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Language as a Tool for Care: Unraveling the Directive Speech Acts in Nursing Communication

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Abstract This study aims to explore types of directive speech acts used in nurse-patient communication and understand why particular speech acts are used within this context. The research was carried out at Nursing Department, Universitas Katolik Indonesian Santu Paulus Ruteng in Flores, East Nusa Tenggara. The study involved 20 participants, 18 nursing students with hospital internship experience and two nursing lecturers. Data were collected through interviews, focus group discussions (FGDs), and documents, then analysed using the interactive model by Miles et al. (2014). The results show that requesting speech acts are typically delivered in indirect and polite forms to maintain respect and patient autonomy. Recommending and advising speech acts are employed to encourage patients and families to make informed decisions regarding treatment and health behavior. These speech

Gabriel Fredi Daar

acts are crucial in fostering cooperation without imposing authority. It aligns with the principles of patient-centered care. Meanwhile, directing speech acts are used for both clinical instructions and logistical guidance within the hospital. It aims to show clarity and precision as an essential aspect for safety and efficiency. The study highlights that nurses tend to avoid direct commanding speech acts, opting instead for more polite and empathetic expressions. This approach supports the psychological comfort of patients while achieving effective communication. The appropriate and polite use of directive speech acts is essential in achieving successful health outcomes and enhancing the quality of nursing communication.

INTRODUCTION

Language is a medium for expressing thoughts and a powerful tool for influencing behaviour, especially in professional domains such as healthcare settings. As a part of speech acts theory, the directive holds a critical position in facilitating goal-oriented communication (Pratama et al., 2022). Searle (1979) emphasises that directive speech acts are utterances that aim to cause a specific action on the listener's part. They include commands, requests, suggestions, instructions, and linguistic forms that prompt listeners to act in particular ways. The effectiveness of these utterances relies on how well the speaker understands the context and the listener's mental, emotional, and social state.

The use of directive speech acts can have significant implications in interpersonal communication. While they are intended to guide or prompt action, they also risk misinterpretation or resistance, especially when not aligned with the listener's social background or situational context (Humaira et al., 2022). Misunderstandings may arise not from the speaker's intent but from how the listener perceives and interprets the utterance. Using inappropriate directives can lead to

communicative breakdowns (Suryanovika & Julhijah, 2018). Hence, the selection of proper directive forms is essential. The listener's sociocultural context should be taken into account. This supports the argument by Holmes (2013a), who maintains that effective communication is rooted in an awareness of both linguistic choices and the interpersonal dynamics at play.

In delivering directive speech acts, politeness plays a vital role in ensuring the interaction occurs in an expected way. Since directives inherently involve an imposition on the listener, they must be tempered with politeness strategies to maintain social harmony and mutual respect. Brown and Levinson's (1987) theory of politeness underscores that human interaction hinges on conveying intentions and mitigating potential face threats. In nursing contexts, the use of polite and empathetic language is essential. It deals with situation where patients as listeners need comfortable and engaging circumstance. To this extent, polite discourse facilitates cooperation and reinforces trust (Rhee, 2023).

Directive speech acts are found in nursing communication. Nurses often give instructions to patients and other medical staff, which are important for providing proper care. For example, when a nurse tells a patient to lift their arm to check blood pressure, the instruction has both a practical and social purpose. It helps with the medical task and also encourages the patient to cooperate. Halliday (1978) calls this the instrumental function of language, where language is used to get something done. Thus, the use of directives in nursing are not just words, they play an important role as a tool for patient care and recovery.

