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Expressive Speech Acts in Intercultural Communication in Nursing: A Case Study in Indonesia

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Abstract

Objectives: The study aims to determine how expressive speech acts are used in intercultural communication in nursing services communication. It's necessary to discuss since intercultural communication skill has become one of the competencies that a professional nurse should possess in order to communicate effectively with people of different cultural backgrounds.

Results: The study found that speech acts of apology and speech acts of thanking are implemented differently from one culture to another. The speech act of apology is mostly

Methods:. The study was conducted qualitatively with a case study approach. It was conducted at the Nursing Department Universitas Katolik Indonesia Santu Paulus Ruteng and one International Hospital in Labuan Bajo Flores, Indonesia. Data were gained through interviews, FGD and observation. There were 18 Informants in the study, taken purposively. They were taken from different groups, including ten nurse students, four nursing lecturers, 2 English language teachers, one hospital director, and the nursing department head. used to refine the language used in patient communication. Furthermore, speech acts of thanking are rarely used in mental health nursing for certain reasons. Speech acts of compliment are used for two purposes; compliment for ability and compliment for appearance. The speech act of compliment supports and fosters the patient's healing process.

Conclusions: The study concluded that speech acts of thanking, compliment and apology are the three kinds of expressive speech acts used in intercultural communication in the context of nursing services in Flores, Indonesia. These speech acts are dominantly used based on the consideration that expressive speech acts in nursing services are oriented to promote illocutionary power that can help improve the patients health process.

Keywords: Expressive speech acts; intercultural communication; nursing services

أفعال الكلام التعبيرية في التواصل بين الثقافات في التمريض: دراسة حالة في إندونيسيا

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ملخّص

الأهداف :تهدف هذه الدراسة إلى تحديد كيفية استخدام أفعال الكلام التعبيرية في التواصل بين الثقافات ضمن خدمات التمريض. وتُعد هذه المناقشة مهمة، نظرًا لأن مهارات التواصل بين الثقافات أصبحت من الكفاءات الأساسية التي يجب أن يمتلكها الممرضون المحترفون لضمان التواصل الفعّال مع أفراد من خلفيات ثقافية متنوّعة.

المنهجية :أُجريت الدراسة باستخدام منهج نوعي بنهج دراسة الحالة، وتم تنفيذها في قسم التمريض بجامعة كاتوليك إندونيسيا سانتو بولوس روتينج، إضافةً إلى أحد المستشفيات الدولية في لابوان باجو، فلوريس، إندونيسيا. تم جمع البيانات من خلال المقابلات، والمجموعات النقاشية المركزة(FGD) ، والملاحظة. شمل المشاركون 18 فردًا تم اختيارهم بطريقة هادفة من مجموعات مختلفة: عشرة طلاب تمريض، أربعة محاضرين في التمريض، معلمان للغة الإنجليزية، مدير مستشفى، ورئيس قسم التمريض.

النتائج :كشفت الدراسة أن أفعال الكلام المتعلقة بالاعتذار والشكر تُمارس بطرق مختلفة باختلاف الثقافات. وغالبًا ما يُستخدم فعل الاعتذار لتحسين لغة التواصل مع المرضى. كما تبيّن أن أفعال الشكر نادرًا ما تُستخدم في تمريض الصحة النفسية لأسباب معيّنة. وتُستخدم أفعال المديح لغرضين: الإشادة بالقدرة والكفاءة، والإشادة بالمظهر الخارجي. وتُسهم هذه الأفعال في دعم وتعزيز عملية تعافي المرضى.

الاستنتاجات :خلصت الدراسة إلى أن أفعال الكلام الخاصة بالشكر، والمديح، والاعتذار تُعد من أبرز أفعال الكلام التعبيرية المستخدمة في التواصل بين الثقافات في سياق خدمات التمريض في فلوريس، إندونيسيا. ويُستخدم هذا النوع من الأفعال التعبيرية بشكل أساسي بناءً على دورها الإنجازي في تعزيز عملية التعافي لدى المرضى.

الكلمات الدالة :أفعال الكلام التعبيرية؛ التواصل بين الثقافات؛ خدمات التمريض.

