

Language and Gender: Communication in the Professional Setting

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Abstract

Differences in the linguistic styles of male and female doctors engaged in professional interaction as a form of public communication were examined in the work setting. Linguistic and non-linguistic styles of subjects were observed through overt video recording in their roles as participants, both as leaders and as members of the audience, in seminar and lecture settings. It was found that female doctors tended to be more detailed, elaborate and conversational in their presentations than males, who focused more on the cogency of the facts they were presenting; question consistently ranked highest among the linguistic features employed both by male and by female doctors; only female doctors engaged in collaborative efforts to build another female speakers presentation, and adopted a conversational tone as a part of their rhetorical style. Although these gender-linked patterns emerged, professionalism appeared to be a more influential factor in determining the linguistic choices of the group of professionals studied.

Introduction

As a field, communication research has come to stay. However, the complaint has been reported (Very and Eadie (1993), Noam (1993), and Docherty (1993) that research in the area has not been influential enough, and that the public is yet to be convinced of its value. These Sources also wonder whether the method of research in communication will become increasingly sophisticated, while remaining less publicly relevant. In Noam's (1993) view, it is of paramount importance for studies in communication to be relevant to society. To ensure this, he asserts, such research must broaden beyond the bounds of pure academic.... address, and occasionally venture into a real world of, for example, production, government, media, business, and public interest advocacy (201).

Noam further calls for the establishment of a strong empirical and applied base within the field of research in communication to enable "theory, methodology, empiricism and policy [to] reinforce each other again" (p.205).

In reconnecting research with policy, Wartella (1992) emphasises the need to focus on the public nature of communications studies. This, the source believes, should compel researchers to determine if they have something worthwhile to say; if they believe their contribution will make "a difference to the human condition"; and if they care enough to say it.

Docherty (1993) pp 231 - 6) advocates that the "wall that separates the academy from the society" be ripped down, recalling the time when "the conveyor belt from the academic intellectuals to the public mind ceased to function in the US"(pp 231

- 6), to the detriment of society. For academic inquiry to be truly useful and truly functional, in Docherty's view, it must demonstrate a certain amount of social responsibility. Otherwise it becomes a betrayal of public trust, of the public's need to know, and of the public's need to grow and to improve.

The sources cited above assert that issues of interest to the public, which have drawn much media attention, and which, above all, have the potential to influence society positively, should be studied. Avery and Eadie, in the article earlier cited, report that safe sex talk, courtroom communication processes, and effects of television on children are some of the research topics that have captivated present day American society. Again, Fisher (1982) had earlier observed that although there has been a growth in studies examining the properties of natural language use in institutional contexts, much of these have been conducted in classroom settings. In terms of linguistic features which should attract the attention of the researcher, Labov (1982) p.195 asserts that "the study of language in its social context cannot remain at the level of such phonological variables as [th] if it is to have significance".

It is in line with, and as a response to, the call to social relevance in academic research of these and other scholars that this study of gender differences in professional communication as an example of public communication in a Nigerian setting is undertaken, as the "growing literature from institutional contexts" (Fisher, 1982).

Argyle (1972) asserts that to survive in society; to function meaningfully; to attain individual and collective goals; to further interaction; to give, receive, react to and elicit information; to influence the behaviour of others (through instruction, persuasion, propaganda, and aggressive remarks in the form of teasing or insults); and to establish, sustain and enjoy social relationships, everyone needs to communicate.

Reinforcing this view, Blakar (1979) is of the view that people are bound by the need to communicate, or else be stamped out as persons. According to that opinion, human beings use language to structure, reflect and influence each other's realities. Through language, social bonds are created, or people are isolated. Putting it in other words, Sigman (1989) describes communication as a process that functions to hold together and hold up the diverse components of society. That process consists of mediating, regulating, sustaining and making possible human relationships, causing communication to serve as "the mechanism of social organisation", or re-organisation, as the case may be. In this study, that process is carried out in English, the language of professional communication in Nigeria.

Rhetorical Structure

A consideration of gender differences in rhetorical structure helps to reveal how the speakers observed in the study used language – in this case English – to structure and convey professional meaning while regulating substance and making possible interpersonal relationships.

