuring in the whole data. Qualitative research design was employed in the analysis using Herring's Computer Mediated Discourse Analysis (CMDA). There were five major discourse patterns in the NVC medical threads: opening, pre-consultation/diagnosis, post-consultation/diagnosis, responses, and feedback. Opening and responses were constructed by the medical practitioners (MPs) which invariably constitute the therapeutic strategies. Opening as a pattern deploys greeting, self-introduction, identifying a health issue, voicing interest, building trust in the patients, prayers, smiling emoticons, sharing hope and endearing terms as therapeutic strategies. Responses as a pattern deploy explaining, describing, defining, warning, advising, clarifying, validating achievement and direct off-line help as therapeutic strategies. The patients construct pre-consultation/diagnosis, post-consultation/diagnosis, and feedback with questioning, complaining, clarifying personal medical issues and appreciating the MPs. The new media has broken the barriers to medical communication by creating a positive effect on the patients and increasing their self-esteem.

Keywords: Discourse patterns; therapeutic strategies; Nairaland Virtual Community; medical practitioners; medical communication, patient-centred care

Introduction

Therapeutic communication (ThCom. Henceforth) is a strategy used in building interpersonal relationships in medical encounters to aid the process of healing. It is a process of information transmission and an important tool in patient-centred care. This type of communication takes place between patients and medical practitioners (PMPs) during health talk sessions and diagnosis encounters. The invaluable role of ThCom in the process of healing and the various ways of establishing it for successful medical outcomes have been emphasised in medical practice (Damas Ceno et. al, 2015; Shierko et. al. 2013; Shariff (nd); Zivanovic and Scifed 2017; Abdulrahimi et. al. 2017). With the relevance of ThCom in health services, scholars in medical discourse have also examined the description and improvement in doctor-patient relationship with the objective of proposing better communication skills for medical practitioners (Amack 1995; Chin2001; Ya Wong and Lee, 2006; Maynard 2003, 2004, & 2005; Morse, 2011; Cerny 2008; Peck 2011). Studies carried out by medical discourse scholars in Nigeria have investigated the linguistic features of clinical encounters (Alabi 1996; Oloruntoba-Oju, 1996) as well as pragmatic, discourse and stylistic features of the medical practitioners and their patients (Odebunmi, 2005, 2006, 2007, 2010, 2011, 2012; Odebunmi and Amusa, 2016; Taiwo and Salami 2007; Faleke and Alo 2010; Unuabonah 2008; Lamidi 2021). All these studies were carried out in face-to-face medical interactions to measure the effectiveness in the patients/health workers' medical interactions in aiding wellness of patients leaving a dearth in the online medical encounters through the digital intervention of the 21st century. More so, the interpersonal relationship between patients and MPs has been under played in the studies.

Effective communication is achieved when interlocutors understand the goal of the communication and are able to take decisions for appropriate change or solution as the discourse dictates. Ineffective communication has been the most common complaints of patients against health care givers in Nigeria. This results to patients not

having satisfactory health treatments despite their visits to a health institution. One wonders why the interpersonal relationship of patients and medical professionals has not improved greatly despite the long training and awareness of the importance of ThCom in medical practice. A major hindrance is the overwhelming responsibilities of medical professionals in the 21st century. There is a greater demand in medical service in government owned health institutions which an average Nigerian can afford because of the high charges encountered in private hospitals. Another attendant problem is the long hour spent in hospitals for diagnosis (especially in non-emergency cases) because of the high number of patients seeking health care. People now understand the need for quick and proper diagnosis of their ailments through the awareness created by the various health organizations and NGO's in Nigeria. On the average, the ratio of medical professionals to patients is 1:60 which is way too high and this eventually mars the interpersonal relationship between them.

