

# A Communication Scene Model to Describe Language Use in Health Insurance

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*Health insurance is a fast developing and relatively young field of science. In Hungary as in many European countries the legal regulation of central health insurance was introduced first at the end of the 19th century. The professional activity of each new field is characterized by specialized communication containing specific vocabulary which can be analysed from sociolinguistic standpoint. The present study is going to provide a sociolinguistic description of the communication scenes of health insurance and intends to explore further logic relations existing among the scenes. The language of health insurance has not been studied yet from a sociolinguistic point of view in Hungary.*

**Keywords:** *health insurance, communication scenes, typical activities, participants, setting, norms, genres, professional content, healthcare economics*

## 1. Introduction

The Hungarian health insurance has a nearly 120-year-old history, so it is considered a relatively young field of science. The specialization of different areas of science results in developing more and more varied fields. Each new field consists of several scientific areas. While researching the language of health insurance it is crucial to determine which areas of science take part in the development of the new field. How is it possible to define the professional content of the specialized communication characterizing this new field? To answer the question it is important to discover and be familiar with the participants of the communication scenes, the settings, the typical activities, the genres and the norms of the communication used in health insurance. Some aspects of the analysis are based on Hymes's units of sociolinguistic description (1972).

This study intends to identify specific features of the use of language in health insurance with the help of a communication scene model provided in Figure 2.

## 2. The aspects of analysis

The use of language in health insurance can be analysed with the help of the communication scenes. Dell Hymes elaborated aspects of sociolinguistic analysis in his *Models of the Interaction of Language and Social Life* (1972). He distinguished the social units of analysis: such as speech communities, speech situations, speech events, speech acts, setting, scene, message content, participants, norms, ends, key, instrumentalities, and genres. He suggests a definition of each component in his framework.

Scene: the scene is defined as the psychological setting or the cultural definition of an occasion as a certain type of scene (Hymes, 1972: 41). Based on another definition the communication scenes can be viewed as all speech situations stimulating the same language use (Kurtán, 2003: 25). The communication scenes can be distinguished from each other according to the degree of publicity by Jenő Kiss (1995: 63).

For the further research of the communication scenes it is necessary to introduce the process of professional development and the growth of professional content as new aspects of the analysis in order to explore more links. The characteristics of the communication scenes can be interpreted and viewed in the process of the individual's professional development. The 1<sup>st</sup> figure shows the degrees of professional development.

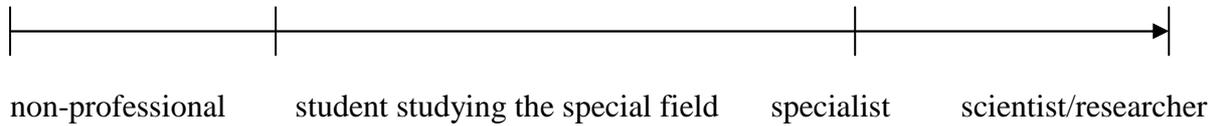


Figure 1 *The degrees of professional development*

The figure shows the individual's participation in the communication having a growing professional content. The two opposite poles can be read here: the individual takes part in the communication as a non-professional or as a researcher.

If the same process is viewed from the standpoint of time, the communication scenes and the growing professional content can be studied with the help of the next figure. The 2<sup>nd</sup> figure represents the participants of the speech situations as well.

