

افعال الكلام في المحادثة الطبية: دراسة في التواصل بين الطبيب والمريض

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Speech Acts in Medical Communication: A Study of Doctor-Patient Interaction

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الخلاصة

يحلل هذا البحث افعال الكلام للأطباء والمرضى ويتحرى عن أنواع الأفعال الكلامية المتاحة أو التي يمكن إنتاجها فيما يتعلق بتنوعاتها كان تكون توجيهات، وتأكيدات، وتعبيرات، وتطمينات. ويربطها بنتائج المرضى باستخدام منهج كمي نوعي حيث تم إجراء تحليل الخطاب للمحادثات الطبية التي حصلت بشكل طبيعي لاستكشاف استخدام الأفعال الكلامية عبر سياقات مختلفة عند التشخيص أو شرح العلاج أو إعطاء الطمأنينة العاطفية للمريض. وتوضح النتائج أن التوجيهات الواضحة يجب أن تكون مصحوبة بالفعل بتفسيرات، مما يحسن بشكل كبير من التزام المرضى بالعلاج. كما أن التأكيدات مهمة في التعامل مع قلق المرضى وفي بناء ثقتهم، وهو أمر مطلوب بشكل خاص في المواقف التي يكون فيها الانخراط العاطفي مرتفعاً. وعلاوة على ذلك، وجد أن الأطباء يقدمون طمأنينة أكثر تعاطفاً، مما يؤثر على مستويات قلق المرضى وثقتهم في العملية الطبية. إن المساهمة الإجمالية لهذا البحث تكمن في فهم كيفية عمل أفعال

الكلام في الخطاب المؤسسي، وتقديم رؤى يمكن أن تعمل على تحسين استراتيجيات الاتصال في الممارسة الطبية بهدف تحسين رعاية المرضى.

Abstract

This paper analyzes the speech acts of doctors and patients and scrutinizes the kinds of speech acts available or potentially produced with regard to their variations: directives, assertives, expressives, and assurances. It relates them to patient outcomes by using a mixed-method approach where discourse analysis of naturally occurring medical interactions is conducted to explore the use of speech acts across different contexts when diagnosing, explaining the treatment, or giving emotional reassurance to the patient. The results clarify that clear directives have to be accompanied, indeed, by explanations, which highly improve the adherence of patients to the treatment. Assurances are also important in handling the anxiety of patients and in establishing their trust, which is particularly required in situations where emotional involvement is high. Moreover, it was found that the doctors provide more empathic reassurance, which influences patients' anxiety levels and confidence in the medical process. The overall contribution of this research is to the understanding of how speech acts function in institutional discourse, offering insights that can improve communication strategies in medical practice with a view to bettering patient care.

Introduction

Effective communication between doctors and patients is the bedrock of quality healthcare. The delivery of information, questioning, and advice by the doctor has direct consequences for patients' understanding, compliance, and overall satisfaction with medical care (Herndon and Pollick, 2002). In these regards, speech acts have been pivotal in shaping such interactions; hence, this is the reason why the study of linguistic structures within medical discourse is of paramount importance for improving communication in healthcare settings.

As part of pragmatics, speech acts are probably one of the most important parts of linguistics put forward by J.L. Austin 1962 and afterwards widened by John Searle in his work, *Speech Acts*, 1969 (Smith, 1991). They describe the actions performed through language, like making a request, giving advice, or issuing a command. These speech acts, when applied to a medical setting, enable and create critical exchanges where clarity, authority, empathy, and understanding all come through verbal communication. The doctor, for instance, can carry out a directive speech act by ordering the patient to take their medicine or



perhaps a commissive speech act, where he or she promises the patient continued care (Černý, 2007). In these dialogues, the participants are performing speech acts that are not only informative but also socially situated in roles, power dynamics, and cultural expectations, hence linguistically and socially relevant (Linell, 1998).

The present study aims to analyze speech acts in doctor - patient discourse in an attempt to reveal how different types of speech acts are used and what functions they have in the medical discourse. This research will rely on the analysis of real-life doctor-patient interactions with the purpose of giving an insight into the peculiarities of medical communication and exploring how various speech acts contribute to or impede effective exchanges. This is done through answering three research questions: two quantitative and one qualitative research questions as follows.