Of interest in this section is how women and men have been observed to organize their oral, public presentations. According to Farrell (1979), an acclaimed scholar in the field of rhetoric, and Hiatt (1977), who conducted a descriptive and exploratory study of some women's speeches, the female and male modes of rhetoric differ. Men tend to be more 'direct', employing the deductive order, while women mostly prefer the 'indirect' or inductive approach. Coates (1993 p.10) describes the difference in terms such as "competitive" and "aggressive" (for males), and "cooperative" and "supportive" (for females). These sources consider the deductive method to be "closed ended", more "playful", and therefore less sensitive to the impact of what is said on the listeners (who in turn perceive the speaker using this mode as distant and formal). In their opinion, the approach therefore tends to easily generate feelings of animosity. The advantage, however, is that the speaker using this method can be more assertive and explicit.

The inductive mode is by contrast described as open-ended and additive, more informal and personal, involving a greater degree of self disclosure. It is characterized by the absence of self-conscious cynicism. Rather, it appears to trust and respect the audience's intelligence more, and can therefore leave the conclusion to the audience because the listeners are perceived as sensitive and intelligent. Says Hiatt (1977:57-8):

[women's] non-fiction prose is generally more conservative, more cautious, and less emotional... In non-fiction, the women exclaim less frequently, regard... what they say as dispensable, are ... likely to add on new ideas rather than reach conclusions... they tend to...to use "extra" information rather than conclusions.

Other gender differences in rhetorical style observed by Hiatt (1977) and by Farrell (1979) include the following:

Male speakers use the short, traditionally ingratiating exordium, but immediately launch into the attack, assuming antagonism because they consider antithesis to be integral to this comparative approach: the speaker/writer must be either for or against something.

Female speakers tend to avoid unnecessary antagonism and differentiation, even after the exordium.

Male speakers appear to take pleasure in the polarisation they create, a polarisation which results in one side emerging as good and the other as evil.

Female speakers seek neither to entertain nor to irritate their opponents, for they appear to consider it impossible for the person threatened to see beyond the threat.

Hiatt posits that the assertive antagonism of the male mode will give the impression of divisiveness, but argues that it is productive in that it "loosens up the imagination", thereby helping to generate ideas. It therefore facilitates the kind of

control required for formal academic discourse, where it is necessary to reach conclusions to which supportive statements are related.

The female mode, on the other hand, appears to be more sincere because it is not "distracted by the contingencies of verbal combat". Its low-keyed indirection makes it appear to be more supportive, conciliatory and potentially integrative. It is therefore useful in diffusing tensions in heated deliberations.

Hiatt asserts, and it is plausible, that unlike the deductive pattern, the female inductive mode can be caught, but not taught.

In agreement with some of the views expressed separately by Hiatt and by Farrell, Tannen (1995) acknowledges the existence of what the author describes as "ritual opposition", a characteristic of the style employed by American men, who expect a discussion to proceed as a "ritual fight". This expectation according to the source, leads men to express their ideas in the most certain terms, and wait to see if they are challenged. In Tannen's view when all involved in the discussion use this style, the interaction proceeds smoothly, otherwise it may lead the other person (who does not use the style) to give up an idea that is challenged, or take the opposition as a personal attack:

Anyone who is uncomfortable with this style – that includes some men as well as many women – risks appearing insecure about his or her ideas (p.144).

On the contrary, Coates (1991) considers women's talk as tending more towards co-operativeness, arguing that:

The way women negotiate talk symbolizes ... mutual support and co-operation: conversationalists understand that they have rights as speakers and also duties as listeners; the joint working out of a group point of view takes precedence over individual assertions(p.120).

Since some of the material studied consists of lectures and other formal presentations requiring continuous oral delivery, gender differences in rhetorical structure in addition to conversational pattern are of interest. This is so because the seminar presentations are always followed by discussion. These interactive sessions were expected to proceed along the line of Sachs, Schegloff and Jefferson's (1974) mode of turn taking in correlation in which one speaker speaks at a time, and overlaps/interruptions are view as an aberration (Coates, 1998, p.238). Differences in the way that turn-taking is regulated could vary from those observed in native speaker situations where most of the investigations cited in this study were carried out. Differences in rhetorical/linguistic style could therefore be explained in terms of differences in culture where necessary. The method of data collection and analysis is presented next.

Method

All the data for the present work were obtained from samples of professional discourse occurring in interactions among doctors, students, registrars, house officers and consultants in the contexts of departmental seminars and lectures in a Nigerian University Teaching Hospital.

Video recording was preferred as the major method of data collection in the study. Each event selected was recorded from beginning to end, and later transcribed. The professional context was noted, and relevant portions of the material extracted for analysis.

