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VERBS AS HEDGING DEVICES IN INFORMED CONSENT DOCUMENTS FOR COVID-19 VACCINATION

ДІЄСЛОВА ЯК ЗАСОБИ ХЕДЖУВАННЯ В ДОКУМЕНТАХ ІНФОРМОВАНОЇ ЗГОДИ НА ВАКЦИНАЦІЮ ПРОТИ COVID-19

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Informed consent documents for COVID-19 vaccination play a crucial role in ensuring ethical and transparent communication with patients. These documents often employ hedging strategies, using language that softens the certainty of information or introduces possibilities of unknown outcomes. This paper explores the role of verbs as hedging devices in informed consent documents for COVID-19 vaccination and identifies the hedging strategies employed through verb usage. The findings demonstrate the lexical hedges are the most common way to express uncertainty in the informed consents approaching to 85% of all hedging, leaving only 15% attributed to non-lexical hedges Modal verbs have been found as the most preferred means for expressing hedging in the texts studied. Modal verbs '*may'*, *'might'*, and '*can*' found as the most frequent are commonly understood by readers as indicators of possibility with an element of uncertainty that makes them easily interpretable and accessible to a wide audience. We revealed 26 types of lexical verb tokens used in the texts of the most commonly used lexical verbs belong to the category of communication verbs that reflects the inherent nature of informed consent documents, where a significant portion of the text involves expressing information, ideas, and suggestions for patients to consider. Modal and lexical verbs express tentativeness, acknowledging uncertainties without causing alarm, and allowing for flexibility in interpretation. They play a crucial role in downplaying potential risks or uncertainties related to the vaccination process, thereby implementing a threat-minimizing strategy. Another key strategy observed in these texts is the responsibility-shifting strategy, where modal and lexical verbs are usually applied to deflect responsibility away from the writer (healthcare providers) in order to protect the positive face by not making a categorical statement which is debatable regarding the respective issue.

Key words: informed consent document, hedging devices, modal verbs, lexical verbs, communication strategies.

Документи інформованої згоди на вакцинацію проти COVID-19 відіграють важливу роль у забезпеченні етичної та прозорої комунікації з пацієнтами. Ці документи часто використовують стратегії хеджування, застосовуючи мову, яка пом'якшує достовірність інформації або вводить можливість невідомого результату. У цій статті досліджується роль дієслів як інструментів хеджування в документах інформованої згоди на вакцинацію проти COVID-19 та визначаються стратегії хеджування, в яких активно задіяні дієслова. Лексичне хеджування є найпоширенішим способом вираження невизначеності в інформованих згодах, складаючи близько 85% усіх інструментів хеджування, при цьому на нелексичне хеджування припадає лише 15%. Модальні дієслова виявилися найпоширенішим інструментом хеджування у досліджуваних текстах. Найчастіше вживаються модальні дієслова «may», «might» та «can», які зазвичай сприймаються читачами як індикатори можливості з елементом невизначеності, легко інтерпретуються та доступні для широкої аудиторії. Було виявлено 26 типів лексичних дієслів, які найчастіше належать до лексико-семантичної групи комунікативних дієслів. Це відображає природу документів інформованої згоди, де значна частина тексту пов'язана з висловленням інформації, ідей та пропозицій для розгляду пацієнтами. Модальні та лексичні дієслова, що виступають засобами хеджування, виражають невпевненість та невизначеність, не викликаючи тривоги та дозволяючи гнучкість у тлумаченні. Вони відіграють важливу роль у применшуванні потенційних ризиків або

невизначеностей, пов'язаних із процесом вакцинації, тим самим реалізуючи стратегію мінімізації загроз. Ще одна ключова стратегія, що спостерігається в цих текстах, – це стратегія перекладання відповідальності, коли модальні та лексичні дієслова зазвичай використовуються для зняття відповідальності з автора (медичного закладу, медичних працівників) для захисту позитивного іміджу та уникнення категоричних заяв, які є дискусійними щодо певних положень.

Ключові слова: документ інформованої згоди, засоби хеджування, модальні дієслова, лексичні дієслова, комунікативні стратегії.

Introduction. The rollout of COVID-19 vaccines has been accompanied by the need for comprehensive and transparent communication with the public. Informed consent documents (ICDs) used by various healthcare providers, hospital management systems, medical clinics, healthcare organizations, in routine care and clinical research play a vital role in this process, outlining the potential benefits and risks of vaccination and empowering individuals to make informed decisions about their health. Investigating the linguistic aspects of ICDs is essential for creating clear and inclusive texts, fostering effective decision-making within legal and ethical frameworks.