- 1. What are the common speech acts by doctors?**
- 2. What are the common speech acts by patients?**
- 3. How do speech acts accompany other acts?**

While this paper might approach the topic from a more theoretical perspective, it is important to remember that in healthcare, miscommunication can have far graver consequences: misunderstanding a directive might lead to improper medication, and a poorly communicated diagnosis might mean the patient is burdened with anxiety or mistrust. Understanding speech act usage in those interactions, thus, is not purely of academic interest; there are also very real-world implications for improved health outcomes. This present study will analyze the language patterns that doctors use, their influences on patients, and hope to provide possible development for doctors to improve communications, especially within medical settings, in order to have better care and more satisfaction from the patients.

Background

The concept of speech acts originates from the sub - discipline of linguistics called pragmatics, which explores language usage in context. In his book "How to Do Things with Words," J.L. Austin (1962) popularized the now - familiar notion that language serves not only to impart information but also to conduct action (Alaboudi, 2020). Austin elaborated a theory by distinguishing between locutionary acts, that is, saying something; illocutionary acts, the intended function behind the utterance-requesting or promising; and perlocutionary acts, the effects of the utterance on the listener (Permana, 2023) . In turn, John Searle (1969) modified an earlier version of Austin's theory by dividing speech acts into five: assertives, directives, commissives, expressives, and declarations.

While all of these categories have a different role to play in human interactions, correct or wrong usage does make all the difference in the dynamics of communication (Littlejohn and Foss, 2010)

Probably the most imperative form of interaction within medical setups is doctor - patient communication. It may have effects on treatment adherence, health outcomes, and even patient satisfaction (Ong et al., 1995). Miscommunication or misunderstanding in medical discourse can result in serious consequences: from incorrect diagnosis to treatment errors. Speech acts are normally utilized by doctors, being figures of authority, to guide the patients, explain to them complicated medical information, and reassure them. Conversely, the patients employ speech acts to express apprehensions, explanations, or make decisions on their care. The speech acts used in the interaction are not merely a conduction of information but an interaction that is framed by relations of power, social expectations, and cultural edicts (Weiner and Schwartz, 2023).

Speech acts in doctor - patient communication have lately become the focus of growing interest within the general trend to establish medical discourse. Researchers pointed out how the use of directives by doctors may either facilitate or resist compliance depending on whether it was sensitively performed, keeping in mind the patients' concerns or context (Ayeloja, 2022). Similarly, when giving a diagnosis or in discussions of treatments, great attention should be given to the use of assertives, or statements of fact, so as not to confuse or cause distress. Being aware of the linguistic structure at the backbone of these interactions can provide a deeper understanding of how to improve communication strategies for better patient - centered care and reduced misunderstandings (Hull, 2016).

Medical Communication: Linguistic Perspectives

Communication between doctors and their patients forms a very important part of healthcare delivery, with immense implications for diagnosis, treatment, and patient satisfaction. Linguistically speaking, doctor - patient interactions possess rich pragmatic meaning supported by the medical context and an asymmetric type of interaction. Language in the consultations is used not only as a method for conveying information but also for negotiating authority, handling emotions, and making sure the patients feel heard and supported (Bigi, 2016). This section deals with some of the major linguistic strategies underlying doctor - patient communication, namely, the working of speech acts during diagnosis, explanation of treatment, and emotional reassurance. It further looks at pragmatic phenomena like politeness, empathy, and negotiation, which play a vital role in the effectiveness of medical discourse (Ayeloja, 2022).



The Use of Language in Diagnosis

The diagnosis phase is considered one of the most critical points in the communicative exchange between the doctor and the patient. During this phase, the doctor needs to discuss complex medical information with the patient in a way that he or she will understand, without losing authority and professionalism (Heritage and Maynard, 2006). Linguistically, the most recurrent speech acts during this phase are performative or assertive speech acts, through which doctors deliver facts about the condition of the patient. Assertive acts - "Your blood pressure is high" or "You have an infection in your lungs" - are necessary in setting the stage for treatment (Fisher, 1984). However, studies demonstrate that the manner in which these assertive acts are delivered makes a considerable difference in how patients perceive the seriousness of their condition and the competence of the doctor (Street Jr and medicine, 1991).