Previous studies have examined directive speech acts in various sociocultural contexts. Arani (2012) studied directive speech acts used by Iranian nursery school children. The findings show that Persian-speaking nursery school children demonstrate an awareness of social aspects in communication and use directive speech acts accordingly. They apply unique strategies different from adults, including specific politeness markers and declarative forms to express distance and maintain social harmony. Furthermore, in Language teaching context, Alemi and Khanlarzadeh (2016) studied request speech act of Iranian EFL learners

by non-native English speaking teachers. The study found that Iranian non-native English-speaking raters used nine main criteria, especially politeness, speaker relationship, style, and explanation, when assessing L2 learners' requests. At the same time, gender and teaching experience had no significant effect. Similarly, Barzani (2023) studied Production of Advice Speech Act by Non-Native Speakers of English in Kurdish. The study revealed that Kurdish EFL learners differed significantly from native English speakers in using advice speech acts. It indicates limited awareness of social power and distance, with female learners being more indirect than males.

Other study was conducted by Yazdanfar & Bonyadi (2016) on Request Strategies in Everyday Interactions of Persian and English Speakers. The study found that while both Persian and English speakers commonly used direct request strategies, English speakers favored more conventionally indirect forms and employed more mitigation devices in daily interactions than Persian speakers, who tended to use more non-conventionally indirect strategy. These studies collectively show that learners and speakers of different linguistic backgrounds demonstrate varying levels of pragmatic competence, particularly in recognising and applying social norms such as politeness, power dynamics, and indirectness when performing speech acts.

Despite the broad research on directive speech acts in intercultural communication, their role in nursing communication has not been widely explored. Nursing interactions involve delicate exchanges where emotional sensitivity, professional responsibility, and effective communication intersect. The limited exploration points to a research gap this study seeks to address. As healthcare emphasises patient-centered care, understanding the linguistic tools nurses use to direct and support patients becomes increasingly important. Therefore, this study explores the use of directive speech acts within nursing communication to investigate how language functions as a tool for care.

By examining the specific forms of directives nurses use with patients and colleagues, this research aims to uncover patterns that reveal both the linguistic

structure and pragmatic functions of such utterances. The findings of this study are expected to contribute to the growing discourse on communication in nursing by identifying the types and functions of directive speech acts commonly used in clinical interactions. Moreover, it aims to reveal how directive speech acts facilitate patient cooperation, foster understanding, and ultimately aid in achieving recovery goals.

LITERATURE REVIEW

Directive Speech Acts

One foundational concept in pragmatics is the theory of speech acts, introduced by Austin (1962) and further developed by Searle (1979). According to this theory, when individuals speak, they convey information and perform actions such as requesting, apologising, or commanding. Speech acts are divided into locutionary (literal meaning), illocutionary (intended function), and perlocutionary acts (effect on the listener). These components illustrate how pragmatics investigates the speaker's intent and the listener's response within an interaction (Limberg, 2015). Searle (1979) classified speech acts into five classification; representative, directives, commissive, expressive and declarative. This study focused on directive speech as a communication tool in nursing service settings.

Directive speech acts are utterances used by speakers to get the hearer to do something, including commands, requests, suggestions, and advice (Yuniati et al., 2018; Sari & Utomo, 2020). According to Austin (1962), these acts are considered illocutionary acts since they represent the speaker's intention to influence the listener's behaviour. Directive speech acts are inherently goal-oriented and depend on recognising the speaker's communicative intention by the listener.

Searle (1976) categorised directive speech as one of the five basic types of illocutionary acts, emphasising their function in getting the hearer to perform a future action. These acts range in terms of force, from mild suggestions to direct orders, based on contextual variables such as social roles, power dynamics, and levels of politeness. Holmes (2013b) argues that the form and strength of a directive

often reflect the relationship between interlocutors, with more indirect forms being used to mitigate imposition and preserve face, especially in formal or hierarchical settings.

The role of politeness in directive speech acts is especially significant. Politeness theory asserts that directive acts are inherently face-threatening, as they often impose on the listener's autonomy (Brown and Levinson, 1987). Therefore, speakers frequently employ politeness strategies such as hedging, indirectness, or softening devices to reduce the imposition. The choice of politeness strategy in giving a directive is shaped by cultural norms and the perceived social distance between speaker and hearer, making politeness a crucial consideration in pragmatic competence (Rhee, 2023; Sukarno, 2018).