1. Introduction

Intercultural communication skills have become crucial in healthcare education, particularly for nursing students in culturally diverse regions. Communication must be considered in the context of overall care (Tuohy, 2019). Effective communication is essential for delivering quality healthcare services, fostering patient satisfaction, and ensuring positive health outcomes. The significance of effective communication is deeply intertwined with culture, as a culture not only encompasses collective experiences but also moulds the life journeys of those who belong to a specific cultural group within a community (Guilherme, 2002; Tang, 2006). Tuohy (2019) further highlighted three main areas of intercultural communication: cultural knowledge, attitudes and feelings, and communication skills. Thus this study focused on how expressive speech acts applied in intercultural communication of nursing context in the unique setting of Flores, Indonesia, a culturally rich region characterized by diverse ethnicities and languages. In recent years, scholars have increasingly recognized the role of expressive speech acts in facilitating intercultural communication, enabling individuals to convey emotions, attitudes, and beliefs in culturally sensitive ways (Deveci et al., 2023; Kauffeld & Goodwin, 2022).

Speech acts refer to the intentional communicative actions through speech or language, encompassing various functions such as requesting, promising, advising, and expressing emotions (Austin, 1975; Searle, 1979). Expressive speech acts form the basis for culturally adaptive communication, allowing speakers to navigate diverse cultural norms, values, and communication styles (Shafaghi & Beygi, 2022; Van Gestel et al., 2020). In intercultural communication, speech acts can be especially significant as they convey cultural values and expectations. Expressive speech acts are particularly relevant in intercultural nursing contexts, as they enable nurse students to communicate emotions, feelings, and attitudes sensitively. Through expressive speech acts, nurse students can convey empathy, compassion, and respect towards patients' cultural backgrounds, fostering a supportive therapeutic relationship.

Nursing education programs worldwide recognise the need to equip students with intercultural communication competencies to address the growing diversity of patient populations (Tuohy, 2019; Chung-Yan Chan & Sy, 2016; Hagqvist et al., 2020). By effectively expressing empathy, compassion, and understanding, nurse students can bridge cultural gaps and deliver patient-centred care that respects and acknowledges the diversity of their patients' backgrounds.

Indonesia is known for its rich cultural heritage, unique linguistic diversity, and vibrant traditions (Erb, 2004). In this country, nurse students face various challenges when communicating with patients from diverse cultural backgrounds. Expressive speech acts, encompassing verbal and nonverbal expressions of emotions, opinions, and beliefs, play a pivotal role in enhancing the effectiveness of intercultural communication (Shafaghi & Beygi, 2022). Adapting speech acts to specific cultural contexts can significantly impact the nurse-patient relationship, facilitate trust-building, and improve the overall healthcare experience for both parties.

Some studies on using expressive speech acts have highlighted the importance of understanding language and culture in effective communication. Deveci et al. (2023) conducted a study on the speech act of compliment in student-teacher interaction. The study underscores the importance of considering the language and cultural backgrounds of those involved in the conversation, as well as the possible effects of an underlying intention when determining whether to give a compliment. Similarly, Rini & Wagiran (2018) studied expressive speech acts with a humanistic approach. The study revealed that both direct and indirect forms of speech were employed within the educational interactions. The humanist expressive speech function encompassed actions like critiquing, offering suggestions, conveying apologies, insinuating, and making suggestions. Another study conducted by Azima & Hesabi (2015) on the Speech Act of Thanking indicated that women displayed greater care when choosing gratitude strategies. Additionally, the individuals' skill level also played a significant part in the decision-making process for selecting strategies.

Moreover, the studies on understanding language and culture in intercultural communication in the nursing also highlighted their significance in producing effective communication. Chung-Yan & Sy (2016) studied the Relationships among Personality, Intercultural Communication, and Cultural Self-Efficacy in Nursing Students. Incorporating personality evaluations is recommended within the selection procedure for nursing students. Nursing educators should also prioritize augmenting their students' cultural self-assurance and intercultural communication proficiencies. Similarly, Alici & Kaya

(2022) explored the intermediary function of intercultural communication apprehension within the connection linking ethnocentrism and nursing students' disposition towards asylum-seekers. The research revealed that intercultural communication apprehension effectively moderated the pivotal link between ethnocentrism and attitudes towards asylum-seekers. Strategies should address their ethnocentrism and attitudes to enhance nursing students' intercultural communication apprehension.