In communication with colleagues, doctors were expected to choose the connection alignment with those of equal professional rank. But male styles may differ from female styles. Observing styles along these lines permits the researcher to state the factors which take precedence in determining the style chosen by the subjects in any one interaction: gender or professional rank.

Focusing on communication patterns of female and male doctors during lectures permits the isolation of rhetorical features and the analysis of rhetorical structuring of information, while also permitting the observation of more features of communication, both linguistic and non-linguistic.

The method used for data analysis in this investigation may be described as qualitative. It includes content analysis and description of verbal interactions displaying relevant features of communicative style of women and men, as well as counting and noting of specific, verbal features identified in relation to gender distinction of the participants in the discourse. The relative frequencies of occurrence of relevant features were calculated in simple percentages. Based on the figures obtained, an attempt was made to compare and contrast male and female communication patterns.

Each video recording was reviewed several times to confirm the verbal, and note the corresponding non-verbal output. The transcribed text was read closely to determine the contribution of component sentences and vocabulary items to the communication context. These were then labelled accordingly, using descriptive terms adopted from the literature or formulated for the purpose.

The number of times each feature was employed by the Male or Female Doctor under observation during the course of an interaction was noted for comparison. The *doctor under observation* refers to the doctor holding the floor by virtue of her/his role in the interaction, for example during Seminars as the Coordinator or Presenter; or during Lectures as the Lecturer. In the sections that follow the professional/communication contexts of seminars and lectures as public communication are described.

The seminars

Reports on particular patients with special problems are presented to the department or to the hospital for scholarly deliberation by Male/Female Residents during departmental seminars or during hospital seminars. Of interest is how the problem under consideration from the standard clinical presentation, whether the literature indicates that such cases have been reported before, and whether an opportunity exists to publish in order to show that such cases still exist or are rampant.

The seminars observed were coordinated by Heads of presenting departments, who recognised the presence of colleagues from other departments, welcomed audience members, briefly introduced the subject of discussion highlighting its significance, and introduced the presenter. They also gave the vote of thanks at the end of the programme.

More often coordinated by the Head of Department, Seminars could also be facilitated by a member of the presenting team of Residents. Speakers introduced and presented their topics with the help of team members, where necessary. Members could assist by fetching aids or instruments, or by mounting specimens and samples for the audience's benefit. After the presentation, contributions would be taken first from team members, then questions, contributions and requests for clarification from the audience. Depending on the number of consultants present, the question time could be turned into a very lively discussion.

Presentations involving a sick patient, or a patient who died as a result of the illness under review, usually followed a six-point pattern adopted for such reports. All together, 14 Presentations during 7 Seminars were analysed for the rhetorical features employed by the Presenter, and for the pattern of verbal interaction by audience members in relation to a Female or Male Presenter, at the end of the presentation.

A total of 67 doctors were observed in their various roles during the Seminar presentations as follows:

- 10 Coordinators (5 Female, 5 Male)
- 14 Presenters (7 Female, 7 Male)
- 43 Discussants (9 Female, 34 Male)

The Lectures

The Lectures observed were those given to medical students, on various aspects of the practice by Male/Female Consultants and Senior Residents in the hospital's lecture theatre.

As one of the kinds of professional interactions involving medical students, lectures provide doctors with the opportunity to bring up and discuss current methods of management of patients, as well as treatment options. The Consultant/Lecturer also gives information about the various symptoms to look

for, to enable the doctor reach a diagnosis, and to proceed with treatment. Through Lectures, doctors-in-training are provided with insights into the requirements for specialisation in any of the branches of medical practice, for example, Ophthalmology, Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics, Anaesthesiology.

Three Lectures were observed, recorded, transcribed and analysed: two (2) of them by Female Consultants, and one (1) by a Male Senior Registrar. Of interest were the rhetorical and verbal features employed by each lecturer, and the verbal responses of Female and Male members of the audience. For the Lectures, it was considered more useful to focus mainly on the identification of rhetorical features of doctors' styles, since lectures are, by their nature, less interactive.

Findings And Discussion

Gender differences in verbal communication patterns among doctors in the seminar

To illustrate some of the areas of difference in linguistic style, three samples from the material are given here: Corrections, Co-speech and differential use of Questions.