The key challenge in elaborating informed consent documents is how to provide sufficient and meaningful information in a manner that the majority of individuals can grasp and use to make well-informed decisions. The in-depth linguistic analysis of ICDs, which is integral to the contemporary system of moral, ethical, and legal healthcare regulation, holds significant relevance in term of facilitating clear communication through thoroughly chosen vocabulary, grammar, and formatting, and thus, minimizing resistance in potential readers. It also provides insights into a complex array of cues that assist in deciphering specific context and communication situations reflected in ICDs. Furthermore, it elucidates conventions within the socio-cultural environment in which these documents are produced.

Informed consent is a hybrid and multi-faceted genre that demands a keen awareness of the audience for effectively achieving its communicative purposes. In the context of the clinical decision-making process, it is particularly essential to emphasize that interlocutors "do not produce a piece of text or an oral message to simply communicate and/or exchange information; rather, they look for the ways to ensure that the flow of communication has been successful and the reader can understand the propositions, or the message, offered by the authors" [1, p. 159–160]. Though regulations stress the importance of concise, readable documents that prioritize patients' comprehension, over time, ICDs evolve becoming lengthier and more intricate. Textual and discourse analyses of medical English documents have been undertaken across various genres, including medical imaging reports [5], discharge summaries [4], medical abstracts [15], electronic records, patient information pamphlets [16]. Despite the undeniable relevance of informed consent documents in medical practice, the genre itself, its specific discursive features, and linguistic peculiarities have received surprisingly limited attention from researchers [9; 11; 13; 14].

Having explored the characteristics of the informed consent genre, it becomes evident that the nuances of communication play an important role in conveying critical information relating to potential benefits and risks of the medical procedure or its refusal, available alternatives, and rights and responsibilities of all parties. In this context, understanding the use of hedging within ICDs, i. e. authors' intentions and how readers receive them, becomes paramount, considering that "a text does not contain hedges per se but gets them through the author-reader interaction" [9, p. 9] will contribute to the overall effectiveness and clarity of the informed consent process. While hedging devices serve a broad purpose in communication, including mitigating conflict and justifying statements [7, p. 439], their specific role within COVID-19 informed consents demands deeper exploration.

Objectives. Some researchers [6; 14; 22] also suggest a connection between genre characteristics and the use of hedging. Given that hedging in academic genres has been extensively studied as a significant feature of linguistic behavior in such contexts, this study **aims** to analyze the role of verbs as hedging devices in Informed Consent Documents (ICDs) for COVID-19 vaccination and to identify the hedging strategies employed through verb use. The focus on verbs is crucial due to their semantic complexity and grammatical characteristics providing their syntactic flexibility.

Materials and methods. This qualitative study aims to elucidate naturally occurring phenomena within the text and aligns with the principles of functional linguistics that imply investigating language resources and how they jointly create meaning in terms of their functions in the communication. We examined 40 original ICD for COVID-19 vaccinations employed in authorized healthcare settings in the USA and Great Britain. The document were sourced through the Google search engine and downloaded from internet repositories. The identification of a lexical or syntactic device as a hedge relied on

Crompton's test [2, p. 282]: if a proposition can be reformulated without altering its content but with an increased commitment from the author, then the proposition is considered hedged. The ICD texts underwent scrutiny for the presence of hedges and their frequency calculation. Following K. Hyland's model [7, p. 437], we examined the types and forms of hedging devices that commonly occur in the rhetorical sections of ICDs (the information sheet and the certificate of consent) and then selected verbs serving as hedges and identified hedging strategies they are exploited to perform into in the studied texts.

We analyzed the types and forms of hedging devices commonly found in the rhetorical sections of ICDs (the information sheet and the certificate of consent). Then, we identified verbs used as hedges and the hedging strategies they employ in the studied texts.

Prior to analyzing hedges and their strategies in the ICDs, we employed *Text Inspector* and *Text Readability Consensus Calculator* [12; 23] to gather data on text length and readability. Longer texts may indicate more complex information being conveyed, which might necessitate the use of hedges to mitigate potential confusion or uncertainty. Similarly, texts with lower readability scores may indicate that the information is harder to comprehend, potentially prompting the use of hedges to clarify or soften statements. Moreover, by examining these factors alongside hedge usage, it is possible to assess whether hedges enhance or hinder clarity and transparency of the consent process.

