

Prevalence of Abbreviation and Acronyms in Kurdish for Medical Purposes

Kazi H. Saleh

English Department, College of Education, Charo University, Kurdistan Region, Iraq

Abstract— One of the main characteristics of a medical language is its abundance of abbreviations and acronyms. They are usually used for the sake of brevity. While English medical language heavily relies on abbreviations and acronyms, their occurrence and use in medical Kurdish is not documented because the topic is under-researched. Therefore, this study is the first attempt to academically explore the presence and use of abbreviations and acronyms in medical Kurdish. To do so, it employs a corpus of different genres of untranslated medical texts in Kurdish written by medical practitioners. The corpus is qualitatively and quantitatively investigated in order to see if any patterns develop and whether any potential norm is operating in terms of using medical abbreviations and acronyms in Kurdish. The findings revealed that MEDICAL Kurdish does not have its abbreviations and acronyms. To fill that gap, medical practitioners follow three different norms in using abbreviations and acronyms in their writing; first, they borrow the English/Latin abbreviations and acronyms and use them along their expanded Kurdish equivalent; second, they transcribe the English/Latin abbreviations and acronyms; and third, they use the expanded Kurdish equivalents alone without their English/Latin contracted form. Each of these choices has their own explanation and reasoning in terms of language policy, expert-to-lay relationship and hegemony of English in the field of medicine. This study can further be expanded to investigate parallel and comparable corpora of untranslated as well as translated medical texts to see what other normative practices develop in terms of abbreviations and acronyms in Kurdish for Medical Purposes.

Keywords— Abbreviations, Acronyms, English for Medical Purposes, Kurdish for Medical Purposes, LSP

I. INTRODUCTION

Language for Specific Purposes (LSP) is best described as the language that is 'used to discuss specialized fields of knowledge' (Bowker and Pearson 25:2002). Within the realm of LSP, there is a specific language that is exclusively used in the medical domain; this is termed English for Medical Purposes. One prominent characteristic of this language is its abundant use of abbreviations and acronyms for the sake of brevity. While this feature in English for Medical Purposes is established and well-documented in the literature (Lee-Jahnke

1998 and Liu 2001 among others), its existence, usage and abundance are not yet investigated in Kurdish for Medical Purposes.

This study is the first initiative to descriptively examine the Kurdish medical language in order to see whether it features any Kurdish abbreviations and/or acronyms. A previous investigation (Saleh 2016) suggests that Kurdish medical practitioners prefer to use English medical abbreviations and acronyms in English abstracts and their Kurdish translations, however this study aims to further investigate this practice and find out whether this is due to the lack of abbreviations and acronyms in Kurdish medical language or this practice is simply a matter of preference. To this end, this paper seeks to answer the following questions:

1. Does Kurdish medical language has its stock of abbreviations and acronyms or it borrows them from English for Medical Purposes?
2. Do Kurdish medical experts prefer to use foreign (mostly English and Latin) abbreviations and acronyms in their Kurdish writings?

By answering these questions, this study hopes to shed light on two features that (potentially) characterize Kurdish medical language, namely abbreviations and acronyms. The study is significant because it is not only the first attempt to investigate the presence and use of specialized abbreviations and acronyms in Kurdish medical language, but it also makes the initiative towards defining a frame that scientifically describes the medical language in Kurdish.

II. DATA COLLECTION AND METHODOLOGY

Review Stage The data consists of untranslated medical books, journals, pamphlets, and online posts written by medical professionals. The criterion that commonly features these different genres is that they are originally written in Kurdish by Kurdish medical professionals, which means they are authentic Kurdish documents. However, translated books, articles, patient information leaflets and online posts are excluded, because it was concluded in a previous study (Saleh 2016) that medical translators (mostly medical specialists) were, to a large extent, influenced by the language of the source texts (i.e. English) and thus chose to borrow terminology, including specialized abbreviations and acronyms from them and use them in the target texts. Although the corpus employed in this study is too large, but the ultimate purpose is to see what the norm is in using

abbreviations and acronyms in original Kurdish medical texts, ranging from specialized to non-specialized.

Three books, 20 journal articles, 10 pamphlets, and 50 online posts are used for the purpose of this study published from 2010 to 2022. What justifies this selection is the fact that medical publications originally written in Kurdish are very limited due to a few factors that are discussed in section III. While this is by no means meant to deny that there were not any authentic Kurdish medical publications before 2010, the selection of the data from 2010 onward is aimed to have a more recent insight into the normative practice of Kurdish medical language in terms of specialized abbreviations and acronyms per se.

That said, the selected data should be sufficient to genuinely represent the practice of using abbreviations and acronyms in Kurdish medical language. The selection of three books is justified based on two reasons; first Kurdish medical practitioners rarely write Kurdish books, and second, books are bulkier than journals, pamphlets and online posts and thus contain more words, which in turn, even in their small numbers, better serves the aims of our investigation. However, the other genres also share medical features and thus they contain medical abbreviations and acronyms, which also serve the purpose of our current study. Moreover, this data reflects the established norms of medical writing in Kurdish followed by medical writers throughout a period of 12 years. Therefore, it is hoped to give us an insight into the presence and norms of using abbreviations and acronyms in medical Kurdish.