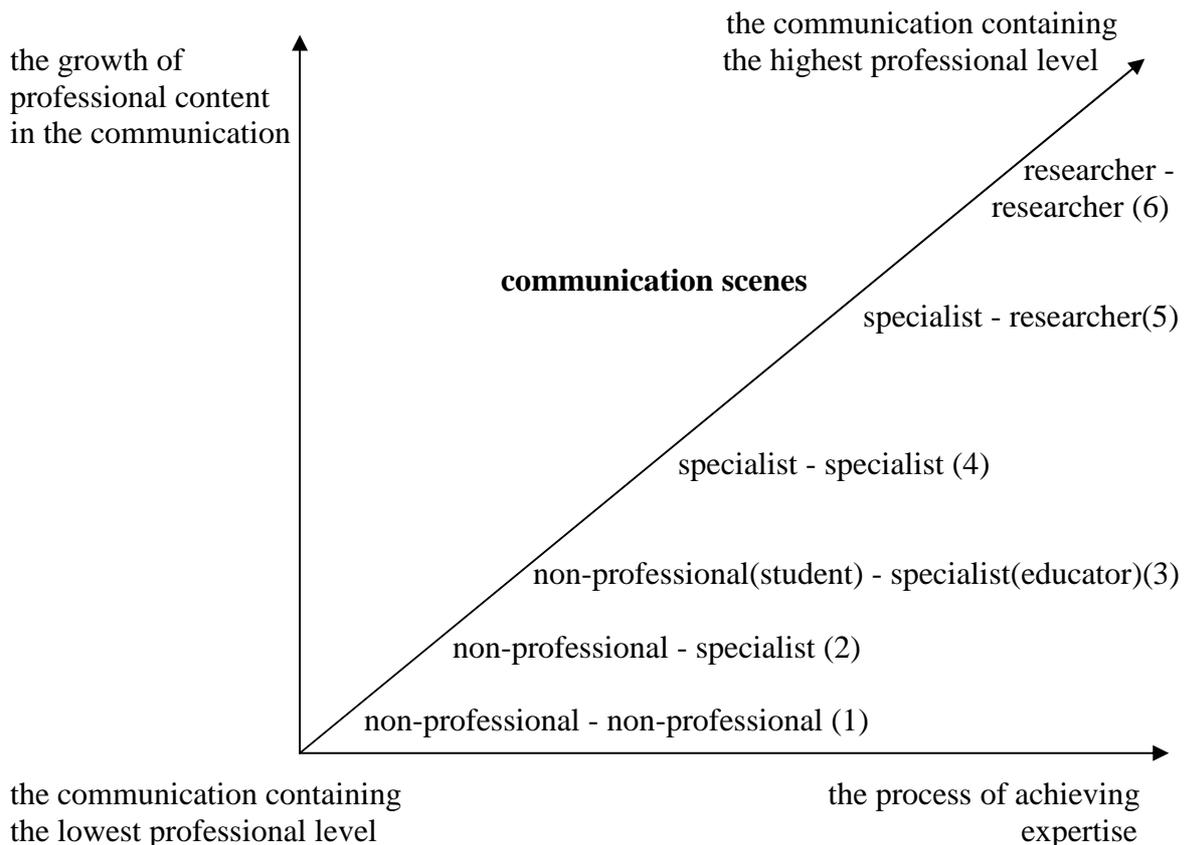


Figure 2 *Communication scenes*

The six different communication scenes shown by the line graph can be distinguished from each other by the growing professional level of the communication. Each scene consists of a number of speech situations creating the same use of language. The communication scenes can be grouped and numbered according to the growing professional content characterizing each level.

Not all aspects of Hymes's model are chosen to describe the communication scenes of health insurance. In this study the following units of analysis are considered to provide a detailed and clear description of the use of language in this relatively young area: participants, settings, typical activities, genres, norms and lexical examples.

Participants: the participants of each communication scene can be seen in Figure 2 and are more specified in the analysis.

Setting: the setting refers to the time and place, where the communication takes places. All settings are located in Hungary.

Typical activities: each scene is characterized by typical activities, which can also be called speech events according to Hymes description. Differing from Hymes's units of sociolinguistic description the speech events and speech acts are not discussed separately, they are all included in this aspect.

Norms: in each situation the participants are required to use the proper norms of interpretation and interaction.

Genres: the genres are categories of communication such as lecture, forms, letters, etc. So, the norms and the genres are also chosen to describe the typical activities of each scene.

Lexical examples: some lexical examples as typical terms used in health insurance are mentioned and grouped according to the scenes where they are used. The communication can take place in Hungarian or in English depending on the situation and the participants nationality. The would-be health insurance professionals study English for health insurance to acquire the proper skills to communicate in English with foreign clients or colleagues in their future professional career. For the sake of non-Hungarian readers the English equivalents of the Hungarian terms are given as examples to illustrate the specific vocabulary of each scene.

The communication scenes of health insurance can be described with the help of these six aspects by highlighting some important characteristics of the language use in this young field. Besides the sociolinguistic description of the communication scenes of health insurance, my second goal is to highlight additional relations existing among the scenes. The explored relations are summarized in Conclusions.