However, more research has yet to delve into the unique cultural dynamics of Flores, Indonesia, and its impact on nurse students' intercultural communication skills. Understanding how nurse students engage in expressive speech acts to bridge cultural divides is critical for developing effective intercultural communication training programs tailored to the region's specific needs (Hagqvist et al., 2020). This case study seeks to fill this gap in the literature and shed light on the communication challenges and opportunities that nurse students encounter in this distinctive cultural setting.

By highlighting the significance of expressive speech acts in fostering nurse students' intercultural communication skills, educators can develop targeted interventions and strategies to enhance cultural competence within nursing programs. The study's recommendations lead to curriculum enhancements that emphasize the role of expressive speech acts ineffective patient-centred care and better prepare nurse students to address the needs of diverse patient populations in their future practice. Thus, the study specifically aims to answer the research question:

How are expressive speech acts used in intercultural communication in nursing services communication in Flores Indonesia?

2. Literature Review

2.1 Expressive speech act

The Speech Act Theory focuses on how words carry out actions (Austin, 1962; 1975). A speech act produces an utterance in certain circumstances representing an action (Musriyono & Saptono, 2018). The speaker's language ability in dealing with specific situations determines the speech act (Apriastuti, 2017). Hence, effective communication is shaped not solely by language proficiency but also relies on the influence of situational and contextual elements during language utilization. Within this framework, the speech act holds a pivotal role in the field of pragmatics (Daar, 2023).

The concept of speech acts begins with the idea that when a person speaks, they perform utterance, propositional, and illocutionary acts. Speech act theory is based on the premise that speakers use language to perform intended actions (Alghazo et al., 2021; Daar, 2023).

Searle (1979) expanded upon Austin's (1975) concept of illocutionary acts, categorizing them into five distinct groups: (1) Representatives, which are assertive; (2) Directives, encompassing utterances intended to prompt actions from the listener; (3) Commisive acts, obligating the speaker to undertake future actions; (4) Expressive acts, involving the expression of emotions or opinions about situations and reactions to others; (5) Declarative acts, specifically the illocutionary acts that bring about changes or alignment between propositions and reality.

Searle (1979) stated that an expressive speech act is the performance of an act that accounts for the physiological state specified in the sincerity condition. According to Yule (1996), the speaker's feelings and the effects of what they or their conversation partner do are expressed through expressive speech acts. They have the effect of signalling and expressing the current psychological state of the speaker (Witek, 2021). Thus, in this respect, they resemble sincere and overt natural manifestations of psychological conditions. Expressive speech acts include apology, thanking, complimenting, complaint, and congratulating (Searle, 1979; Aguert et al., 2010).

Apologies are employed to resolve situations and prevent further problems. An apology signifies recognizing and expressing regret or seeking forgiveness for a mistake or wrongdoing. Consequently, it's essential for language learners to possess skills in using apology techniques and to understand the suitable approach for a given circumstance, as lacking this awareness could result in misunderstandings and potentially undesirable consequences (Khorshidi, 2013).

The speech act of thanking is an illocutionary act that a speaker performs based on the hearer's past act. One can use words of thanks, praise or appreciation to show gratitude (Eisenstein & Bodman, 1986). Similar to numerous politeness customs, there is considerable cross-cultural diversity in how thanking phrases are employed and expressed. Nevertheless,

when expressions of gratitude are employed correctly, they have the potential to foster sentiments of camaraderie and affinity between conversational participants (Azima & Hesabi, 2015).

A compliment is a statement that either directly or indirectly acknowledges the merit of someone other than the speaker, typically the individual being spoken to. This recognition pertains to a favourable quality (possession, trait, ability, etc.) that is positively regarded by both the speaker and the listener (Holmes 1988). The choice between offering a compliment directly or indirectly could be influenced by the surrounding situation and prevailing cultural standards (Deveci et al., 2023). Some reasons for giving compliments are expressing admiration or approval of someone's work, replacing greeting/gratitude/congratulation acts and maintaining solidarity (Shabeeb, 2008).

2.2 Intercultural communication

Samovar and Porter (1985) define intercultural communication as 'whenever a sender of a message belongs to one culture and the recipient of the message belongs to a different culture'. According to Collier and Thomas (1988), intercultural communication refers to interaction between individuals who view themselves as culturally separate entities (Chen, 2017). For numerous individuals, intercultural communication has become a commonplace aspect of their everyday existence. Intercultural communication typically entails in-person interaction between individuals from distinct national cultures (Liu, 2016).