In cross-cultural communication, directive speech acts often reflect sociocultural values and communicative norms (Anin and Novitasari, 2015). Suryanovika and Julhijah (2018) examined directives in the Cross-Cultural Speech Act and found significant variation in the directness and politeness strategies used across languages and cultures. Similarly, Humaira et al. (2022) emphasized that speech acts, including directives, are culturally embedded and cannot be universally interpreted without considering the cultural scripts behind them. These studies underline the need for cultural sensitivity when analysing or teaching directive acts across linguistic communities. In healthcare communication, directives are vital for patient compliance and safety, but they must be delivered with empathy and clarity to foster cooperation (Arani, 2012).

Speech Acts in Nurse-Patient Interaction

While directive speech acts have been widely studied in various domains, their application in the nursing contexts, requires further exploration. In nursing communication, directive acts are used to instruct patients and build rapport and encourage behavioral changes necessary for treatment. Bailey (2004) argues that successful nurse-patient interaction involves balancing authority with compassion, making the form and tone of directives crucial. As Taguchi (2011) asserts, the appropriateness and effectiveness of directives depend heavily on pragmatic

competence and situational awareness, which can be developed through pragmatic training. It means that directive speech act should be carefully employed for successful meaning negotiation between nurse and patient, particularly understanding the instruction given for patient care.

Speech acts in nurse-patient interaction deals with how language is employed by nurses and patients to perform particular actions, namely requesting, informing, instructing, comforting, and expressing concern within clinical settings. Based on speech act theory proposed by Austin (1967) and Searle (1976), nursepatient communication can be categorised into several types such as representative acts (explaining a diagnosis or reporting symptoms), directive acts (giving instructions, requesting cooperation), expressive acts (showing empathy), commissive acts (promising follow-up care), and declarative acts (officially admitting or discharging a patient). Apparently, the application of speech acts in nursing context is not simply related to linguistic forms but is closely employed for serving medical professional roles, institutional authority, and ethical responsibilities. For instance, when a nurse gives instructions about medication or procedures, the directive speech act performs both clinical authority and an obligation to ensure patient understanding and safety. Hence, effective nurse-patient interaction depends on the appropriate selection and realization of speech acts in ways that align with medical goals and patient needs.

Further, speech acts in nurse—patient interaction is of a paramount role in building therapeutic relationships and enhancing patient-centered care. The pragmatic force of utterances can influence patients' trust, compliance, and emotional well-being. Therefore, politeness strategies of directive speech acts is crucial for mitigating and reducing power imbalance as well as promoting nurse-patient cooperation. For instance, indirect requests may function more effectively than direct commands in fostering patient comfort and autonomy. Pragmatic failure, on the other hand, can lead to confusion, non-adherence, or dissatisfaction with care. Thus, analyzing speech acts in nurse—patient interaction provides valuable insights into how communication functions in healthcare settings and highlights the

importance of pragmatic competence for nurses in delivering safe, respectful, and effective patient care.

METHOD

This study used qualitative research design (Creswell, 2007). The study explored the types of directive speech acts used by medical providers in nurse-patient interaction. It is also necessary to know why particular directive speech acts are used within this context. Therefore, according to the researchers, these data can be obtained through a qualitative study design. The research was conducted at the Nursing Sudy Program Universitas Katolik Indonesia Santu Paulus Ruteng, Flores, East Nusa Tenggara, Indonesia.

There were 20 participants in this study consisting of 18 nursing students who had involved in the internship in hospital and other health service centers, and two nursing lecturers. These participants became informants in interviews and FGDs to obtain data about how directive speech acts used by nurses during their interaction with other medical personnel and with patients. Moreover, the researchers identified why particular directive speech acts are dominantly used rather than others. Since the study was to find out how speech acts applied in the health service setting, the participants involved taken purposively by considering their experience, knowledge and expertise in this field.