### **3. The analysis of the communication scenes of health insurance**

#### *3.1 Communication between non-professionals*

In the speech situations of this communication scene the participants have nearly identical professional knowledge. In conversation some basic, well-known terms learned probably from different media or from talks at workplace can be observed. The typical activities performed by the participants contain information exchange about buying an insurance before travelling, talking about the advantages of taking out a European Health Insurance Card, etc.

### 3.2 *Communication between a non-professional and a specialist*

In the speech situations between a non-professional and a specialist the role of the specialist can be indirect (A) and *direct* (B).

(A) The role of the specialist is indirect in the communication if the non-professional person reads or listens to the news about health insurance. The participants are the individual as the *hearer* and the specialist as the *author*. The *mediator* is the article in the newspaper, on television, in the radio, or on the Internet, as a means of communication. Some articles inform people about changes, for example about new regulations published by the *National Health Insurance Fund Administration (OEP)*. Some frequently used terms are: *visit fee, hospital daily charge, central budget, contribution, retirement age*, etc.

(B) In the direct speech event of the non-professional and the specialist the setting is the specialist's workplace which can be the *Client Service of the County Health Insurance Fund Administration (MEP)*, the *National Health Insurance Fund Administration (OEP)*, the *finance office of workplaces, private insurance companies*, etc.

The typical activities of this scene are asking for and giving information, paying out sick-pay, child care allowance, child care fee; claiming benefits, taking out the EU Card, losing and changing the social security card, doing administration and office work. Some of the typical terms are *health care contribution, pension, private pension fund, unemployment benefit, family allowance, social provisions, child care fee, child care allowance*, etc.

The specialist is required to use the correct norms of the speech situations to be able to make the information and explanation clear and understandable for non-professionals, too. The norms, the style and the terms used by the clients and the specialist are not the same, so it can be difficult for the participants to understand each other properly.

### 3.3 *Communication between a non-professional (student) and a specialist (educator)*

The speech situations of the student and the educator create a very complex scene. First of all the student can be regarded more or less as a specialist, because his/her expertise and the terms he/she uses are very close to the professional content of the specialist's speech situations.

Second, the learning process can be viewed as an important scene of the specialized communication where the specialist is present directly or indirectly in the professional discourse. The specialist takes part directly in the professional communication during the lectures, seminars and practices. The student as a would-be specialist carries out verbal interaction with the educator when asking and answering questions, taking exams, having an oral presentation about professional topics. The specialist as an author is present indirectly in course books and studies. The student performs written communication during studying the scientific literature. The typical activities are essay writing, test writing, making reports.

The setting is usually the school: in Hungary the University of Pécs, Faculty of Health Sciences, Training Centre in Zalaegerszeg and the practice sites: the County Health Insurance Fund Administration (MEP), the National Health Insurance Fund Administration (OEP), private insurance companies, teaching hospitals. During the learning process the student acquires the expertise and the correct terminology of the studied field of science and becomes a specialist. It is obvious that the terms of the most important subjects of the training will be built into the student's future professional communication.

The would-be health insurance professionals need to attend a 4-year course to get a BSc degree. The four most important areas of the BSc training can be seen in the following chart.

<p><b><u>1. Special human insurance subjects = 28%</u></b></p> <p>social security provisions, general and health care legal insurance, health care finance, social security history, health insurance provisions, financing, health pension and accident insurance, business and private insurance, family welfare, insurance funds, etc.</p>
<p><b><u>2. Studies in economics = 22%</u></b></p> <p>mathematics, statistics, economics, micro- and macroeconomics, finance, accountancy, taxation, etc.</p>
<p><b><u>3. Health care studies = 17%</u></b> (basic subjects)</p> <p>health care professional knowledge, pharmacology, public health, epidemiology, health care systems, social policy, management, etc.</p>
<p><b><u>4. Studies in social sciences = 13%</u></b></p> <p>philosophy, health care ethics, psychology, pedagogy, sociology, social policy, etc.</p>
<p><b><u>5. Studies in informatics = 12%</u></b></p> <p>informatics, system management, work and process management, etc.</p>
<p><b><u>6. Supplementary knowledge = 8%</u></b></p> <p>Latin in medicine, English or German for health insurance professionals, special credit courses</p>

Chart 1 *The main teaching areas of the health insurance professionals BSc training in Hungary*

The special human insurance subjects are in the first place and make up 28% of the training period. The students are required to learn the correct terms of their future profession during the training. The acquired terminology is used in the specific discourses after the training, and it can be more specified whenever special situations require this. From the subjects involving varied knowledge it can be concluded that the terminology of health insurance is quite complex, because the teaching areas consist of many fields of science.