Intercultural communication is closely related to language and culture. Understanding its concept, one should also understand what culture is. Culture establishes a framework for a specific community's emotional and cognitive behavioural tendencies (Özdemir, 2017). Culture can be described as the unspoken guidelines of social interactions or, in a more formal manner, the shared mental patterns that differentiate individuals belonging to one group or classification from those in another. It is characterized by symbols, heroes, rituals, and values (Panocová, 2020). Culture is an underlying and potential factor that can solely be assessed by observing its observable outcomes. The core normative significance plays a pivotal role in cultural impact and consistently provides these observable outcomes (Daar et al., 2023). Palmer (1996) introduced the concept of "cultural linguistics" to characterize anthropological linguistics as the intersection of culture and language. According to his perspective, culture emerges as a field within anthropology, forming a fusion of linguistics and cultural studies.

Intercultural communication has been examined through two distinct and potentially conflicting viewpoints (Holliday, Kullman, & Hyde, 2016), stemming from varying cultural conceptualisations (Goffman, 1979). The initial perspective considers culture as inherent and unchanging, while the second regards it as a formed concept. The culture-as-inherent perspective delineates predefined cultural groups, frequently tied to nationality, to facilitate cross-cultural engagement (Handford et al., 2019).

Intercultural competence in communication comprises three dimensions: intercultural awareness, intercultural sensitivity, and intercultural effectiveness. Intercultural effectiveness, or what can be termed as "intercultural dexterity," encompasses the behavioural aspects of intercultural competence (Chen & Starosta, 1996). It relates to verbal and nonverbal communication behaviours, enabling individuals to engage in intercultural interactions through appropriate and impactful actions. The attributes of intercultural effectiveness can be condensed into several key facets: (1) "cultural empathy," signifying the skill to comprehend and respond to the thoughts, actions, and emotions of individuals from diverse cultures, (2) "open-mindedness," which involves being receptive to other cultures, (3) "emotional stability," reflecting the capacity to remain composed and composed even in demanding intercultural situations, (4) "social initiative," which pertains to initiating conversations during intercultural exchanges, and (5) "flexibility," denoting the ability to adapt and modify behaviour according to novel and unfamiliar intercultural contexts (Van Der Zee & Van Oudenhoven, 2001).

Nursing service is a service activity that involves nurses and patients. Nurses provide and perform nursing actions to help patients achieve recovery. This activity occurs in the hospital as a workplace for nurses. In this workplace context, nurses deal with patients from various cultural backgrounds, and language is used in communication between nurses and patients to convey certain purposes and intentions. Ladegaard & Jenks (2015) stated that language and communication researchers have focused more on the workplace due to several factors. Primarily, the progression of communication

technology has significantly transformed how work-related communication takes place. Additionally, the increased affordability and accessibility of travel options have spurred a surge in global tourism and opportunities for work placements and international exchange programs. Lastly, global migration and immigration have become essential to daily existence.

Conversations can sometimes be unsuccessful and result in misunderstandings among people due to a need to recognize cultural, social, and pragmatic cues. As a result, delving into pragmatics is closely intertwined with cultural and social investigations within the context of the language being discussed (Xiao, 2023). Thus, intercultural communication competencies are very important in realizing effective communication and connectivity with people from different cultural backgrounds. Viewed similarly to "face" in personal connections, intercultural communication competence can be understood as a social assessment. It's akin to an impression formed, not a conduct displayed; a deduction reached, not an activity undertaken; an appraisal, not a presentation. In essence, adeptness in intercultural communication isn't an action but a perception others hold. One's intentions, expertise, and abilities create a situation-dependent perception that favourable results (efficiency, suitability, and potential contentment) have been accomplished (Koester & Lustig, 2015).

3. Research Methodology

3.1 Research Design

This study employs a qualitative case study design to investigate the role of expressive speech acts in promoting nurse students' intercultural communication skills in the culturally diverse region of Flores, Indonesia. A qualitative approach was chosen to gain an in-depth understanding of nurse students' communication practices and experiences in intercultural interactions (Creswell, 2014). The case study design allows the researchers to examine how expressive speech acts are used in intercultural communication in nursing services in Flores, Indonesia. The study provided rich and context-specific insights into the research question.