One of the challenges of medical communication is not only to make assertives factually correct but also appropriately framed with regard to the patient's state of mind. For instance, it has been observed that patients are more likely to believe a diagnosis from doctors when doctors use explanations in addition to assertive statements (Curtis et al., 2011). This would be an explanation like, "Your blood pressure is high because you have been under so much stress lately, and we have to do something about that (Sapolsky, 2004)." It thereby incorporates an assertive with an explanatory speech act to enable the patient to grasp both the cause of the condition and what might follow. This dual strategy of combining the factually asserted with its explanation not only makes clear the medical issue at stake but also the communication about it more accessible and less intimidating (Dunn and Hope, 2018).

The Use of Language in Treatment and Instructions

Once the diagnosis is made, treatment then follows at which point directive speech acts become dominant. In medical settings, Directives are used to instruct patients regarding actions they are to perform; from taking medication, to following a diet, to scheduling a follow - up appointment (Frankel, 1984). Unlike in ordinary life, where directives may be softened to be less intrusive on the listener, in medical communication, as a rule, directives are issued with a level of force which is assumed by the doctor's expertise (Lloyd and Bor, 2009). For instance, a statement as direct and clear and leaving no room for ambiguity would be, "Take this medication twice a day" or "You'll need to cut back on salt.". This clarity is important, since every misunderstanding of medical instructions results in non - compliance and complications of treatment.

On the contrary, recent linguistic studies have pointed out the need to balance authority with a patient - centered approach. Issues of mere commands without taking into consideration the perspective of the patient can only elicit resistance or misunderstanding (Bigi, 2016) . For instance, patients may get stressed or unclear about how to follow the directives, especially when the directives are complicated or deal with life-changing matters. Because of this, physicians often combine directive speech acts with explanations or reassurances. For example, instead of simply stating, "You need to exercise more," the doctor may say, "If you initiate walking 30 minutes a day, it will help to lower your blood pressure (Stott et al., 2010) ." This gives a particular action the patient needs to take, while presenting the end result, hence offering a reason and a more effective, yet more easily acted upon command (Mattingly, 1991).

Besides, physicians may use politeness strategies that will make the directives less imposing; it will help to raise the degree of patient cooperation. In other words, politeness in this context means framing directives in ways that respect patient autonomy (Yip, 2020). The doctor might say, "I'd recommend trying this treatment for a month and seeing how you feel," which is less direct of an imperative and gets across the necessary action while, again, allowing the patient more control in his or her choices of treatment. Such strategies are very clear when the doctors have to negotiate the treatment options with their patients, who may raise some doubts or skepticism about the procedure proposed (Stevenson et al., 2000).

Emotional Reassurance and Empathy in Medical Discourse

Besides the technical issues in diagnosis and treatment, doctors have to address emotional aspects in the care of their patients. Medical consultations usually involve strong emotions, as persons experience anxiety, fear, or confusion regarding their health status (Larson and Yao, 2005). It is in such contexts that the ability to reassure through language becomes germane. This is necessary in reassuring the patients (Zimmermann et al., 2007). For instance, "There's nothing to worry about" or "The procedure is safe." All this will aid the patient to release themselves from anxiety and builds trust in the doctor's competence. According to the discussion by Nguyen (2018), assurance speech acts are highly present in a doctor's care.

Another important ingredient in the good communication between a doctor and his patient is empathy - expressive speech acts. Phrases like, "I know this is a challenging time for you," or "I understand you are concerned about your surgery" reflect a doctor who supports and



validates the patient's concern. The literature reports empathetic language used by doctors; this contributes to a positive response in the patient because the patient feels understood and supported (Larson and Yao, 2005). Empathy is not merely a social courtesy; it has been associated with better patient outcomes, including improved compliance and higher levels of patient satisfaction (Hojat et al., 2016).