Data were collected through interviews, FGD and documentation. The researcher conducted in-depth interviews with all informants using an interview guide that had been prepared. Two main components are asked related to (1) The types of directive speech acts commonly used in nurse-patient communication, and the examples of utterances; (2) Why these particular directive speech acts are used in this setting. Furthermore, the interviews data were verified through FGD. The purpose of the FGD was to gather more specific information about the reasons for using particular directive speech acts in nurse-patient communication. Meanwhile, documentation techniques were employed by collecting and analyzing written and recorded clinical interaction materials, such as nurse-patient dialogue transcripts,

medical communication guidelines, and institutional documents, to identify the forms and functions of directive speech acts. These documents provided authentic linguistic data that enabled systematic classification and interpretation of directive speech acts within real healthcare communication contexts. Data from interviews and FGD were analysed qualitatively using an interactive model (Miles, Huberman & Saldana, 2014) consisting of data collection, reduction, display, verification and conclusion.

FINDINGS AND DISCUSSION

FINDINGS

Based on the data analysis, the following are some directive speech acts used in nurse-patient communication. These types of speech acts are essential and used with consideration of their relevance in the nurse-patient communication context. The following presents data on the use of utterances in several of these directive speech acts.

Requesting and Commanding Speech Acts

The speech act of requesting is typically used at the end of the orientation phase, such as when asking for the patient's consent to fill out an informed consent form. In the context of mental health nursing, the act of requesting is also used when communicating with the patient's family during education sessions. For example, in interventions involving patients experiencing hallucinations, nurses request that the patient's family engage the patient in conversation when the patient is talking to themselves:

(1) "The patient is talking to himself. Please stay with him so he doesn't wander off." (MS)

In this utterance, the nurse requests the patient's family to accompany the patient, who is talking to himself due to hallucinations. The nurse uses a polite form of request to influence the family to support the patient. The utterance begins with the word "please," which reflects politeness. Using polite expressions enhances the

listener's comprehension and increases the likelihood that the request will be accepted and carried out.

In other contexts, the act of requesting is used in the following examples:

- (2) "I'm going to check your blood pressure. Please lift your arm." (SY)
- (3) "I'd like to change your sleeping position. Could you lift your head?" (OK)
- (4) "You are expected to return to the hospital for a follow-up examination." (JG)

Examples (2) to (4) are used by nurses during patient care procedures. Nurses request patients to perform particular actions that support the healing process. In examples (2) and (3), the use of indirect directive speech acts highlights the importance of delivering messages indirectly. Patients in vulnerable psychological conditions require supportive communication to aid their recovery. Therefore, the participants in this study emphasised the importance of using polite and indirect requests. Moreover, the use of the word "please" serves as a key lexicon in every utterance aimed at requesting patients to perform an action.

On the other hand, participants stated that commanding speech acts are rarely used in the context of patient care. This is because patients, when ill, are in need of psychological support, and thus, it is recommended that nurses avoid giving direct commands. For example:

(5) "Roll up your sleeve. I'm going to check your blood pressure." (DG)

This direct command is considered impolite and disregards the patient's condition. Therefore, nurses are advised to use requesting speech acts that implicitly ask patients to act, such as:

(6) "Could you roll up your sleeve? I would like to examine your blood pressure." (TH)

The use of the requesting speech act in nursing care prioritises empathy toward the patient's condition. Furthermore, indirect command forms provide psychological support and positively contribute to the patient's healing process.

Recommending and Advising Speech Acts

In delivering health education, nurses are responsible for facilitating the needs of the patients. Nurses present various nursing care options, which are ultimately decided upon by the patients themselves, or by their families, especially in pediatric care. Recommending speech acts are typically used to suggest nursing care options, leaving the final decision to the patient, such as whether to proceed with a particular treatment or therapy. Patients have the right to make their own choices.