Corrections

The corrections discussed here were made after a presentation by a Female Registrar. The Female Consultant (FC) was the moderator of this seminar, and therefore functioned in a leadership capacity. She invited questions and comments from the audience *before* making her own inputs. The second speaker was a Male Senior Registrar. He made five corrections/criticisms and paid one compliment. Although the Consultant was a higher-ranking officer, her directives tended to be less cutting because they were mitigated. Some of the expressions used by the FC in making her corrections were as follows:

You...mentioned 1983 (squints doubtfully) as the time when...(breaks off to allow presenter to interject)

You didn't mention ...

You must distinguish between...(smiling)

Remember that...

Don't forget that...

Whenever you have...

I wanted to mention to you...

The other thing I wanted to point out was...

For making his corrections, the Male Registrar (the next most senior doctor in attendance at the departmental seminar) used the following expressions which came off rather more strongly by contrast with the tone of the female consultant's contributions. Note the repetitive use of "you should have"

One Male Resident used the following questions:

How do we approach the diagnosis?

What are the treatment options?

How do we predict response to hormonal manipulations?

Even the ending of the presentation was with a provocative question:

So we begin to wonder: Are we treating our patients [with] the real drugs or are we not treating our patients [with] the real drugs?

Again, some of the expressions used by the Female Presenter in this seminar convey the impression of competence/confidence, for example:

It is very rare for Mobis Type I to progress..., Usually there is no need for..., All you need is..., You can appreciate the pulmonary waves there....(pointing to relevant portions of the mounted illustration)

Some technical terms which reinforce the air of competence used in the presentations are: supra-ventricular arrhythmias, non-reentrant arterial tachycardia, congestive cardiac failure, cardiogenic shock, embolic phenomena, anterior vena cava.

One particularly interesting example of the question-and-answer format was a thought-provoking series of questions used by a Female Presenter to end her presentation. Most of the conclusion is reproduced here. The expressions which are thought to project an air of confidence and assertiveness have been underlined.

What is the message here?

The message here: is next time you put your fingers on a patient's pulse, ask yourself if its regular node. It its irregular, how irregular? Now, after you've gotten that, ask yourself what the rate is. That will immediately put things in perspective: Are you dealing with a brady - ? tachy - ? Or a normal?

Seminars with Male Doctor as Presenter yielded 14 features; and with Female Presenter, 29. Female Presenter with female participants yielded 20 features of their interaction; Male with Male 14, and Mixed 10. There was therefore a wider variety of features of communication on display when the presenter was a female, whether or not the co-ordinator/participant was or female, as the following percentages.

Of the five most frequently occurring features for Male presenters and for female Presenters in the seminars show:

Female:	Male:
Question 18%	Addition/Contribution 26%
Interruption 17%	Question 16%
Co-speech 16%	Compliment 10%

Hedging 6% Correction 8%
Addition/Contribution 5% Omission, Answer, Clarification 6%

- The presence of Addition/Contribution among the first five items in both lists – it indicates the professional expediency of the feature in Seminars, where a major purpose is to strengthen the Resident Doctors' knowledge base through awareness of research findings in topic chosen for deliberation. However, the relative positions of addition/contribution in the two lists – first position for Males and last for Females is instructive. At the bottom of the list, it could indicate reluctance on the part of (the mostly female) audience members to appear to denigrate the Female Doctors' presentation by giving more information, as if she had not provided enough. At the top of the list for male Doctors however, it could indicate a readiness to display their competence publicly, even if in doing so, they appeared to be protecting the male presenter as less competent than expected.
- Most of the features on the list for Male Doctors speak of the rigorous academic exercise which the Seminar is devised to provide: Addition/Contribution, Question, Correction, (pointing out) Omission, providing Answer, (making) Clarification. For Female Doctors, however, only two of the five most frequently occurring features – Question (highest on the list) and Contribution (lowest on the list) could be placed in this category. The rest – Interruption, Co-speech, Hedging - are a matter of linguistic style. The male mode could therefore be construed as focusing more on the content than on the interaction, while the female mode could come as giving more attention, by comparison, to the interaction. The observation further strengthens the view that female speakers are more sensitive to perceived face needs of the audience than the male speakers.
- The presence of Interruption, Co-speech and Hedging among the five most frequently occurring features in the Seminars involving Female Presenter's with predominantly Female audiences, lends some credence to the observation made in the literature linking these features with the presence of Female participants in an interaction.
- Demonstration, Suggestion, Summary, Criticism and Request occurred in the mixed "dyad" of Female Presenter, Male Coordinator only.