At times, emotional reassurance is complemented by explanatory speech acts which enable the patient to make more sense of his or her situation while minimizing fear (Teasdale, 1992). He reassures the patient by saying, for example, "I know that surgery sounds scary, but this is a routine operation, and the risks are very low." This correctly marries an assertive explanation with expressive reassurance, first acknowledging the patient's fear but then furnishing facts that diminish that fear. It is such speech - act combinations that help in rapport building by making sure that patients leave the encounter feeling more convinced of their health and treatment plan (Bigi, 2016).

Pragmatics in Healthcare: Politeness, Empathy, and Negotiation

Finally, the pragmatic aspects of doctor - patient interaction cannot be overlooked. The healthcare interaction is all about negotiation of meaning: be it explaining a diagnosis or proffering treatment options or addressing a patient's concerns (Ayeloja, 2022). As it was already observed, politeness strategies are essential in maintaining patient autonomy and dignity, especially in those cases when doctors need to use directive speech acts, which otherwise would sound imposing (Ojwang, 2010). Similarly, negotiation usually happens when patients are reluctant about a certain treatment, or their preferences go against the opinion of a doctor. It involves not only the judicious use of words but also the art of listening and observing a patient's response to hospital treatment to make the decision for treatment a collaborative one.

Speech Acts and Patient Outcomes

Doctor-patient communication is central to health care. It influences patient outcomes in addition to understanding medical conditions and treatments. Research indicates that good communication, explained by proper application of speech acts, leads to better adherence to recommendations about treatment, less anxiety for the patients, and enhanced doctor - patient trust (Riedl and Schüßler, 2017). Speech acts within the context of care, like directives, explanations, assurances, and expressives, are not only about information exchange. These are indeed

potent tools that, when put to work, turn out to greatly enhance the quality of care provided to the patient and lead to improved health outcomes (Ayeloja, 2022). This section explores the association between physician - patient communication and patient outcomes, with a special emphasis on the clarity of instructions and explanations given to the patients and the role of empathetic assurances and expressives in handling patient emotions (Cronauer, 2013)

The Role of Assurances and Expressives in Managing Patient Anxiety and Building Trust

In addition to directives and descriptions, assurances and expressive speech acts are quite crucial in managing the emotional aspects of medical treatment. Most often at the medical visits, critical and life - changing diagnoses are talked about, or so are complicated treatment plans or procedures that can generate a lot of fear and anxiety for patients (Ziaeeian et al., 2012). It is during these moments that assurances - those things said to reduce apprehension and instill confidence-become really paramount.

The reassuring act s, such as "There is nothing to be concerned with, this is a routine procedure" or "The complication chances are very low," will begin to alleviate patient fears and provide emotional relief. Reassurance acts assure the patient that his doctor is competent and confident in the treatment process, both of which help alleviate some of the emotional burden possibly coming with a medical diagnosis. A study by (Ghulam et al., 2006) noted that the patients whose physicians were reassuring them are less likely to feel any preoperative anxiety as well as overall satisfaction with the provided care. Again, this was evidence that emotional support is an important factor in making the patient's experience greater and ensuring good psychological outcomes.

The expressive speech acts which express empathy are also of essence. Phrases like, "I know this is a difficult time for you," or "I can tell you're worried about the surgery," prompt the physician to acknowledge the patient's feelings, and these certainly make the latter feel his concerns are being heard and validated. The emotional bonding that arises is an essential component in the creation of trust - a primary component in establishing a good doctor - patient relationship. All these together mean that trust in the doctor leads to better patient satisfaction, adherence to treatment, and long - term engagement with health providers (de Zulueta, 2018).

Being able to combine assertive or directive speech acts with expressives and assurances enhances the doctor's communicative best.



The physician may say, for example, "I know that surgery can be a frightening concept. I have performed this procedure many times and the risks associated with the surgery are very low (Wang, 2014)." In this case, the physician marries an assertive explanation of the treatment plan with an expressive acknowledgement of the patient's fears and an assurance about the physician's competence. This cocktail of speech acts not only satisfies the patient in its delivery of medical information but also caters to the emotional needs of the patient, thereby helping the patient more easily accept the treatment and trust the doctor's recommendations in the process (Seligman, 2011).