Examples:

- (7) "We recommend treating your illness with chemotherapy." (YS)
- (8) "We recommend surgery as a treatment option for your condition." (AH)
- (9) "You are advised to undergo further examination." (BK)

In utterances (7), (8), and (9), the nurse recommends specific treatments, such as chemotherapy, surgery, or follow-up examination, without directly commanding the patient to comply. The choice remains with the patient or their family. In this context, the perlocutionary effect of these utterances is influenced by several factors, including the patient's understanding of the recommendation, their psychological readiness, and their financial capability. A recommendation serves as a communicative tool to encourage patients to make informed decisions based on considering potential outcomes. Thus, the perlocutionary act plays a crucial role.

Meanwhile, the speech act of advising is used in various nursing activities, particularly during the implementation phase. Research participants noted that nurses employ advising speech acts when conducting nursing interventions such as health education, advising patients based on identified problems and suggesting appropriate actions for both the patient and their family.

Examples:

- (10) "You should stop smoking and drinking alcoholic beverages." (FP)
- (11) "You should avoid dust and smoke." (DG)

Utterances (10) and (11) carry an illocutionary force aimed at influencing the hearer, i.e., the patient, to take particular actions as intended by the speaker. Advising speech acts are oriented toward fostering positive behaviors that ultimately lead to improved health outcomes. In the nursing context, utterance (10) advises the patient to stop smoking due to a related health issue. The patient's health is expected to improve if the perlocutionary act, quitting smoking, is followed. Similarly, utterance (11) advises the patient to avoid exposure to dust and smoke, which is also expected to enhance recovery if followed.

In other activities, such as when planning a home care program, nurses may advise patients on what to eat or avoid, as well as which activities to engage in or refrain from to support their recovery. For example:

- (12) "You should avoid oily and salty foods." (SJ)
- (13) "You need to do light exercise, such as walking." (KM)

These utterances also involve perlocutionary effects that are crucial to achieving the desired health improvements. The patient's condition is expected to improve if they follow the advice to avoid certain foods and engage in light physical activity. Participants in this study emphasised the importance of recommending and advising speech acts in nursing communication. This is based on the understanding that nursing services are fundamentally oriented toward helping patients achieve recovery. Therefore, language, as a tool of healthcare communication, plays a vital role in this process. However, participants also stressed the importance of nurses possessing the competence and sensitivity to choose appropriate and contextually relevant language to avoid offending the patient.

Directing Speech Acts

Based on interview findings, nurses use directing speech acts during assessing and evaluating patient conditions, including guiding patients in the correct use of prescribed medication and appropriate dietary intake.

Examples:

- (14) "Take this medicine twice a day for one week. Contact us if you experience any unusual reactions." (AJ)
- (15) "While taking this medicine, avoid consuming alcoholic beverages." (OG)

Nurses explicitly use utterances (14) and (15) to direct patients on how to properly take their prescribed medication. These speech acts aim to guide patients to take appropriate actions in accordance with medical instructions. In this context, the perlocutionary effect whether or not the patient follows the guidance, has a direct impact on the success of their recovery process.

Interview results also revealed that nurses use directing speech acts when providing directions to patients, for instance, when a patient arrives and asks for the location of a doctor's office or a hospital service area. In such cases, nurses employ *pointing* or *directive* utterances to guide patients.

Examples:

- (16) "Go straight to the end of the corridor, turn right, and the Eye Doctor's office is on the left." (OS)
- (17) "The inpatient ward is on the second floor. You can take the stairs near the entrance." (WG)

In relation to utterances (16) and (17), nurses are expected to be familiar with the names and locations of hospital rooms and service areas. This is essential for effectively directing patients or their families to the appropriate departments or services within the hospital. Such pointing or directing speech acts are typically expressed through direct speech acts using declarative or imperative sentences.

DISCUSSIONS

Based on the results, the study found some directive speech acts commonly used in nursing communication, including requesting, advising, recommending and directing speech acts. These types of speech acts are based on the context of nursepatient interaction. Communication in this context deals with the effort to help patients achieve their goal of recovery. Thus, directive speech acts are intended to

influence and foster patient to improve their health by following the utterances given by speaker (nurse or doctor).