In recent years, there have been the creation of online platforms like blogs, Apps, chat rooms, and of course, virtual communities where topics bordering on medical conditions are discussed for members to learn and ask questions about their health issues. This study sought to examine the therapeutic strategies in PMPs interactions, identify the discourse patterns of such therapeutic strategies and describe the implication of such strategies for medical communication in NVC. Fifty web pages of health discourse from threads with high number of responses were collected from the archives of the Nairaland Virtual Community threads. Thirty-five posts were purposively selected for analysis because they represented the patterns and discourse strategies featuring in the whole data. Qualitative research design was employed in the analysis using Herring's Computer Mediated Discourse Analysis (CMDA), a theory which unfolds the properties of computer-mediated communication through its five discourse analysis paradigms.

The Nairaland Virtual Community

The *Nairaland* virtual community (NVC henceforth) was founded by Seun Osewa in 2005. It was established to serve as a means

of creating interpersonal relationship among its members. NVC has the largest out of all Nigerian-moderated virtual communities (Naijanet, Naijaworld, NaijawomanNet, Nigerian Village Square etc.). The current status of NVC is 2,333,714 members. NVC is the congregation of Nigerians on the Internet for the common goal of discussing all aspects of the existence of the country. It is an e-Nigeria community. There are different sections in the forum where posters can initiate new threads or contribute to existing ones. These are divided into three major sections: Technology, Entertainment, and General Welcome.

The data for this study is the health discourse which is under General Welcome. Other sections under the general welcome are politics, crime, romance, jobs/vacancies, family, culture, food etc. It is a virtual community which has its base in Nigeria and Nigerians, both at home and abroad, constitute its Netizens. The forum is open to both males and females. They post their various contributions, using nicknames or pseudonyms. The health section of the community features netizens interested in sharing their medical experiences either as practitioners to help posters find answers to their medical issues or as patients. Threads generated through these threads possess specific discourse patterns which facilitate therapeutic strategies between doctors and patients. These therapeutic strategies aid patients' confidence in the medical practitioners and their claim to effective diagnosis and prescription. These need to be investigated to serve as patterns and strategies medical practitioners could adopt in the discharge of their duties.

Existing Studies on Therapeutic Communication

Ghyasvandian et.al. (2017) investigated ThCom in nursing students to define and clarify this important concept for including it as a subject in the nursing curriculum. They concluded that theoretical and clinical education and the receiving educators' feedback regarding therapeutic communication are considered as antecedents of the concept improving physical and psychological health status of patient. This, by extension, aided the professional development of nursing

students. They recommended that nursing instructors can use the results in order to teach and evaluate ThCom in nursing students and to train qualified nurses. Also, nursing students may apply the results to improve the quality of their interactions with patients, perform their various duties and meet patients' diverse needs. As novel as this study is, it should have included other MPs because nurses are not the only medical staff that patients have encounters with during their visits to hospitals.

Damasceno et.al. (2012) investigated ThCom between health workers and patients concerning diabetes mellitus care to find out the ThCom techniques used by health workers with patients under care for diabetes mellitus. They observed that despite the use of communication techniques on the part of professionals, there is still an alarming gap concerning communication skills. Such skills should be allied with technical expertise to enable the delivery of qualified care to individuals with diabetes mellitus.

Sherko et al. (2013) studied the concept of ThCom. They also highlighted the importance of this concept, which through verbal or nonverbal communication makes the nurse consciously influence or help a client. It involves the use of specific strategies that encourage the patient to express feelings and ideas. They also compared the role of the nurse to the doctor and agreed that both professionals must master efficient therapeutic techniques of communication in order to establish empathy towards the experience that the patient reveals.

Shariff, (nd) studied ThCom and nurse-patient relationship. She posited that a healthcare provider who has strong communication skills will always be more effective in helping patients. Therefore, nurses should be able to use ThCom techniques to provide support and information to patients in helping them in their recovery phase. This article provides ThCom techniques for nurses to enhance therapeutic nurse-patient relationship.

Zivanovic (2017) investigated ThCom in health care. She established that effectively achieved Thcom is one of the professional imperatives of the modern nursing and health care since it helps to

alleviate negative emotional states in patients to solve health problems and to make plans for activities that contribute to improving health conditions.