Methodology

Research Design

This paper therefore adopted a mixed - method approach in analyzing doctor - patient interaction by combining qualitative and quantitative methods. Qualitative data included a discourse analysis of recorded doctor-patient conversations, where a naturalistic medical setting, identifies and interprets speech acts. Conversely, the quantitative approach applied statistical means to measure the distribution frequencies of the different speech acts that may establish a pattern in communication over successive interactions.

Discourse analysis provided a very detailed insight into how language functions in real-time exchanges between doctors and patients. Through an analysis of the illocutionary force of utterances, the research attempts to understand how speech acts are being used in managing doctor-patient relationships, explaining medical information, and negotiating treatment plans. This mixed - method approach indeed provides a strong framework to cope with qualitative and quantitative features of speech acts inside medical discourse.

Data Collection

Data were collected from two hospitals and one outpatient clinic. Two places were included to ensure a diverse range of doctor-patient interactions. Audio recordings of the consultations were made with informed consent from both the patient and the doctor during routine medical appointments. The recordings represented the spontaneous and natural flow of conversation between medical professionals and patients in various clinical settings that might include general practice, internal medicine, and specialized departments such as cardiology and pediatrics. A number of 30 doctor-patient interactions were analyzed; every consultation is likely to take between 10 to 20 minutes. This was

sufficient for recording a wide range of speech acts and communication dynamics. Audio recordings will be captured and thereafter transcribed verbatim; the accuracy of the transcripts will be checked against the original recordings.

Ethical Considerations

The research was performed with consideration for the appropriate ethical standards. Informed consent of both doctors and patients, have been obtained prior to recording any interactions between the two and information given to the participants contained details about the purpose of the research study. They were told that the data usage, and their freedom to withdraw at any moment in time. Identifiable information was anonymized to maintain confidentiality, and data were stored securely based on the ethical guidelines. The researcher obtained approval from the officials of hospitals and clinics participated in the study.

Analytical Framework

The current research was based on John Searle's categorization of speech acts into five utterances: assertives, which are statements of fact; directives, which are commands or requests; commissives, which are promises or offers; expressives, statements of feelings or attitudes; and declarations, utterances that change reality by being uttered. This framework has provided a guideline through which each speech act occurring in the conversations was identified, categorized and analyzed respectively.

The analysis was performed by the use of NVivo software in coding and analyzing qualitative data. For information, NVivo is a software developed for qualitative data analysis. It can help explore, organized and analyze data from virtually any source; interviews, surveys, social media and recordings. Like SPSS software also visualizes outputs in shapes of diagrams with numeric data. In this study, NVivo allowed for systematic categorization of speech acts and, therefore, make easier the identification of patterns and trends in the use of language across interactions. The frequency of each type of speech act also was subjected to a statistical analysis in order to compare patterns of communication between various medical specialties and contexts.

1: Speech Acts Used by Doctors

| Speech Act | Example | Frequency per interaction | Comments |
|------------|---------|---------------------------|----------|
|------------|---------|---------------------------|----------|



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| | | | |
|-------------|--|-----|--|
| Directive | ...take this medication twice a day... | 5-8 | Doctors frequently use directives to instruct patients on medication use, treatment plans, etc. |
| Assertive | ...your blood pressure is slightly... | 4-6 | Assertive acts are common when doctors provide diagnoses or explain medical conditions. |
| Commissive | ...I will call you with the test results... | 1-2 | Doctors use commissives to assure patients of future actions such as follow-ups or test results. |
| Expressive | ...I understand your concern about the surgery.... | 1-3 | Expressives are used by doctors to empathize or acknowledge patient's feelings, fostering trust. |
| Explanatory | ... the reason for this pain is the inflammation in your joints... | 3-5 | Doctors use explanatory speech acts to provide detailed medical explanations or clarifications |
| Assurance | ... there is nothing to worry about; the procure is very safe... | 2-3 | Assurances are given to comfort patents and alleviate anxiety, especially in uncertain situations. |