Discussion. Hedges are an essential feature of language that enhances its flexibility, modulates tone, and strengthens persuasiveness. These versatile tools carry various functions, including conveying uncertainty, politeness, possibility, and deference to the reader. By expressing both the writer's stance on the information and their awareness of the audience's perspective, hedges open dialogues to alternative interpretations and foster meaningful discourse [6, p. 60]. Hedges, being pragmatically polyfunctional devices, serve a range of important roles in communication: they convey "intentional vagueness", "mitigation", "tentativeness", "politeness", "indirectness", "possibility", "evasiveness", "lack of full commitment" [7; 11; 18; 19; 20], and showing deference to the readers as opinions are kept opened of other interpretations, thus, creating a more inclusive and collaborative communication environment where diverse viewpoints can be considered.

The inherent nature of hedges as a linguistic phenomenon has been a subject of continuous debate and varying interpretations among scholars, leading to a lack of consensus regarding their fundamental characteristics and precise delineations. H. Vass [22, p. 131] considers hedges as central to the speaker-hearer (writer-reader) interaction, representing "that part of the illocution which expresses the attitude of the speaker to the hearer". H. Schröder and D. Zimmer [21, p. 249] define the term hedge as "one or more lexico-syntactical elements that are used to modify a proposition". K. Hyland [8, p. 196] elaborated on the functional definition when he writes that hedges are "used to qualify a speaker's confidence in the truth of a proposition […] which we routinely add to our statements to avoid commitment to categorical assertions. Hedges therefore express tentativeness and possibility in communication". This understanding of hedges serves as the foundation for our investigation. Recognizing academic and professional discourse as a collaborative act of meaning-making, it follows that hedging is an indispensable tool for achieving effective negotiation of authorial intent and reader interpretation.

The multifaceted nature of hedges, both in their formal composition and functional purposes, presents a significant challenge to comprehensive understanding. According to K. Hyland [8, p. 1–5], hedges can appear as modal verbs, nouns, adjectives and adverbials (other than probability); time adverbials, if-clauses, impersonal expressions; passives; drawing from J. Schmied [20, p. 89], C. Demir [3, p. 79], and other scholars, hedging can be conveyed through the use of modal auxiliaries, epistemic adjectives, adverbs, verbs, and nouns; tag questions; and if-clauses. An examination of actual ICD texts has revealed that the majority were categorized as "*difficult to read, college senior/junior"* by Flesch-Kincaid Grade level (≈ 21.8) (*Text Inspector*) Coleman Liau index (≈ 12.89) (*Text Readability Consensus Calculator*). This emphasizes the critical importance of carefully selecting metadiscourse devices to guide readers and enhance accessibility to health information. While the average ICD length in most ICDs (84%) stood at about 860 words, the range exhibited considerable variation (560–1550 words). This variation in document length can be attributed to several factors. Firstly, it depends on the specific COVID-19 vaccine and the target population. Different vaccines may have distinct risk profiles, requiring specific explanations tailored for various age groups or health conditions. Secondly, informed consent content regulations vary across countries and regions, therefore, some jurisdictions may mandate more detailed information, leading to longer documents in specific areas. Individual healthcare providers or institutions might also contribute to the variation by choosing to

include additional information, e.g. addressing specific concerns or mitigating legal risks. The evolving legal landscape surrounding COVID-19 vaccinations may prompt providers to include additional disclaimers or clarifications, introducing potential variations in document length [14; 22].

The results from manually calculating the occurrence of hedges (words, phrases, or syntactic construction) in the ICDs for COVID-19 vaccination revealed that they constitute approximately 6.51%, equating to 56.2 hedging markers per document. Subsequently, we compared these findings to those obtained by applying *Text instructor*, which quantitatively yielded the aforementioned data (*see. Fig. 1*) and made up 3.35%, equating to 28.8 hedging markers per document. The distinction lies in the *Text instructor's* limitation to detect non-lexical hedges, such as passive voice constructions, conditional clauses, impersonal expressions, reference to limited knowledge, or explicit disclaimers or qualifiers that can indicate the author's acknowledgment of potential exceptions or limitations.

To reveal the hedging strategies employed within the ICDs, we will initially focus on the analysis of linguistic means to express hedging. The analysis presented in this study builds upon the classifications of hedges by K. Hyland [8, p. 102–155] and Yu. Quan [17], differentiating between lexical and non-lexical hedges. The findings obtained demonstrated the lexical hedges are the most common way to express uncertainty in the ICDs approaching to 85% of all hedging, leaving only 15% attributed to non-lexical hedges. Our findings align with scholarly observations on the use of hedging in academic discourse [14; 20].