English and German for health insurance professionals are optional subjects for the students to acquire at least intermediate communication skills. In English and German lessons the students learn to communicate in English / German with a foreign client or colleague in several professional situations, like letter writing, giving and understanding information, etc.

Some of the typical terms used by the participants of this scene are *decision tree, supplementary income support, pre-pension, aid for dwelling maintenance, pension by waiving-age limit, benefits in cash, Homogeneous Disease Groups= Diagnosis Related*

*Groups, sick-pay / sickness benefit, GDP (Gross Domestic Product), inpatient care, source of finance, private insurer, Health Insurance Fund, employee, coverage, etc.*

The demands of the society influence education and cause changes in the training. For example the Bologna process has altered considerably the structure of the training. As a result certain subjects have become more important, for instance the higher rate of legal insurance subjects in the curriculum. Due to this change there are more legal terms in the specific vocabulary of health insurance professionals. Obviously all communication scenes have more speech situations connected to the legal side of insurance.

### *3.4 Communication between specialists*

The speech situations of the specialists are characterized by the strong professional content of the discourses, where the participants have nearly the same level of expertise, which makes the communication understandable for everybody.

The setting is the specialist's workplace: health insurance fund administrations, pension insurance fund administrations, private and voluntary insurance funds, the financial departments of hospitals.

One example of the typical activities is the cooperation of the different departments. The names of the departments of the County Health Insurance Fund Administration show varied activities carried out in this setting: e.g. curative-preventive care department, medical-professional controlling department, benefits in cash department, spa treatment department, pharmaceutical department, legal and directing department, controlling department, administrative department, department of informatics, financial and accounting department, therapeutic aid department. As it is clear from the names of these departments, the benefits in cash department pays out the benefits in cash, the pharmaceutical department deals with ordering the pharmaceuticals, etc.

The typical genres of the specialists' communication are the reports, accounts, data analyses, publication of statistical calculations, lectures, presentations, etc.

The commonly used terms are almost identical with the specific vocabulary learnt during the studying process, because the specialists use their achieved expertise in different speech situations in their professional career. Naturally further specification of the vocabulary can be observed in special areas of health insurance. The specialists are required to use the proper names and correct terminology of the specialized communication.

The next two scenes have a lot of similarities. The speech situations produce identical terms.

### *3.5 Communication between a specialist and a researcher*

The communication of the researcher and the specialist can be characterized by the high grade of abstraction which is hardly or not comprehensible to non-professionals.

This communication can take place in different settings: e.g. at conferences, at further trainings, at the health insurance fund administrations. The National Health Insurance Fund Administration (OEP) has four main departments and each consists of more subdepartments where specialists can do research in a more specific field of health insurance:

1. The Health Care Main Department has more subdepartments with different functions, e.g. curative-preventive, pharmaceutical, therapeutic aid, spa treatment, health care expert, analysing, controlling, equity affairs.
2. The Economics Main Department involves the Financial, the Accountancy, the Investment, the Operational Departments.
3. The Main Department of Informatics and Administration has the Informatics Operational, the Informatics Financial, the Administrative and Process Management Departments.
4. The General Directing Main Department includes subdepartments dealing with human policy, legislation, benefits in cash, and controlling.

Other important settings of the communication between the specialist and the researcher are the ministries, e.g. the Ministry of Health, the Ministry of Social and Family Affairs and the Parliament.

Due to its central role in coordinating and operating the different institutions and organizations of health insurance one of the most essential activities is the legal regulation. With the help of researchers the specialists take part in preparing legislation, elaborating amendments, submitting and debating proposals. Other important tasks include activities of National Health Insurance Fund Administration like purchasing health care services for the insured, directing the regional and other administrative bodies, operating the health insurance branch system, preparing and implementing bilateral international agreements regarding health insurance, developing and operating the database of the health insurance system, collecting, processing and analysing the statistical data of the health insurance system, having lectures, reading professional journals and articles.