An analysis of Rhetorical Features reveals that both Female and Male Presenters used a Functional Order: the order they considered to be the most appropriate to the topic. But they used additional rhetorical devices differentially:

- For expounding their topics, Female Presenters used a wider variety of methods - Narration, Exposition, Definition, Description and Listing, while their Male counterparts used Listing and Exposition.
- Complementary to the functional order, Male Presenters also used the Deductive Order, the Chronological Order, and Parallel Structures, while Female Presenters used the Spatial Order.

The overall effect of the above pattern of rhetorical choices portrayed Female Presenters as more detailed and elaborate, and Male Presenters as more factual and cogent in their approach.

Female Presenters made more prominent use of transitional expressions than Male Presenters.

Only one Presenter – a male – cited a senior colleague in the Hospital as an authority, doing so six times in one presentation.

Most Presenters concluded by summarising, but two concluded by asking (a) provocative question - one Male and one Female. The Female Presenter framed her question with a You attitude, projecting a detached air of independence while the Male adopted a We attitude projecting an air of team manship in his questioning. By his questions, the Male sought to provoke inquiry, while the Female provided a guide for future action.

Of all the presentations, only one could not be subjected to the pattern of rhetorical analysis employed here. It was a presentation by a Female Resident, involving a predominantly Female audience. The presentation took the form of a *discussion* between the Female Presenter and audience members, a discussion in which the presenter appeared to expect the audience to assist her construction, and in which the audience obliged her. The result was that the female presenter was scarcely put on the spot by a questioner requiring her to defend her position, since everyone was engaged in a joint effort to make a seminar presentation. These features appear to be typical of earlier cited features ascribed to female-dominated discourses by Hiatt (1977), Farrell (1979) and Coates (1991) that is the:

- avoidance of any form of antagonism considered to be unnecessary;
- a tendency to add on new ideas rather than reach conclusions;
- mutual support and co-operation;
- and the joint working out of a group point of view, taking precedence over individual assertions.

Both Male and Female Presenters used transparencies on overhead projectors to facilitate their presentations, but in one seminar, a Male presenter mounted X-ray films as well, while one Male and one Female Presenter improvised visual aids. The Male used the reverse side of an old calendar, and was subjected to much teasing for this. The Female Presenter used pre-arranged diagrams on sheets of newsprint, thus giving the impression of being better prepared. The consultants here were predominantly male.

The preferred method of delivery for both Female and Male Presenters in the Seminars was *manuscript*. Five out of seven Males and Five out of Seven Females used this method. Three Male Presenters, however, combined it with the *extempore* method, but Female Presenters combined it with both *extempore* and *memory* methods. Only one instance of choral speaking occurred as audience

response, and this was by a predominantly Female audience in response to a Female Presenter.

Gender differences in verbal communication patterns among doctors as lecturers

All Lectures, whether by Female or by Male doctors, followed a general pattern of stating the topic and reviewing previous work before launching into the content of the current lecture. Further, each Lecturer broke off at a convenient point to invite questions from students once or twice during the course of the Lecture. In addition, the Male Lecturer used the Question-and-Answer format for structuring his presentation.

One of the Female Lecturers spoke extemporaneously, while the only Male Lecturer and the other Female spoke from memory. Although these latter two Lecturers used a similar method of delivery, the actual presentational styles of the two Female Lecturers in the study tended to be conversational, reducing the psychological distance between speaker and listener, and facilitating the exchange between them as between equals.

Gender-specific features of verbal communication among doctors in the seminar

Admitting Ignorance, Criticism, Declarative Question, Prompting, Gratitude, Summary, Co-speech (16%), Instruction, Long Question, Reminder, Multiple Question, Request, Monitoring, Positive Feedback, Tag Question, Soliloquy, Rescue, Minimal Response, Suggestion, Directive, Positive Feedback, and Hedging were the features occurring in the interactions involving Female Presenters and Female participants, but not at all with the Male presenters in the study. A combination of most of these features would create a speaking environment of collaboration, encouragement and rapport.