The study has revealed that lexical hedges are represented by four main categories: verbs (modal and lexical), adjectives, nouns, and adverbs, each showing variation in their frequency. Figure 2 illustrates the percentage distribution of lexical hedge forms per an informed consent document of average length.

Modal verbs have been found as the most preferred means for expressing hedging in the ICDs. This finding aligns with the results of other scholars [6; 19; 20] who have indicated that modals are the most frequently applied hedging devices:

The vaccine may need two doses to be effective [28].

Although some people may still get COVID-19 after receiving the vaccine, vaccination should lessen the severity of COVID-19 infection [25].

The inflammation can cause shortness of breath, chest pain or pressure, or a very fast or abnormal heart rate [24].

You could develop an allergic reaction from the Covid-19 vaccine, either during and after injection with the Covid-19 vaccine. These could be as serious as paralysis and death [26].

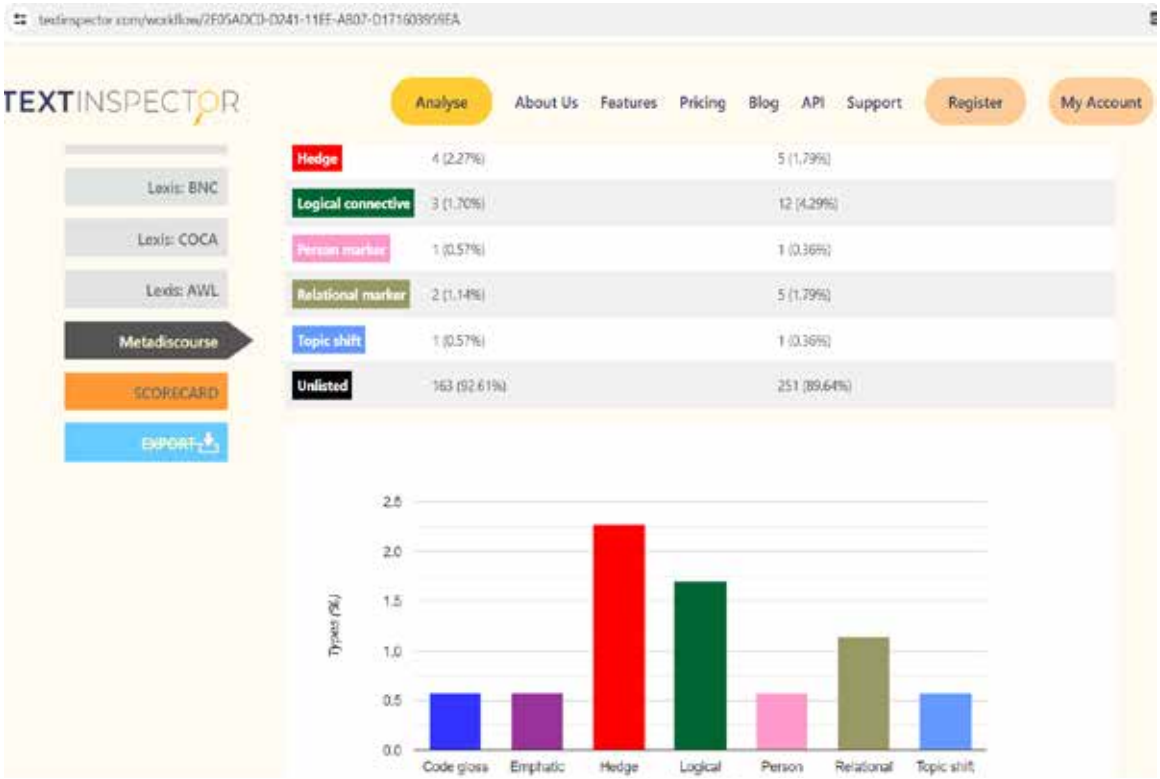

Fig. 1. Text Analysis: A Visual Representation of Metatextual Tools with Text Inspector

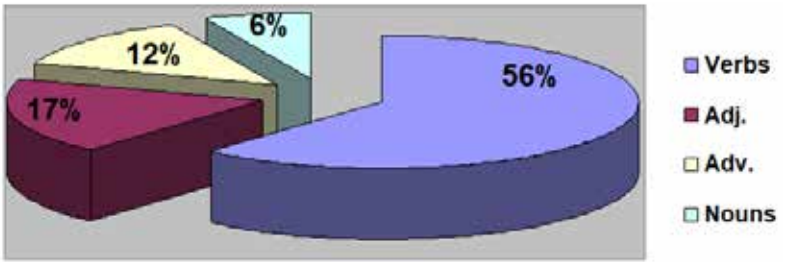

Fig. 2. Percentage Distribution of Lexical Hedge Forms in an Informed Consent Documents

The modal verb '*may'* is significantly more prevalent lexical hedging tool than other modal verbs, including '*can', 'might', 'could', 'should', 'will'*, and '*would'*.