Several journals as characteristic genres of this scene are available in the field of health insurance to promote the specialists' written communication: e.g. *Egészségügyi Menedzsment*, *Egészségügyi Gazdasági Szemle*, the information leaflets of National Health Insurance Fund Administration (OEP), the official magazine of OEP: *Egészségbiztosítási Közlöny*, the official magazine of the Ministry of Health: *Egészségügyi Közlöny*.

### 3.6 *The communication of researchers*

The researchers' communication has the highest professional content. The most frequent activities of the researchers can take place at varied settings: e.g. publishing in national and foreign professional journals, like *Eur J Health Econom* or *Observatoire Social Européen*. The verbal communication can be observed at conferences organised by national or foreign health insurance institutions. Publishing the research results, giving lectures, creating and standardizing new terms are all examples of the typical activities of this scene. It is important to mention typical genres such as lectures, reports, studies, scientific articles. The norms involve the ability to explain clearly the latest research results to colleagues and students.

Some of the terms characterizing this scene are *age-related drug consumption*, *age-specific death rate*, *analysis of drug turnover data*, *cost-effectiveness ratio*, *CPI = consumer price index*, *decision tree*, *diagnosis-based payment*, *Diagnosis Related Groups (DRGs)*, *DRG cost-weight system*, *East-West life expectancy gap*, *evidence-based health care*, *health years equivalent (HYE)*, *health-related quality of life*, *hospital capacity and utilisation*, *international classification of diseases (ICD)*, *income-related contribution payments*, *Managed Care Organisations*, *reimbursement*, etc.

## 4. Conclusions

From the analysis of the communication scenes it can be concluded that the work and activities of health insurance institutions belong to the topics of the most important subjects of the training. For example the activities carried out at the County Health Insurance Fund Administration (MEP) are connected to curative-preventive care, medical-professional controlling, paying out benefits in cash, spa treatment, ordering pharmaceuticals, legislation and direction, controlling, administration, informatics, finance and accountancy, therapeutic aids. Similarly the activities of the main departments of the National Health Insurance Fund Administration (OEP) are part of health care, economics, informatics, administration and direction. It is easy to find similarities between the activities of the health insurance bodies and the main teaching areas of the training (Chart 1).

Based on the links explored between the teaching areas and the activities of health insurance bodies, it is obvious that the most important subjects of the training have an important role in creating the specific vocabulary of the future specialists. The terms of the subjects belonging to the main teaching areas will be built into the language use of the specialists.

If the aim of the analysis is to define the professional content of the specialists' communication, the easiest method is to examine the main subjects of the training. The main teaching areas are the special human insurance, the economic and the health care studies. Having the highest rate of all studies, the human insurance subjects make up about 28% of the training period. The human insurance subjects belong to the area of economics and health care studies. As a result it is not surprising that the analysed new field of science, health insurance is also called health care economics.

Consequently, the content of the specific vocabulary of a health insurance professional can be described: the specialized communication of a health insurance specialist contains basically economic and health care terms.

### 4.1. Summary

1. Health insurance is a new field of science, which is developing fast and is becoming more specific. The communication scenes of health insurance can be found in different layers of the society.
2. In order to define the professional content of the specialized communication used in a new field of science it is necessary to study and analyse the communication scenes and their characteristics to explore links existing among the scenes.
3. Having examined the communication scenes of health insurance it can be concluded that health care studies and economics make up considerably the professional content of the communication used by health insurance professionals. The new field of science is also called health care economics.
4. The specific vocabulary of health insurance professionals consists of mainly health care and economic terms.
5. The sociolinguistic description of health insurance requires more analyses, since further questions are emerging. For example: In which speech situations does the specialists' specific vocabulary change and develop fast? Probably the communication scenes containing higher professional level, e.g. the communication of a specialist and a

researcher, influence the scenes with lower professional content. Presumably, a new term will be part of the non-professionals' vocabulary much later.

6. The work carried out in health insurance bodies influences and directs the professional content of health insurance training, since the activities taking place in health insurance institutions are reflected in the curriculum of the health insurance course.
7. The most complex scene is the health insurance training where several factors related to the professional content of the specialists' communication can be explored. Further research is needed to decide whether this model is applicable to investigate language use in other fields of science.

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