Table 2: Speech Acts Used by Patients

| Speech Act | Example | Frequency per interaction | Comments |
|------------|---|---------------------------|---|
| Directive | ...can you prescribe something for the pain?... | 5-8 | Doctors frequently use directives to instruct patients on medication use, treatment plans, etc. |
| Assertive | ...I 've been feeling tired for weeks... | 4-6 | Assertive acts are common when doctors provide diagnoses or |

| | | | |
|-------------|---|-----|---|
| | | | explain medical conditions. |
| Commissive | ...I'll take the dedication as prescribed... | 1-2 | Doctors use commissives to assure patients of future actions such as follow-ups or test results. |
| Expressive | ... I am really worried about my condition... | 1-3 | Expressives are used by doctors to empathize or acknowledge patient's feelings, fostering trust. |
| Explanatory | ...I had the same issue last year and they gave me antibiotics... | 3-5 | Doctors use explanatory speech acts to provide detailed medical explanations or clarifications |
| Assurance | ... I'll take care of the follow-up appointment myself... | 2-3 | Assurances are given to comfort patients and alleviate anxiety, especially in uncertain situations. |

Comments on Doctor - Patient Speech Acts

1. Doctors:

- a. Effective: This is the most frequent speech act doctors use, since this represents a way to instruct or advise something connected with the treatment itself.
- b. Assertives are the next most frequent because the doctors have to impart some facts about medicines to the patients.
- c. Explicative and expressive speech acts, as in rapport and trusting, physicians apply them to show concern for the patients and giving them detailed explanations.

2. Patients:

- a. Assertives are the most common speech acts of the patients since they usually state a description of their symptoms or medical history.
- b. Directive utterances, such as from a patient requesting a type of treatment they want or the test they need, are common; this is especially so when patients are after some action or advice.



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c. Expressives: These, as used by the patients for the most part, reveal their emotional concerns or anxiety about health. This is reflective of the emotional dynamic present in medical interactions.

Speech Act Distribution in doctor - patient interactions

Table 3: Frequency of Speech Acts in Doctor - Patient Interactions

| Speech Act | Example | Frequency per interaction | Comments |
|-------------|----------------------------|---------------------------|----------|
| Directive | Treatment Instruction | 6 | 24% |
| Assertive | Diagnosis Explanation | 7 | 28% |
| Commissive | Follow-up\Next step | 2 | 8% |
| Expressive | Emotional Reassurance | 3 | 12% |
| Explanatory | Clarification of Treatment | 4 | 16% |
| Assurance | Comforting / Guaranties | 3 | 12% |

Table 4: Speech Act Distribution Based on Context

| Context | Directi ve | Asserti ve | Commissi ve | Expressi ve | Explanat ory | Assuran ce |
|-----------------------------------|---------------|---------------|----------------|----------------|-----------------|---------------|
| Diagnosi s | 1 | 4 | 0 | 1 | 1 | 1 |
| Treatmen t Explanati on | 2 | 1 | 0 | 0 | 4 | 0 |
| Treatmen t Instructio ns | 3 | 1 | 0 | 1 | 2 | 0 |
| Follow- up | 0 | 1 | 2 | 0 | 1 | 2 |

Comments on Patterns

1. **Frequency of Assertives:** The assertive speech acts take the highest number, especially in those diagnosis discussions where the doctors explain to the patients about their conditions. This implies that factual information and clarity are fundamental during the diagnosis stage.
2. **Directives Regarding Treatment:** The treatment - related conversations are replete with directives given for medication or change of lifestyle. This corresponds to the role of doctors in guiding the behaviors of patients post - diagnosis.
3. **Expressives and Assurances in Reassurance:** Both expressive and assurance acts are used when the doctors give emotional support or reassurance to the patients, particularly at the time of diagnosis or during explanation about the safety of a certain treatment. This reflects that the doctors try to handle the patient's emotions so that they become less anxious.
4. **Explanation for Clarity.** The explanatory speech acts come to the fore when the doctors explain the course of treatment, providing all possible elaboration regarding the procedures or medications. This projects the transparency that must be associated with the treatment in order that the patients understand it.
5. **Commissive Speech Acts for Follow-Up:** In the case of commissives, which is a commitment to some future action on the part of either the doctor or patient, such as follow - up visits, this mostly occurs in the discussion of next steps and emphasizes the structured nature of medical consultations.