As most commonly used in the ICDs, modal vebrs '*may'* and '*might*' inherently convey a sense of possibility while simultaneously hinting at uncertainty. They can express potential outcomes, abilities, or likelihoods, indicate that a certain assumption is not ruled out. Their versatility makes them suitable for addressing a wide range of scenarios and uncertainties encountered in informed consent documents. The use of 'may' and 'might' in similar contexts indicates the same range of time reference, but 'might' appears to be the tentative form expressing a weaker degree of likelihood compared to 'may' [10, p. 87]:

After your vaccine your arm might be a bit sore for a short time. You might also feel tired or have a headache [26].

I have been counseled about potential side effects after vaccination, when they <u>may</u> occur, and when and where I should seek treatment [28].

Moreover, epistemic '*may*' has been found to occur commonly in concessive clauses (comprising around one-third of epistemic "may" tokens). Yu. Quan and R. Wen [17] explain that the proposition in the concessive clause is presumed to be true, and '*may*' is preferred over the simple present tense because it introduces a sense of tentativeness that the unmodalized counterpart lacks.

Modal verbs '*may'*, *'might'*, and '*can*' are commonly understood by readers as indicators of possibility with an element of uncertainty that makes them easily interpretable and accessible to a wide audience thus, ensuring that the messages conveyed in the ICDs are comprehensible to patients and their caregivers.

In ICDs, '*can*' is more likely used in its literal sense to describe what the vaccine can or cannot do, for example: *Like all medicines, vaccines <u>can</u> cause side effects.*

While '*can'* often conveys certainty or capability, it becomes less suitable for hedging uncertainty in ICDs.

Thus, the most frequently used modal verbs express the epistemic modality, which mainly concerned with the degree of likelihood, the possibility of a proposition being true, given what is already known: "it refers to the conclusions drawn from actual evidence about the range of possibilities for what is the case in reality" [13, p. 80]. They are also employed to attenuate the categoricity of some statements, and thus, to avoid directive tone in providing facts and arguments to facilitate health decision-making.

Other modal verbs including '*could*', '*should*', '*will*', and '*would*' have been found to be less frequent in the texts studied since the often convey a higher degree of certainty or assertiveness compared to *'may'*, *'might'*, and *'can'*. In the context of informed consent, where it is sometimes essential to avoid making absolute statements, these stronger modal verbs are underrepresented.

Lexical verbs in the informed consent document for COVID vaccination can serve as hedging tools. Our previous finding has demonstrated that compared to legal or academic texts, where nominalization and nominal groups are commonly used to convey new knowledge, concepts, and ideas that results in more complex expressions and greater information density, the language of informed consent document appears more dynamic due to applying a higher number of verbs and verbal forms [13, p. 111].

We revealed 26 types of lexical verb tokens used in the ICDs: in this study, verbs were searched in their different forms; for example, the verb *'appear'* with all its different forms including gerunds, infinitives, and participles was considered. We can presume the key role of lexical verbs in this context is to soften statements and express caution without explicitly stating uncertainty. Understanding their lexical and grammatical characteristics can contribute to investigating their hedging functions in discourse as verb meaning provides a key to verb behavior. By categorizing lexical verbs into various classes according to their semantic roles and functions, we can gain insights into how verbs are employed to hedge or

moderate the certainty or commitment of statements in discourse.

The analysis of the ICDs for COVID-19 vaccination reveals that a large portion of the identified lexical verbs belongs to the category of communication verbs. This dominance reflects the inherent nature of informed consent documents, where a significant portion of the text involves expressing information, ideas, and suggestions for patients to consider. For instance, verbs '*suggest'*, '*tend'*, '*indicate'*, '*propose', 'imply'* classified as communication verbs describe actions related to expressing or conveying information, and are used to present information in a tentative manner, acknowledging that certain outcomes or effects are possible without definitively asserting them, i.e. they are to express tentative likelihood. Using the abovementioned verbs emphasizes the limitations of the information provided and the importance of open communication:

Your decision to receive the COVID-19 vaccine implies your acknowledgment of the information provided in this document, including details about the vaccine's mechanism of action, efficacy rates, and recommended dosage schedule [26].