All these studies are on the importance of ThCom in health encounters and healing processes. The subjects of study (for the empirical ones) are the face-to-face medical encounters while the theoretical ones emphasise the importance of ThCom. This present study is presenting another lens to the studies in ThCom which is the mediated medical encounters. The second outlook to this is the fact that ThCom is mainly seen in most of the studies as the duty of the nurses while other medical practitioners are left out. Our study covers threads with representative figures of all the medical professionals: nurses, doctors and pharmacists.

Medical communication scholars have studied various phases of communication in medical encounters with most of them on doctor-patient interactions. Chin (2001), Ya Wong and Lee (2006) studies addressed the need to advance doctor-patient relationship while emphasizing better communication skills for medical experts. Maynard (2003, 2004, and 2005) focused on the delivery and receipt of diagnosis news. In this line of study is Morse (2011) which examined patients' somatic reactions to the delivery of bad news and the challenge of accepting such news. Peck (2011) studied the influence of age differences between doctor and patients on medical interaction and concluded that age is an indispensable factor in doctor-patient interaction and the satisfaction of the patients.

In Nigeria, there are several studies carried out on medical communication. These studies range from the examination of the general linguistic structures of medical interactions (Alabi, 1996; Oloruntoba-Oju 1996) to discourse features of the interactions between traditional healers and their clients (Adegbite, 1999). The more recent ones are centred on the pragmatic, discourse and stylistic features of medical interactions between doctor and patient, Odebunmi, 2005, 2006, 2007, 2010, 2011, 2012; Odebunmi and Amusa 2016), doctor

and pregnant mothers, (Taiwo and Salami, 2007; Unuabonah, 2008), Health workers and pregnant mothers (Lamidi 2021).

In all these studies, the doctors and by extension other MPs were placed as the custodians of information while the patients were portrayed as the victims who should adhere strictly to directives from the doctor without taking into cognizance the mental well-being of the patients in handling their various health challenges as individuals. This attitude of the MPs can be attributable to the array of tasks they are assigned and the large number of patients they attend to on a daily basis. Therefore, the interpersonal communication between the MPs and patients is underplayed while focusing on the healing of the patients.

Theoretical Perspective

Computer Mediated Discourse Analysis (CMDA henceforth) is an approach that centres on the analysis of online interactive behaviour (Herring, 2004). It uses methods culled from linguistics, communication, and rhetoric for analysis. CMDA basically analyses verbal interaction, characters, words, utterances, messages, exchanges, threads, archives etc. and any 'online behaviour that is grounded in empirical, textual observations. Five methodological paradigms emanating from spoken and written language study like conversation analysis, interactional sociolinguistics, pragmatics, text analysis and critical discourse analysis are proposed by Herring for analysis of data in CMDA. However, the novel peculiarity of mediated communication has not been captured in these five paradigms. It is the paralinguistic representation of signs, icons, pictures and videos as communication tools represented in semiotic analysis. Lamidi (2014) modifies the five Herring's discourse paradigms to include the semiotic analysis which captures the technical nature of CMDA. All these identified discourse analysis paradigms are relevant and subsumed under CMDA because CMDA is more like an approach and not a theory on its own (Herring, 2014). Hence, it accommodates diverse theories about discourse and computer-mediated communication for data analysis. Herring proposes four domains or levels of language from the smallest to the largest

linguistic unit of analysis-structure, meaning, interaction, and social behaviour. The structural domain studies the use of special typography or orthography, novel word formations, and sentence structure. Structural/descriptive linguistics, semiotic analysis or text analysis are methods of data analysis applicable. The meaning level examines the meanings of words, utterances and larger functional units. Semantics and Pragmatics are analytical theories relevant to this level of language study. Turn-taking and topic development characterise the interactional level with conversation analysis and ethnomethodology as methods of analysis. Linguistic expressions of play, conflict, power, and group membership over multiple exchanges are features of the social behaviour level of analysis having interactional sociolinguistics and critical discourse analysis as analytical methods.