According to Weigand (2016), directive speech acts are referred to as initiative speech acts, characterised by their intention to lead to a practical action being performed. Directives are spoken expressions that prompt the listener to carry out a certain action, such as giving orders, making requests, offering advice, or suggesting something (Daar, 2023). In this study, directive speech acts are essential to influence the patient's behavior to achieve his/her goal. Thus, the types of directive speech acts found are expected to use appropriately and politely.

Requesting is one of the directive speech acts commonly used in the nursing communication context. The study revealed that, requesting is usually used by the nurse or doctor to request the patients to do something, e.g. asking the patient to lift his arm when checking the pulse "Please lift your arm.", or requesting the patient to lift up head when changing sleeping position "I'd like to change your sleeping position. Could you lift your head?". To refine the use of request, the speaker (nurse) is expected to deliver the speech using indirect speech act pattern. Rhee (2023) and Arani (2012) highlighted the significance of indirect speech acts as a strategy to save the listeners face. Moreover, it is applied to respect the listener's right to be respected, honored and independent. In this study, the use of indirect request indicated by sentence structure that using interrogative sentence which is not aiming to raise question but request "Could you open your mouth?". Other polite marker used is "please". This finding is in line with the study conducted by Semiun (2014), stating that indirectness is essential in ensuring that sense of politeness is perceived by the listener and the speaker. Moreover, polite markers function as speaker signs to anticipate the feeling of annoying on the listeners (Terada et al., 2021). Thus, requesting speech act as indicated through this study has the significance to be applied in nurse-patient communication. However, it is vital to acknowledge how to deliver it under pressure, as found in nursing intervention.

Despite the importance of requesting speech act in nursing context, the study found the infrequently use of commanding speech acts. The participants stated that commanding speech act is hardly ever used in this context due to the need of psychological support. Otherwise, a nurse is recommended to apply indirect commands, as stated in this utterance, "Could you roll up your sleeve. I'm going to check your blood pressure." This is considered more polite and regarding the patient's condition. In this regards, nurses are expected to use requesting speech acts that implicitly ask patients to act (Yazdanfar & Bonyadi, 2016). This finding contrasts with previous studies conducted by (Sari & Utomo, 2020), stating that commanding speech acts are essential to some extent. This deal with the effectiveness and efficiency of conveying the intention of an utterance. For instance, in the context of teacher-student's interaction in the classroom, direct command is more effective than indirect ones. Teaching instruction lies on the teacher's utterances and students' understanding on the message given. Thus, direct speech acts help leaners interpret and understand more easily the content of materials delivered by the teachers (Azhari et al., 2018). Different from this view, Daar et al. (2023) and Abels et al. (2021), provided other context of speech act of commanding use in cultural context. Through cultural event, commanding speech acts are apparently delivered indirectly. It shows the beauty of spoken words and art of culture that depicted through cultural rite. These depictions show the varied perspectives and application of commanding speech act in social interaction. Thus, the infrequently use of commanding speech acts in nursing communication context show that it is dynamic and flexible depending on the context. In this regards, the purpose of utterance should be considered, likewise the use of requesting and commanding speech acts.

Regarding recommending speech act, nurses use it to facilitate patient autonomy. This is conveyed by suggesting treatment options without exerting coercive force. In this study, the use of utterances such as "We recommend treating your illness with chemotherapy" and "You are advised to undergo further examination" indicates the use of indirect and polite forms to respect patients' rights to self-determination. Directive speech act of recommending functions to provide suggestions. The effectiveness of recommendation speech acts depends on the

context and relationship between the speaker and hearer (Widyastuti & Sartika, 2023). In pediatric care, these speech acts are often directed toward family members, highlighting the necessity of culturally and emotionally sensitive communication. In this regard, it is necessary to take into account the ethical and communicative balance to empower patient choice, particularly in emotionally sensitive decisions involving life-threatening conditions (Hawley & Morris, 2017). The study emphasises the vital role of recommending speech acts in fostering informed patient decisions and trust in nurse-patient interactions.