There can be side effects from mRNA COVID-19 vaccines, but they tend to be mild and go away in a few days [30].

Moreover, lexical verbs help to qualify statements and emphasize the conditional nature of information. Commonly used verb '*recommend'*, '*advise'*, belonging to lexical-semantic classes of communication verbs, are employed to convey guidance from healthcare professionals without imposing strict directives. By using these verbs, the document respects the autonomy of vaccine recipients while still providing expert advice on vaccination decisions.

If you are pregnant or breastfeeding, it is recommended that you talk to your healthcare provider before getting a protein-based COVID-19 vaccine [27].

Although lexical verbs *'seem'* and *'appear'* are primarily classified as verbs of sensory perception, in the texts of IDC, they function more as "semi-auxiliaries", according to F. Salager-Meyer [19, p. 155], because they are related to the "nature of evidence the writer employs to support a claim" [6, p. 66]. They can function with existential clauses (the verb to be) to express caution, conveying a measured tone and recognizing the evolving nature of scientific knowledge:

Persons with chronic medical conditions, for example, heart disease, lung disease, and diabetes, seem to be at higher risk of problems with Covid-19 [24].

Persons with chronic medical conditions, for example, heart disease, lung disease, and diabetes, seem to be at higher risk of problems with Covid-19 [25].

The risk appears highest with Moderna, followed by Pfizer, and is lower with AstraZeneca [29].

In these sentences, "*appear*" and "*seem"* are used to convey the speaker's impression or interpretation of a situation rather than stating it as an absolute fact. This makes them useful for hedging or expressing caution when discussing uncertain or subjective matters in medical contexts.

Lexical verbs also play a role in framing information temporally, indicating when certain actions or events are expected to occur. Mental-state verbs such as '*expect'*, '*anticipate'*, and '*predict'* are used to describe potential future developments related to vaccination, allowing recipients to anticipate possible outcomes and make informed decision about their healthcare:

It is reasonable to expect the same from the XBB.1.5 protein-based vaccine after an mRNA vaccine, but there is still more to learn [26].

According to K. Hyland [8, p. 170], this type of functional hedges reflects the writer's intention to mitigate their full commitment to the claim being made, shifting responsibility to external sources in order to protect themselves from potential negative reactions. Such hedges are commonly observed in sentences that employ impersonal subjects, such as abstract rhetors and clausal subjects, along with epistemic lexical verbs. Additionally, epistemic lexical verbs in the passive form are frequently employed for the same purpose. This usage suggests the presence of combined hedges, wherein two or more types of hedges occur sequentially within a single sentence. This approach facilitates a nuanced and layered hedging strategy, wherein multiple elements collaborate to convey a sense of caution or uncertainty.

Conclusion. Overall, lexical verbs in the informed consent document for COVID vaccination contribute to a nuanced and transparent communication of information, allowing recipients to understand the potential risks and benefits of vaccination while respecting their autonomy in decision-making. By employing these linguistic devices effectively, healthcare providers can ensure that recipients receive accurate and comprehensible information to make informed choices about their health. Modal verbs and lexical verbs in the ICD serve as accuracy-oriented hedges, indicating that the proposition is

grounded in plausible reasoning in the absence of certain knowledge. These hedges prompt the reader to interpret the statement as true to the best of their understanding.

Modal and lexical verbs express tentativeness, acknowledging uncertainties without causing alarm, and allowing for flexibility in interpretation. They play a crucial role in downplaying potential risks or uncertainties related to the vaccination process, thereby implementing a threat-minimizing strategy, which can be classified as content-oriented. Another key strategy observed in informed consents for COVID vaccination is the responsibility-shifting strategy, where modal and lexical verbs are usually applied to deflect responsibility away from the writer (healthcare providers) in order to protect the positive face by not making a categorical statement which is debatable regarding the respective issue. The latter strategy is considered as author-oriented.

The role of hedging in informed consent documents for COVID vaccination should be carefully balanced. It is essential to use hedging devices judiciously, as excessive hedging can undermine the credibility of the writer and the claims presented. The prospects for further studies could involve the typology and frequency of combined hedges in the healthcare communication, the impact of hedging on patient comprehension, decision-making, and trust in healthcare professionals.

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