Another significant element in the data selection was ensuring that their authors were medical professionals as it would give us a genuine insight into whether and how they use any specialized abbreviations and/or acronyms in their work. The data was explored quantitatively and qualitatively in order to carefully and thoroughly identify any occurrence of specialized abbreviations and acronyms and describe their use in authentic writings in Sorani Kurdish by medical specialists. This study adopts a quantitative and qualitative (mixed) method in order to produce a generalizable, real-world knowledge about the prevalence of abbreviations and acronyms in Kurdish medical language and their use by Kurdish medical professionals. To do so, the selected texts were carefully read to see if they contain any medical abbreviations and acronyms. Based on the findings generalizations were made to describe the existence and usage of medical abbreviations and acronyms in Kurdish medical language.

III KURDISH FOR MEDICAL PURPOSES

Writing about Kurdish for Medical Purposes is not an easy task because this topic is absent in the literature of Kurdish language, and this means that it has not been explored or investigated to this moment. Perhaps one of the main reasons for that absence is because the language is not used in medical education and training in Iraqi Kurdistan (Saleh, 2016). Like the Iraqi universities (Fahad and Nasser, 2021), the Kurdistan universities offer medical education and training in English. Medical students do not use Kurdish, or Arabic, which are both recognized as the two official languages of the country (Iraqi Constitution, 2005), during their six-year undergraduate

studies. They continue to use English if they choose graduate studies or research in the field. This, in effect, means that English is the only language used by medical instructors as well as their students. Upon completing their studies, medical specialists use less specialized terminology when they talk to patients, which most of the times, shows abundant elements of the language of general purposes (LGP). This endeavor is to ensure that their message makes sense for their patients and others who lack medical expertise (Saleh, 2016). The absence of Kurdish in medical education and training in Kurdistan has negatively affected Kurdish and given it no opportunity to develop (Abdul, personal communication, June 7, 2013).

The purpose behind any communication, be it written or spoken, is ensuring that maximum understanding is achieved, and for that the communicator uses varying levels of specialized, semi-specialized and non-specialized languages. However, it is believed that Kurdish medical language is not highly specialized as it is in English (Hassan, personal communication July 13, 2013; Salih, personal communication, 20 July, 2013). This is mainly due to the fact that Kurdish is not used between medical specialists when they engage in a highly specialized communication. Moreover, they use English when they publish locally or internationally. This exclusive and widespread use of English in the medical field has negatively impacted the Kurdish for Medical Purposes, which is part of what Anderman and Rogers (2005, p. 1) refer to as 'linguistic imperialism'. The expanding use of English, not only in medical fields, but in other fields of science, is a real issue that policy makers should seriously consider, otherwise Kurdish will become one of those languages that are estimated to 'become extinct in a hundred years' time (ibid, 2).

IV MEDICAL ACRONYMS AND ABBREVIATIONS

Abbreviations and acronyms are two well-known features of the medical language. Richard and Hohulin (1982: 27) define an abbreviation as "a shortened form of a word or a phrase, but not necessarily only the initial letter or letters." However, Taylor (2018, p. 137) defines acronyms as "words made up of initial letters or syllables or a group of words." They are often used in medical language to simplify and facilitate communication, and to save time, space and effort (Awan *et al.* 2016). They are widely used, particularly, in written communication (Taylor, 2018), provided that consistency is considered (Montalt & Davies, 2014). English for Medical Purposes is abundantly using abbreviations and acronyms and this has been recognized as one of its features (Kuzmina *et al.*, 2015) and also established in the literature. Abbreviations and acronyms are especially used for names of diseases and entities, names of chemical compounds, and therapies. Kuzmina *et al.* (2015) state that these names are rarely used in their full form, otherwise their length 'would hinder efficient communication' (ibid). Apart from their efficiency in terms of space-friendliness, abbreviations and acronyms help medical specialists 'to code the true meaning of their utterances, making the content inaccessible to the patient, which at times is advisable for ethical reasons' (ibid).

V. RESULTS

The different genres of the study corpus were carefully read and checked to identify any occurring medical abbreviations and acronyms. Based on that, the findings revealed that medical Kurdish lacks specialized abbreviations and acronyms. They also revealed three main patterns in the corpus, as shown in Figure 1 below. First, English/Latin abbreviations and acronyms were borrowed and used next to their Kurdish equivalents in full forms, for example: M.S.H. جۆری سیستمی بەرگری پنیست SIS, هەژینی خانەمی تۆخ, هۆرمۆنی لێوەرگیراوی پرۆتینی پنیست. This was mainly prevalent in the journal articles and one of the books.

The second pattern was that the English and Latin names of diseases, chemical compounds and therapies were transcribed in Kurdish, for example: ACTH ئەدرینۆکۆرتیکۆتروپین, GP ئەخۆشی نێم نیس MS, گلایکۆپروتین. This pattern was evident in the majority of the corpus, especially for the names of chemicals compound and medical instruments and devices.