As diverse as the scope of CMDA is, it enables the applicability of an appropriate theory of analysis to computer mediated discourse. This is captured in Herring 2004 where she reiterates that CMDA "is not a single method but rather a set of methods from which the researcher selects those best suited to her data and research questions" (p.4). NVC features all these domains of analysis because it is a complete representation of discourse in use. However, the concerns of this present study are the structural and the interactional analytical approaches. The structural domain accounts for the discourse patterns while the interactional domain exposes the therapeutic strategies employed in the discourse.

Methodology

Threads from the NVC Health Chatroom constitute the data for this study. Fifty web pages of health discourse on specific areas like: pregnancy, drugs and supplements, new born babies, Trying to conceive, nursing mothers and general medical advice were purposively sampled from the archives of the NVC health threads. These are topics involving medical doctors, nurses and pharmacists as posters and which attract many comments. They are: *Pregnancy: Are you pregnant or going through a high risk pregnancy, let's talk; New born babies: Are you a new mum?*

Then, let's discuss; Trying to conceive a child? TTC; Ask me anything on drugs and supplements; Doctors in the house: Free medical advice available; Doctors in the house: Obstetrics and Gynaecology.

Thirty-five posts were generated from the fifty web pages for a qualitative data analysis. The data are cited in this study in their raw forms. There is no translation of posts because the medium of communication as contained in the Nairaland netiquettes is English and members adhere to this rule as much as possible. This keeps the occasional imports of netspeaks and indigenous lexis to a very minimal level. Herring's Computer Mediated Discourse Analysis (CMDA) which assesses online behaviour through the lens of language and language use was employed to unfold the discourse patterns and therapeutic strategies in the data

Analysis

Examining the discourse patterns in NVC medical threads entails studying the structure of the threads. The second aspect to the analysis involves the interactional level of analysis which identifies the therapeutic strategies deployed by posters to establish the purpose of the interactions. The analysis unfolds the discourse patterns exhibited in the sampled threads. It takes the Initiation-Response-Feedback structure of conversation. The peculiarity of the structure of the medical threads is analysed in each stage of the interactions.

Opening Pattern

Each of the selected threads in the health section has an introduction/opening act. The MPs carry out a self-introduction and the aspect of health education the patients are expected to discuss. In some cases, MPs include how often they would be available to provide answers to the clarification sought by the patients because of the busy nature of their profession. The opening is done by the MPs. Four therapeutic strategies feature in the opening posts. These are: greeting, self-disclosure/introduction, identifying the problem, and voicing interest.

Greeting

Greeting is an obligatory communication routine observed to create positive atmosphere for conversation. It enhances more personal connection among participants in a speech event.

Post 1: *Hi everyone;* **Hi** *All; Hello*

This is an act used in establishing a friendly atmosphere for discussion. 'Hello' has a powerful signal of friendship which can make strangers become friends. It is a major greeting act used in digital communication, from phone calls, text/whatsapp messages to all other digitalized communication arenas. It can bring a smile to someone who is alone. It is capable of changing the way we feel about others. Greeting is employed by the MPs to establish an interpersonal level of interaction. It is a therapeutic strategy which enables the patients accept the Mps and works on the psyche of the patients for a healthy and inclusive conversation.

Self-Disclosure/Introduction

Self-disclosure is compulsory in enabling good communication network among netizens. The nature of the channel of communication necessitates self-disclosure by the MPs. This helps the patients to know and get familiar with the MPs. It features in the opening discourse.

Post 2: *I am an ob/gyn in private practice in NY.*

Post 3:   *I have suffered 2 miscarriages and i am still on this journey i believe that i will* 🙂 *be a mother someday.*

Post 4: *Wishing you good health. Thanks for your support people. My e-mail address is on my profile and would be glad to give anyone answers or help. I am also happy to help any medical students who need advice. I am surgically trained and work as a consultant in Accident & Emergency. My speciality is in hand surgery. Let the questions roll in.*