3.2 Participants

The informants of this study numbered 18, consisting of 10 nurse students in the Nursing Department Universitas Katolik Indonesia Santu Palus Ruteng, Flores Indonesia, four Nursing Lecturer, two English language lecturers, one hospital director and one head of the Nursing Department of Hospital in Labuan Bajo Flores Indonesia. Purposive sampling was employed to identify participants with intercultural communication and experience during their clinical practices or interactions with diverse patient populations.

3.3 Data Collection

Data collection for this research was carried out through in-depth interviews, FGD and participant observation. Semi-structured interviews were conducted with all participants to explore their experiences, perceptions, and strategies related to expressive speech acts in intercultural communication. These interviews were audio-recorded and transcribed verbatim for analysis. Additionally, participant observation was utilized to observe nurse students' communication behaviours in real-life intercultural interactions, allowing for a deeper understanding of how expressive speech acts are employed in practice. Field notes were taken during the observations to supplement the interview data. The FGD was further applied to confirm and clarify the data obtained through interviews and observation. FGD was the final step of gaining the research data, which was then used as the basis for undertaking analysis. All participants involved in the interviews were taken as the participants for FGD. The FDG was carried out by gathering all participants in one room. The blueprint of questions related to research questions was provided and employed to capture participants understanding and perceptions of the use of expressive speech acts in intercultural communication in nursing services.

3.4 Data Analysis

Culture shapes a backdrop of emotional and cognitive behavioural tendencies within a specific group. The data from interviews, observations, and focus group discussions (FGD) underwent descriptive analysis through the interactive framework outlined by Miles et al. (2014). This framework encompasses stages of data collection, reduction, display, verification, and conclusion. Triangulation was employed to bolster the research's reliability, involving various data sources, including interviews and observations, and involving participants to corroborate the outcomes. This research aims to

understand better how expressive speech acts are used in intercultural communication in the nursing services context in Flores, Indonesia.

4. Results

This section presents the types of expressive speech acts used in intercultural communication in the context of communication of nursing services to patients. Based on the data collection results, three types of expressive speech acts are used differently in the cultural context on Flores Island, Indonesia. It raises a discussion by comparing the general pattern of expressive speech acts proposed by Austin (1975). The following presents the data on the three types of expressive speech acts:

4.1 Speech Act of Apology

Both Austin (1975) and Searle (1979) emphasize the use of the speech act of apologizing as an attempt by the speaker to convey an apology for an error that occurred before the utterance was uttered. The use of these speech acts puts forward the feeling that the speaker feels guilty and needs to apologize. It aims to avoid face-threatening actions and even conflict and hatred between the speaker and the interlocutor. In general, the purpose of using speech acts of apology is found in the context of communication in nursing services to patients, as shown in the following data:

Data	*Bahasa Indonesia*	English
(1)	*"Saya meminta maaf atas keterlambatan melayani Anda".*	"I apologize for the delay in serving you".
(2)	*"Saya minta maaf; kami belum membersihkan WC dan kamar mandi".*	"I apologize; we haven't cleaned the toilet and bathroom yet."
(3)	*"Saya minta maaf atas kelalaian saya. Saya tidak akan mengulanginya"*	"I apologize for my negligence. I won't repeat it in the future"
(4)	*"Maaf, dokter kami belum ada di sana. Mohon ditunggu".*	"I'm sorry, our doctor isn't there yet. Wait a minute, please".
(5)	*"Maaf, Anda menunggu lama".*	"I'm sorry you had to wait a long time".

The speech act of apologizing (data 1 – 5) shows the intention of the speaker to apologize for the mistake that has been made. The speech act of apology aims to improve the situation caused by the speaker's mistake. The speech opponent's response is a perlocutionary speech act that will determine the subsequent impact of the apology. The speaker may be forgiven or not. It can be seen through direct speech acts or certain actions or attitudes displayed by the interlocutor, such as nodding his head or silence.

In the context of nursing services, in certain cases, the speech act of apologizing cannot be accepted as an apology if conveyed through direct speech. For example, a nurse commits malpractice in nursing service assignments. Nursing organizational culture allows the nurse to be legally processed as a form of accountability for her mistakes. The speech act of apology used in this context will not impact the emergence of certain feelings in the interlocutor. The speech act of apology is only a formality and a ritual to show regret for a mistake. Still, it does not generate any particular feelings from the other party (victim) to cancel the legal process.