The study also found that the use of advising speech acts in nursing interventions, as illustrated in utterances like "You should stop smoking" and "You should avoid dust and smoke," demonstrates a more directive but still respectful approach. These speech acts carry an illocutionary force aimed at behavioral change, which plays a significant role in health promotion. This finding aligns with the study conducted by Hosni (2020) on Advice giving in Egyptian Arabic and American English, stating that Advice speech acts are used a means of establishing good relationships and social harmony. In this sense, advising in clinical contexts is often received positively when grounded in the nurse's professional authority and a clear understanding of the patient's condition. Thus, the use of advice speech act in this context is commonly directly pattern. This aims to help patient easily understand the intent conveyed by the speakers (nurse/doctor). This finding, on the other hand, is in contrast with the study conducted by Al-Khatib & Al-Khanji (2022) on the Speech Act of Advice in Selected Qur'anic Verses, stating that the pattern of advice speech act within the context is commonly in indirect pattern. This is impacted by the social and power distance between the speaker and listeners. Grounded to these findings, it can be stated that advice speech acts can be conveyed directly or indirectly depending on the context of use, social and power distance between the speaker and listener and the purpose of using them.

Directing speech acts are also used in nursing interaction. This speech act is crucial in ensuring patient compliance with medical instructions, particularly during the assessment and evaluation stages. Utterances such as "Take this medicine twice

a day for one week" and "While taking this medicine, avoid consuming alcoholic beverages" serve as imperative directives. These speech acts function to guide patients toward correct medication usage and lifestyle choices necessary for effective treatment. Searle (1979) stated that directive speech acts function to get the hearer to do something. This function is tightly bound to patient safety and recovery outcomes. Supporting this, Ayman & Kemal Kaya (2020) stated that directing patient in the nursing context functions to inform and convince them about benefits of the services. Moreover, it facilitates their service delivery by increasing their participation in the service process. The perlocutionary effect of these directives determine the success of the medical treatment (Musriyono & Saptono, 2018). Thus, the clarity, tone, and assertiveness of such directives are central to patient understanding and adherence.

Beyond medication guidance, directing speech acts are frequently employed in hospital navigation and service orientation. The nurses use clear and concise directives to help patients locate specific hospital departments. The use of clear and direct speech acts also aims to increase the effectiveness of communication. Moreover, the imperative nature of utterances like "Go straight to the end of the corridor" indicates a direct speech act, which, as Levinson (1983) suggests, is often preferred when clarity and urgency are required. To this extent, nurses must be familiar with clinical procedures and the layout and services of the healthcare facility to guide patients competently. Furthermore, this use of language reflects institutional discourse. In this context, speech is impacted by roles, responsibilities, and the expectations embedded within professional settings (Edward & Hutahaean, 2018; Wilson, 2023). Thus, the findings of this study confirm the integral role of directing speech acts in supporting both clinical care and logistical communication within healthcare environments. This study highlights the need for context-sensitive and clear language use in all aspects of nursing practice.

CONCLUSION AND SUGGESTIONS

This study found that directive speech acts, such as requesting, advising, recommending, and directing are necessary in nurse-patient communication. These types of speech help nurses guide patients' actions, support them in making health decisions, and ensure they follow treatment instructions correctly. Nurses often use polite and indirect language to protect patients' feelings, respect their choices, and provide emotional support, especially in difficult situations. The results show that good communication in nursing needs not only medical knowledge but also language skills and the ability to adjust to different situations.

The study suggests that nursing education and training should include lessons on how to use language effectively, especially directive speech acts. Nurses need to learn how to give instructions, advice, and suggestions clearly and politely to improve patient understanding and comfort. Teaching about speech act theory and how to apply it in real healthcare settings can help nurses communicate better and build stronger relationships with patients.

This study has some limitations. The participants were only from one university in West Flores, Indonesia, which means the results may not apply to all healthcare settings. Future research should include participants from different regions and healthcare institutions. It is also suggested that researchers observe real nurse-patient interactions to get deeper insights into how directive speech acts are used in everyday practice.

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