The posts above give the personal identity of the MPs in each case for patients to know how qualified they are for the purpose of the thread. The use of the first person preposition, 'I', and the possessive

pronoun, 'my', give direct references to the poster. **Post 2** defines a doctor who specialises in female health. Here, the questions are restricted to the female reproductive system and gestation. **Post 3** is a part of the opening discourse on the Trying to Conceive (TTC) members. The poster added her personal information to make the other women accept her as one of them. This type of post is from a member who is experiencing infertility as a medical condition. She creates the post to establish a sense of togetherness in women having a similar health challenge to assure them of the need to be hopeful of overcoming the infertility challenge. This post is a consolation one to the TTC members. A non-verbal cue of a smiling emoticon features in the introduction post to bring the TTC women from a condition some of them might have perceived as hopeless to being hopeful. With this confidence established, they see the poster as someone they can open up to and not just someone out there to sieve information about their predicaments from them. Apart from the self-disclosure, identification of the problem to which the thread was established is given to identify the patients in that category and an invitation to discuss how they are affected and eventually seek solutions to the problems. This is discussed in the next section.

Identifying the Problem

The problem that prompted the thread is identified after the self-introduction to establish the importance of the post. This is another therapeutic strategy which acknowledges the thought of the patients and the various efforts they might have sought without a solution. It addresses the psychology of the patients to draw their attention to the post that can proffer permanent solutions to their problems.

Post 5: *Sometimes you go to Google to search for drugs and supplements and the one you think is appropriate for use. However, in most cases, you do not get what you are looking for because they are not written to specifically meet your needs and you get confused with the vast amount of information you find there. I understand how it feels to surf through the net and forums and not find someone to talk to. Well that does not have to continue.*

The poster here is a pharmacist. Three problems patients confront in drug dispensation are identified in the above post. The first is not getting the right information after surfing the net. The second is getting confused with the bogus information got while the third is having no one to give a definite answer to their questions on drug usage. These are the issues in drugs prescription and administration the poster offers to find solutions to. This is expressed in the elicitation move; *Well, that does not have to continue,* which is an invitation of the patients for discussion and creation of assurance that the patients are in the right call. The implication of this is that the right person with the adequate information and knowledge about drug prescriptions and administration is at hand to give a professional guidance in all cases presented. Another instance is given in **Post 6** below.

Post 6: *At times pregnancy can be very difficult and may even become life threatening, when Conditions such as pre-eclamsia, gestational diabetes, Incompetent cervix, PPROM etc.* (Sic). *So lets use this space to discuss all aspects of this process.*

The dangerous signs of pregnancy are identified by a gynaecologist for discussion. The post is a directive one with pregnant women as its target audience. The occasional difficulties encountered by pregnant women are identified in the post by the doctor who gives adequate guidance on how to prevent the dangerous signs in pregnancy and what to do if one experiences any of them to ensure safety of the mother and the foetus. The elicitation move in the above post; *So let's use this space to discuss all aspects of this process* invites the patients identified to the forum to share their pregnancy experiences and seek help where needed. The next aspect of the opening discourse is the indication of interest by the poster to help solve the identified problems.

Voicing Interest

The act of expressing the zeal and willingness to help provide medical guide in each of the medical threads in NVC is a way of

emphasizing the competency of the medical staff to assure the patients of adequate care. Hence, voicing interest as a discourse strategy serves a therapeutic function which signals the readiness of the poster to help provide solutions to the health issues.

Post 7: *I have decided to start this thread so you can have somebody to talk to on matters relating to drugs and supplements.*

Post 8: *I am starting this thread so we can discuss pregnancy and all the joys, anticipation, expectation and all aspects of this beautiful time in a woman's life.*

Post 9: *I wanted to start this for women who are still waiting for a child, who have tried for a long time, have suffered miscarriages, still births and are trying to find alternative ways of having a child.*

Posts 7-9 are commissive acts. They state the level of the readiness of the posters to help and to assure the patients of their companionship. The pronoun, 'I', is used in all the posts to express their commitment to provide the help that patients have been suffering to get. The objective of initiating each thread is stated through the voicing of interest. This is captured in the introductory phrases of posts 7-9 above; **I have decided to start this thread so you....**; **I am starting this thread so we can discuss pregnancy and all the ....**; **I wanted to start this for women who are still waiting for a child** .... All these encourage the patients to open up on their personal health challenges for discussion and solutions. After the act of voicing interest, the posters further sustain the interest of the patients in the thread through the section of the opening post where they seek the trust of the patients to see them as dependable and custodians of the solutions to their problems.