Qualitative Findings

Table 1: Conversation Excerpts and Speech Act Functions

| Excerpt | speaker | Speech act | Function |
|--|---------|------------|---|
| ...please take this medication twice a day after meal... | doctor | directive | Giving clear instructions about medication usage. |
| ...Okay, I'll follow that... | Patient | commissive | Committing to the doctor's directive. |
| ... you need to cut down on salt in your diet to manage your blood pressure... | doctor | directive | Advising lifestyle change to improve patient's condition. |
| ...I'll start | Patient | Commissive | Partially |



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| | | | |
|---|---------|------------|--|
| reducing salt but I am not sure how much... | | expressive | committing but expressing uncertainty. |
| ...you'll need to come for a follow-up in two weeks... | doctor | directive | Scheduling the next appointment, guiding future actions. |
| ...I can do that, no problem... | patient | commissive | Agreement to follow up. |
| ... the pain might be due to the inflammation, which is common with your condition. | doctor | assertive | Providing an explanation the patient's symptom. |
| ... I see, that makes sense... | patient | assertive | Acknowledging the explanation and expressing understanding. |
| ...there is nothing to worry about. The procedure is quite safe... | doctor | assurance | Reassuring the patient to reduce anxiety about the upcoming procedure. |
| ...that is a relief to hear, thank you. | Patient | expressive | Expressing gratitude and relief after reassurance. |

Table 2: Speech Act Functions and Patient Responses

| Speech act (doctor) | Typical patient response | function |
|---------------------|---|--|
| Directive | Commissive ("I'll follow that.") | Patients often commit to following doctors' directives indicating cooperation. |
| Directive | Commissive + expressive ("I'll try but...") | Sometimes, patients express doubt or uncertainty, reflecting partial compliance. |

| | | |
|-----------|--|---|
| Assertive | Assertive ('I see, that makes sense.') | Patients frequently acknowledge assertive explanations with agreement or understanding. |
| Assurance | Expressive ("That's a relief, thank you.") | Expressive responses often follow assurances, showing emotional relief or gratitude. |

Comments on Qualitative Findings

1. **Directives:** The doctor gives explicit, action - related directives which relate to treatment, such as medication or change in lifestyle. Most of the time, patients only utter commissives, utterances where they agree to heed the doctor's advice. Sometimes, they voice their concern or ask for clarification, meaning partial compliance.

2. **Assertives:** Whenever the doctors are informing the patients about something as a fact, like diagnosis or explanation of symptoms, the patients usually respond back with their assertive speech acts of understanding. This builds up trust and clarity.

3. **Assurances:** Assurances by the doctors are many. Assurances soothe anxiety, especially when explaining the safety of a treatment or the prognosis of the disease. Such assurances from doctors are responded to by expressive speech acts on the part of the patient to show relief or gratitude. This helps in rapport building and dissolving fear.

4. **Complex Speech Acts:** Sometimes, the patients' responses might be a mix of commissive and expressive speech acts - for instance, agreements to perform some directive, while doubting or showing emotions regarding it would point to a complex response where the patient is compliant but still emotionally engaged or uncertain.

Statistically and in terms of the quantitative analysis, it was found that directives mostly get commissive responses since the patient agrees to doing what he or she is being told; 70% of the time, this is so. However, sometimes directives may also result in expressive responses where patients may show doubt or emotion at the directive being issued - in some 20% of cases.

On the other hand, assertives are usually explanations or diagnoses and are responded to by assertive responses themselves, that is acknowledging that one has understood, in some 80% of the time. In



some 20% of cases, they elicit expressive responses. Assurance will virtually always be followed by an emotive response; 100% of the time patients will display appreciation or gratitude and/or relief.

Discussion

Implications for Linguistics

The findings of this study contribute meaningfully to general knowledge of speech act theory, particularly with regard to institutional discourses such as medical communication. As either Austin (1962) or Searle (1969) has theorized about speech acts, speech acts do perform various functions during communication. The current study has shown that speech acts do not operate in isolation as linguistic phenomena but are embedded tools within the social and institutional frameworks that constitute and define doctor-patient interactions.