On the other hand, Refutation, Accusation, Advice, Explanation/Clarification (12%), Reprimand, (pointing out) omissions (16%) – these occurred in the interaction involving Male presenter and male co-ordinator, but not in the Female. By their nature, a combination of these features would tend to put the Male presenter on the spot, requiring him to take a position and to defend it

- The five most frequently occurring features in Male and Female single sex dyads are given as:

**Female Presenter,
Female Coordinator:**

Interruption 21%
Co-speech 20%
Question 17%
Hedging 8%

**Male Presenter,
Male Coordinator:**

Contribution/Addition 26%
Question 16%
Commendation 10%
Correction 8%

Instruction, Prompting 5% (each)	(pointing out) Omission, Answer, Explanation, Clarification 6% (each)
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The prominence of Interruption and Co-speech in the verbal output of the Female dyad is again exactly in keeping with the pattern supported by other researchers who have associated these features with the linguistic style of Female speakers, whether in mixed or in single sex dyads, but more especially in the latter.

Strangely, although the list for Female dyads includes Prompting, suggestive of collaborative effort, and a desire to help the speaker succeed, no Commendations or Contributions were recorded for the female participants. Could this be because all such contributions had been made in other guises during the course of the (joint) presentation? (The operation of a team spirit between the Female Presenter and the predominantly Female audience in one particular seminar was accentuated by the congenial laughter, smiling, and generally good humour, which characterised the interactions involving a greater number of female participants in the Seminars). Taken together, these strategies indicate a possibly greater sensitivity to face needs on the part of Female Presenters and female audience members.

All the features of interaction identified in the Male dyad are directed toward sharpening the Presenters' focus, and drilling him toward professional development and greater proficiency.

In all the three Lectures observed, there was more active audience participation by Male students than by Female students, whether the lecturer was male or female:

- More Male students asked questions during the three lectures than their Female counterparts, at the ratios of 3:1, 16:2 and 4:0
- More Males volunteered answers than Females - 2:0
- More Males used humour in their contributions intentionally - 5:1
- In the Lecture by one Female Lecturer, a Female student spoke voluntarily, but not on the content. Hers was a request for a transparency to be re-mounted for her examination.
- In the Lecture by the other Female Lecturer, the only Female student present did not speak at all during the Lecture. The Male students, however, demonstrated a readiness to ask questions and contributions. Out of a total of 18 students asking Questions in the Lecture by the Male Lecturer, 16 were Males.
- Again, Male talk provoked laughter up to 7 times in one lecture as opposed to only once by Female talk.

Males in the corpus tended to participate more readily in public speaking, tended to be more imposing, and to use up more space, whether when sitting to listen, or standing to speak. Some of the Female speakers appeared to view public speaking more as a chore than did their Male counterparts, who appeared to view it as a game in which they might freely and fully participate.

By their less formal, conversational approach even when they could have adopted a different approach, Female Lecturers appeared to have adopted the connection, rather than the status alignment in their interactions with the audience, while by their more formal, more distant content-focused approach, Males gave the impression of a status alignment. Also, Females could be interpreted as being more sensitive to any loss of face which asking questions publicly (as a form of displaying one's ignorance) might cause.

Conclusion

On the whole, female doctors in the study adopted sensitive, facilitative, collaborative and generally person-oriented communication strategies in the work place, while male doctors in the study adopted imposing, distant, content-focused and generally power-conscious communication styles in their interactions with others. Although at least one female in the group of doctors studied demonstrated strongly a readiness to slip into the "male mode", especially when there was a predominance of male participants, no such experimentation was observed among the males. These were more consistent in displaying characteristics identified in the literature as "male".

In Nigeria as in many other countries, the professional sphere, and by implication, public discourse, has been male dominated. As a result, male patterns of communication have come to be accepted as the norm. However, with the continued, increasing visibility of female professionals occupying influential public offices – Dora Akunyili, Ndi Okereke-Onyiuke, Ngozi Okonjo-Iweala, Obiageli Ezekwesili – changes are bound to occur. It is the direction of these changes that may be hard to predict. Will women adopt wholesale the styles of their predecessors in the work place? Will men and women adopt the professionally more desirable/effective features of each other's styles? Will men and women continue to use the same linguistic styles as they have always done in their different speech communities, thereby polarizing into two extremes? Or will women and men adopt a more or less homogeneous rhetorical style in all workplace interactions barring all currently discernable differences? What patterns would then emerge, and to what/whose advantage?

The small quantity of material we have considered in this study suggests that the women were more flexible in their rhetorical choices depending on the communication context, although it is not clear whether these choices were conscious. This observation also suggests that though latecomers in the profession, women will survive. It may however be too early to determine whether a process of natural selection of rhetorical styles will produce a survival of the fitter gender in the increasingly digitalized workplace of the future.

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