Building Trust in the Poster

It is essential for the MP to be accepted as someone capable of giving appropriate direction on the burning issues the patients post.

The posts below illustrate such in *Nairaland.* They are psychological acts which help in building the trust of the medical personnel in the patients.

Post 10: *I will be glad to answer your questions. Cheers!* 🙂

Post 11: *Below is a list of ladies that have included their delivery dates, let's keep them in mind by praying and meditating and sending them positive energy, I will update the list regularly, just include the month you are due. I will also update once you confirmed you have delivered. This will allow ladies to see others that are due around the same time as themselves and perhaps you may find a pregnancy "buddy". It's not a must that you include this info to join the thread, we welcome everyone.*

Post 12: *So please come in let us support one another we can pray together, share ideas, seek advice and get advice and travel this road together don't suffer in silence don't cry alone anymore let us help each other, until the day we carry our bundle of joy. (My own bundle of joy was born December 2010 nothing is impossible with God)*

Posts **10-12** are persuasive acts which express the gladness or willingness of the MP to offer a medical help. These encourage the patients to open up on their health riddles. In **Post 10**, the word 'cheers' and the smiling emoticon work together in alleviating the emotional burden of the patients which eventually aid the process of accepting that a helper is at hand. The reference made to the list of women already pregnant and the inclusion of their delivery dates in **Post 11** work on the psychology of those that are yet to conceive by igniting their interest and the assurance of a safe delivery. The use of the first person pronoun, 'I', with the modal auxiliary verb, 'will', indicate the commitment of the poster to the thread. These posts also create the spirit of togetherness in the patients with the use of the pronoun, 'us', and the instruction of praying and encouraging the expectant mothers. The concluding sentence in **post 15** provides succour to the TTCs that at the end of their steadfastness, they will eventually have their babies. The act of

building trust in the patients is a form of hyper personal communication which cannot be established in face-to-face medical interaction. This is represented in **post 12** thus, *...**and travel this road together don't suffer in silence don't cry alone anymore let us help each other, until the day we carry our bundle of joy. (My own bundle of joy was born December 2010 nothing is impossible with God)***

As elaborated above, the opening discourse contains therapeutic strategies of greeting, self-disclosure, identifying the problem, voicing interest and building trust in the poster. After the opening comes the exhibition of the psychological acts presented in the opening post through the various questions and clarifications the patients seek from the MPs. There are two patterns of discourse exhibited in the thread. The first is the pre-consultation/diagnosis pattern while the second is the post-consultation/diagnosis pattern.

Pre-Consultation/Diagnosis Pattern

The pre-consultation pattern of discourse takes the question mode. The participants here are the patients. They ask questions to identify their health challenges and seek solutions to them. They open up on their health issues/worries through questioning or complaining. This set of patients has not been to the hospital to discuss the issue. Cases presented for solutions here are mostly non-emergency ones.

Post 13: *I've had catarrh for 6 yrs now. Any cure. it comes during rainy seasons.*

Post 14: *How do you treat malaria during pregnancy?*

Post 15: *Kathy, talking about early recurrent miscarriages, is there a way to identify difference between a 1 to 2weeks miscarriage and a normal menstrual cycle? How early, after ovulation, should a lady do a pregnancy test What do you think about karotyping the menstrual discharge? The reason for these questions is to identify the cause of infertility (due to early recurrent miscarriages).*

Posts 13, 14 and **15** above are instances of the question pattern in pre-consultative threads. Responses elicited from these questions guide the patients in deciding the appropriate decisions to take.