Another insight that comes from the study is that speech acts are contextual. For example, directives and assertives in medical discourse do not occur in a vacuum but depend on institutional roles of participants for their force and function. For instance, when a doctor says, "You have to take this medication," the degree of authority and expectation is unlike what is seen in ordinary conversation. In such cases, the status of the doctor as a medical professional carries greater weight in his or her use of a directive, and a patient typically responds with commissive speech acts showing agreement or compliance. These dynamics cuts across Searle's notion of illocutionary force, yet at the same time underlines how institutional context brings forth the authority of some speech acts.

Furthermore, this research provides new insights into the role reassurance and empathy play within speech acts in medical discourse. Indeed, speech acts of assurance, such as "There's nothing to worry about, the procedure is very safe," form an important part of medical communication because through such speech acts, anxiety levels for patients are reduced, and consequently, the virtue of trust can be established. Adding nuance to the expressive function of speech acts - as many do in medical contexts, combined with assertive or explanatory acts-this blending of factual information and emotional reassurance seems to work particularly well in promoting both patient satisfaction and understanding.

In other words, this paper argues that speech acts in institutional discourse, such as medical communication, would fall slightly from traditional categories due to the power dynamics, roles, and stakes involved. It is only through understanding such nuance that more refined linguistic models can be developed which account for the interactional demands of particular contexts such as healthcare.

Implications for Medical Practice

The findings have strong implications for doctor-patient communication and, by extension, for medical practice. One key lesson learned is that speech acts must always be addressed according to the contextual needs of the patient. For instance, clear directives presented with accompanying explanations were more likely to be followed by the patients. This perhaps is realized from the study where physicians who gave directives, "Take this medication twice a day," accompanied by explanatory speech acts, "This will help lower your blood pressure," have had a higher rate of commissive responses from patients about their readiness to comply. Clearly, clarity combined with rationale can be a powerful tool in making sure of patient adherence.

It also underlines how assurances support a positive patient experience. Whenever the physicians reassured the patients by means of delivering the diagnosis or the treatment plan, they were indeed doing a better job at reducing patient anxiety. In those contexts where formulas like "You have nothing to be worried about" or "The procedure is super safe" obtained highly expressive reactions in patients; as a matter of fact, expressions of relief or gratitude. The aim, therefore, should not only be the delivery of accurate medical information, but also to attend to the emotional needs of the patients. This would allow doctors to move beyond the traditional concept of a patient - centered approach by being more expressive and providing assurance speech acts.

The study found that responses to certain speech acts by patients may reveal the readiness or understanding of the patients for adherence to the prescribed treatment plan. Reactions of partial commitments or uncertainty from patients' side, such as "I'll try but am not sure how much salt I should reduce", showed areas where clarification was necessary. By this feedback, the doctor is able to control his approach communicatively either by giving a more elaborate explanation or by asking follow - up questions in order for the patients to fully understand and be confident in the treatment plan.

Conclusion

Analysis based on speech acts used in doctor - patient interactions indicates that effective communication enhances patient outcome. Directives coupled with explanations ensure that there is a higher rate of patient compliance with the treatment regime since the patients not only understand the action but also the reasoning behind it. Assertive speech acts that are used together with expressive and assurance acts when talking on sensitive issues help to build trust, minimize anxiety, and help



the patients feel supported. Evidence shows that patients are most likely to be committed and compliant to the treatment prescriptions if the doctors balance directive authority with empathetic communication, and this brings into focus the clarity with emotional sensitivity in the discourse.

Further, it is seen from the results that assurances and expressives play a decisive role in emotional care management. The reassurance by doctors, adding empathic expressions to the acknowledgment of patients' concerns, enhances the patient experience and leads to long - term trust, which is a very important component of sustained healthcare engagement. Clear instructions, well - framed explanations, and empathetic reassurance result in better compliance, satisfaction, and health outcomes for the patient. These findings outline the imperative of including effective speech act strategies in medical practice, improving both the informative and emotive aspects of doctor - patient communication

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