The third pattern, however, was that the full form of the English and Latin abbreviations and acronyms were written in the Kurdish texts, without providing their English and Latin shortened forms, for example in English RBC stands for *red blood count*, but in Kurdish the abbreviation does not exist, instead the full term is written as خێزۆکه سوورمکانی خوین. Another example in the corpus was OGD which stands for *Oesophago-Gastro-Duodenoscopy*, but because the abbreviation is not used in Kurdish, the author had to repeat the full forms every single time he mentioned it as هەناوبینی ئەنجامدانی هەناوبینی بۆری, سورنچیک و گەدە و ریحۆلە و دوانزەگرێ زراو which is ERCP. In other words, it was found out that Kurdish medical specialists sometimes avoid writing the English and/or the Latin abbreviation or acronym in their writings, instead they opt for the full form of them. This was mainly evident in one of the books and the majority of the online posts compared to other genres in the corpus of this study.

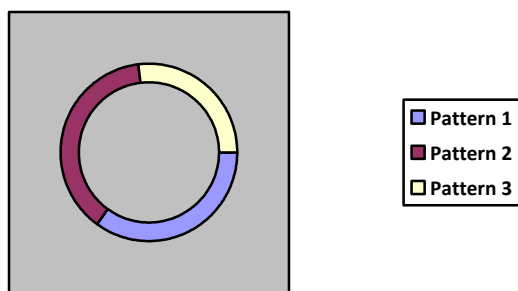


Figure 1. Patterns used for abbreviations and acronyms of Kurdish for Medical Purposes

DISCUSSIONS

The three different patterns or norms in the use of abbreviations and acronyms in the Kurdish medical language revealed in the corpus can bear a number of explanations. The first pattern, which is also common in translated medical texts (Ulitkin *et al*, 2020; Saleh, 2016; Kuzmina *et al*, 2015) is the

use of the English/Latin abbreviations or acronyms and their expanded forms in Kurdish. This strategy is also used in translation studies which is termed double presentation (Pym, 2004, 92). It occurs when the writer/translator feels that the meaning of a word may not be clear on its own and so needs its equivalent in another language to make it comprehensible to the reader. In this case the other language is English and/or Latin words for two reasons; first, because, as it was explained in the introduction, English is the main language of instruction in Kurdistan, and thus, medical specialists consider it the benchmark or reference when they write in Kurdish. Second, they do not usually write for their peers, i.e. specialists like themselves within the field, and thus, they feel that they have the responsibility to use a less specialized language which is clear and concise for their reader who is not medically knowledgeable as they are. This first trend is also common in Arabic according to Newmark (1988, 148) who notes that “Arabic resists most acronyms and explicates them”.

The second pattern, which involves transcription of names of diseases, chemical substances and therapies, is perhaps well justified because they are not Kurdish inventions or discoveries originally (Ulitkin *et al*, 2020; Saleh, 2016; Kuzmina *et al*, 2015). Therefore, it is natural that Kurdish medical language directly borrows them from English and/or Latin and then transcribes them in the originally Kurdish writings. One might argue as to why the transcription is required? They might as well be left in their original typography. However, the counterargument is that not all Kurdish readers can read English words, and thus the decision to transcribe those names is an appropriate strategy per se.

The third pattern, however, is different from the other two, and that is because it indicates that abbreviations and acronyms are not used. The medical professionals know the original abbreviations and acronyms but avoid using them in their writings, because they might anticipate that even if they use them, they would not make sense for their readers, especially readers who lack medical knowledge, or do not know English and Latin. Anticipating the level of your readers’ knowledge is about the mode of a discourse (Bell, 1992). It indicates the author’s competency in text production. That said, those medical experts who choose to write the full forms of abbreviations and acronyms instead of including them in their Kurdish writings are acting competently. They write with their readers in mind. Nevertheless, using full forms results in producing longer texts for the sake of clarity and understandability. These findings agree with a study conducted on translated abstracts from English into Kurdish by Saleh (2016) in which these three patterns were observed. Her study findings are interesting in relation to ours because her study corpus was also translated by medical experts, but different in that the corpus consisted of specialist texts only, and thus less specialized texts and their translated versions were excluded from the investigation.

CONCLUSIONS

This study was set out to explore and investigate the occurrence of abbreviations and acronyms in Kurdish medical language. It aimed to find out whether medical Kurdish uses abbreviations and acronyms, and if it does, what the potential

patterns are and for which reasons. The study findings revealed that Kurdish medical language does not have its stock of abbreviations and acronyms. Alternately medical professionals have the tendency to follow three patterns in rendering abbreviations and acronyms in their originally Kurdish writings. The patterns are writing English and/or Latin abbreviations and acronyms next to their Kurdish equivalents in full forms, transcribing them in Kurdish, or avoiding the use of abbreviations and acronyms, instead writing their equivalent full forms in Kurdish. These findings identify features that characterize Kurdish for Medical Purposes. However, it would be also significant to investigate translated medical texts into Kurdish in order to see what potential norms or patterns might operate in the translation of abbreviations and acronyms.

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