Post–Consultation/Diagnosis Pattern

The post-consultation pattern takes the form of clarification after a health visit to the hospital. Patients give the history of their medical visits to hospitals and thereafter identify the problems to be solved through the platform.   Here are examples:

Post 16: *imipramine, dopamine was prescribed for my sister suffering from primary nocturnal enuresis. pls, wat is d dosage like? besides is there any other drugs for the same ailment. Thank you.*

Post 17: *thanks very much for your assistance, i have noticed that when i have malaria the symptom i get first is long asthmatic attacks which do not readily respond to the usual medication. I was put on artesunate by my doctors because I react to a lot of other antimalarias (especially the ones that have sulphonamides) by wheezing. Right now am feeling a lot better as the attacks are no more continuous and the feeling of being generally unwell is also reduced. What is your advice?*

Post 18: *Please i need your help concerning my sister She is married for 2 years now without any issue. She went for fertility test with her husband. The test revealed she is ok but her hubby's sperm count is 17million with bacterial infection of staph aureus. Please what is the next step? Do u av any fertility doc u can recommend based in Nigeria.*

In **posts 16-18,** the patients give details about their present state of health and what have been done in form of drug prescription and medical tests taken. The following phrases capture this: ***imipramine, dopamine was prescribed for my sister…, I was put on artesunate by my doctors because I react to a lot of other antimalarias…, The test revealed she is ok but her hubby's sperm count is 17million with***

bacterial infection of staph aureus. After giving the medical history, questions are asked to seek direction on what to do next or clear their worries on the treatment received. The next act is the response from the medical practitioners.

Responses

The MPs are the participants here. In providing solutions to the problems presented in the pre and post consultative patterns by the patients, the MPs explain, describe, define, warn, advise and cite examples on the cases to aid clarity. To validate or test their level of achievement, they further ask if the patients are satisfied with the responses given. Therefore, the acts of explaining, describing, defining, warning, advising, clarifying and validating achievement of their objectives are the therapeutic strategies featuring in the responses of the medical practitioners to drive home the commitment they promise in the opening post. Here are examples:

Post 19: *The recommended starting dose is 25 mg for children 6 to 12 years of age and 50 mg for those older than 12 years. The dose is given 1 hr to 2 hr before bedtime. Source: Paediatric Child Health. 2005 Dec; 10(10): 611–614. Other drug is Oxybutynin. These drugs are to be used together with other non-drug measures. Hope that answered your question?*

The above response from a pharmacist not only gives the recommended dose but further explains and clarifies the usage for children and adults. This is a therapeutic strategy because no other information has been concealed by the pharmacist as it is the case in face-to-face consultation, prescription and drug dispensation. Clarification on the information given is further sought to show how committed the pharmacist is and his readiness to provide more information to the patient through the question act, **Hope that answered your question?**

Post 20: *Your brother in law has a low sperm count. There are certain behaviors such as wearing loose fitting cloths that are thought to increase the sperm count however what your sister may need is ICSI. This is when they take a single sperm and inject it directly into the egg. I am sure there are great fertility doctors in Nigeria however, I am based in NY.*

One common feature in the above post is precision in identifying the problem from the complaint given by the patient. This aids prompt identification of the solution to the problems. He identifies the problem in the first sequence, ***Your brother in law has a low sperm count.*** Rendering this assertion without hesitation to possibly save the face of the poster is due to the anonymity/pseudonymity nature of the NVC discourse. Patients also present their medical issues easily because their identities are concealed. The solutions are given as captured in, ***wearing loose fitting cloths that are thought to increase the sperm count*** and ***what your sister may need is ICSI.*** He explains what ***ICSL*** is and directs the patient to see a fertility doctor since he is not within reach. Another aspect of the doctor's responses is the act of offering off-line help. This is a hyper-personal relationship established in the discourse.

Direct Off-Line Help
The direct off-line is a way of creating an endophoric reference for the patient to further enlighten them on related health issues. In this case, the MPs' phone numbers, e-mail addresses and health websites are posted to patients for further consultation.

Post 21: *u can send me a mail @ joyofsalvation@live.com pls*

Post 22: *M2 tone is effective and I have seen people take it for that purpose. The normal dose for irregular menstrual cycle is two tablets morning and night for at least 3 months. Read more about your M2 tone at http://www.punchng.com/health/m2-tone-addyzoa-as-supplement-fertility-treatment/ and www.charak.com. Please consult with your doctor for more clarity. Hope that answers your question?*

Post 23: *Rolly, I am happy to help. Let us know how this helps you. Try this website, www.wolfeclinic.com, for a list of alkaline foods. I only use this website for the list of foods. I have not purchased any products or followed any other advice from them.*

Post 24: *Thanks. How do I arrange a consultation with u? My consultation is via my whatsapp no: 08108300838. Cheers Speak with our health team online today. No distance barrier- jidealo.net*

The resourcefulness of the 21st century digital encounter is explored in its totality in the above posts. The Internet with its wide array of channels is a source from which medical help could be sought. The MPs here provide avenues for one-on-one medical interactions with the patients by providing their whatsapp numbers and e-mail addresses. This is rare in face-to-face medical encounters. In fact, doctors discourage patients from seeking medical help outside the clinic hours except on emergencies or in private practice. Apart from creating an interpersonal channels of discussion through whatsapp and e-mails, medical websites where more information could be gathered, are shared to the patients to enhance their health literacy. These channels of communication opened to patients for further education and clarification strengthen interpersonal relationships between patients and the MPs. The responses given here are detailed enough and are helpful to the patients. This is established through the feedbacks the patients post after taking the directives given by the MPs.

Feedbacks

The feedbacks from patients are important in the assessment of the relevance of the online medical encounters in providing an alternative to the off-line medical consultation where ineffective communication has been an inhibiting factor in the process of healing.

Post 25: *Thank-you for your advice. I definitely will go for genetic counselling as soon as my husband gets back into the country. You have convinced*

me. I do hope it does not ever end this way again. I really have been burning the candles at two ends but I intend to slow down now. So glad you are here to give quick advice. I do miss living in Nigeria where I had a few friends who were doctors and one could always discuss issues.

Post 26: *That answers a lot thanks man… Someone said taking alabukun causes side effects and d major ingredients in alabukun is ASA and caffeine*

The posts above are testimonies to the effectiveness of the Nairaland medical threads in providing a safe avenue for members to seek medical help from the harsh realities of the off-line medical encounters. The patients are the participants here. In all sampled posts, there was no negative response from members about the health threads. The high responsive nature of the online medical encounters is a feature of this medium of communication that prompted the barrage of appreciation from members after being enlightened in the various areas of medicine and wellbeing at no cost.

Findings and Conclusion

This study investigated the discourse patterns and therapeutic strategies in NVC health threads. The analysis reveals that there are five major discourse patterns in the NVC medical threads: opening, pre-consultation/diagnosis, post-consultation/diagnosis, responses (medical practitioners), and feedback (patients). Therapeutic strategies are performed by the MPs and these feature greatly in the opening pattern and the responses. They serve as the GIVER of information and they make use of these strategies to aid patients' total involvement and a way of creating an interpersonal rapport between them and the patients for further medical engagements even off-line.

The NVC medical threads offer open discussions of personal health issues. Health issues are perceived as personal issues which one must not divulge to people. Patients are, most times, encouraged to

open up during their visits to hospitals. The pseudonymous representation of posters in the forum and the therapeutic strategies employed by the medical practitioners encourage members to post their complaints for solutions and clarifications. Despite the forum being online where patients cannot be examined, the feedbacks from members whose health issues are addressed through the forum suggest it to be an alternative platform to allay their health fears and get help without going through the long wait in government owned hospitals in non-emergency cases.

The new media has broken the barriers to medical communication by creating a positive effect on the patients and increasing their self-esteem because their identities are concealed. It is recommended that online medical help platforms or apps should be created in Nigeria by both State and Federal Teaching Hospitals and Medical Centres for their out-patients to reduce the number of patients to be attended to on a daily basis. If this is done, patients' visits to hospitals would only be on emergency cases. In this way, there would be a great improvement in the healing process in the off-line medical encounters. The deployment of therapeutic strategies in NVC has established the hyper personal role it serves because members are attended to promptly without paying a fee as it is with many online medical vendors.

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