In another context, the speech act of apologizing in communication in nursing services aims to show the speaker's politeness towards the interlocutor. It shows the speaker's respect for the interlocutor as a client who must be served politely and kindly. Politeness are a form of hospitality and promotion of the organization. See examples on the following data:

Data	*Bahasa Indonesia*	English
(6)	*"Maaf pak, saya mengubah posisi tidur Anda"*	"Sorry sir, I changed your sleeping position".
(7)	*"Maaf, saya memegang pundak Anda"*	"Sorry, I hold your shoulder".
(8)	*"Maaf, tolong buka mulut. Saya mau mengeceknya".*	"Excuse me, can you open your mouth?" I will check it."
(9)	*"Maaf, tolong gulungkan lengan bajumu. Saya mau mengecek tekanan darahmu"*	"Excuse me, can you roll your sleeve up? I will measure your blood pressure?"
(10)	*"Maaf, tolong angkat lenganmu. Saya mau mengecek suhu tubuhmu".*	"Excuse me, can you raise your arm? I will take your temperature".

Data 6 -7 above shows the use of the word sorry to show the speaker's respects for the interlocutor. In nursing services, hospitality is a basic principle that must be instilled. Therefore, every nurse needs to have a sense of empathy to respect patients as interlocutors as well as clients being served. This appreciation is manifested through the choice of polite language when communicating with patients.

Nevertheless, when referencing data 8-10 above, the act of apologizing, utilized by speakers to convey politeness in their language, bears a striking resemblance to the act of making requests—a speech act frequently employed by nurses when instructing patients to perform specific tasks. The use of the word "*sorry or excuse me"* in data 8 – 10 above is an affirmation that the speech act is done in a polite manner so that it is not seen that the speaker is commanding the patient to do something. It could be that this is an example of a directive speech act of ordering, but the use of the word "*sorry or excuse me"* at the beginning of the speech makes it a speech act of requesting politely.

4.2 Speech Acts of Thanking

In nursing services, the speech act of thanking is used in almost all conversational contexts between speakers and interlocutors. Based on the results of data collection, there are two functions of speech acts of gratitude, including speech acts of gratitude after receiving kindness from the speech partner and speech acts of gratitude as a form of politeness when express disapproval of something. The following examples of utterances show the two types of speech acts of gratitude:

Data	*Bahasa Indonesia*	English
(11)	*S1: "Permisi, dimanakah tempat pendafatarn pasien?* *S2: "Jalan lurus, dan bagian pendaftaran pasien ada di sebelah kanan pintu masuk"* *S1: "**Terima kasih** atas informasinya"*	S1: "Excuse me, can you tell me where to admit the patient? S2: Sure. Go straight, and the registration area is on the right of the entrance. S1: "**Thank you** for the information."
(12)	*"**Terima kasih**, kondisi saya membaik setelah minum obat dari Anda"*	"**Thank you**, my condition has improved after taking the medicine you gave."
(13)	*"**Terima kasih** sudah merawat saya"*	"**Thank you** for taking care of me".
(14)	*S1: Permisi pak, apakah mau diganti posisi tidurnya?"* *S2: "**Terima kasih,** saya masih nyaman dengan posisi ini"*	S1: "Excuse me, sir, do you want to change your sleeping position?" S2: "**Thank you**. I am still comfortable in this position."
(15)	*S1: Apakah Anda mau makan ayam goreng?"* *S2: "**Terima kasih.** Saya tidak mengonsumsi makanan berminyak".*	S1: Would you like to eat fried chicken? S2: "**Thank you**. I don't consume oily food."

Data 11 – 13 above show the function of the speech act of thanking as an utterance to express gratitude for the kindness received by the speaker. Data 11 shows that the speaker thanks the interlocutor for the information about the registration of inpatients at the hospital. Likewise, data 12 expresses gratitude because the speaker's health condition has improved, and data 13 expresses gratitude for the service he received while being treated at the hospital. Furthermore, data 14 and 15 show the function of speech acts of gratitude to show politeness in the speaker's language for refusing an offer. Data 14 shows that speaker uses speech of thanks to show a refusal to an offer of replacing his sleeping position. Using an expression of thanks before an utterance of refusal indicates that the other party will feel valued even if the offer is rejected. The use of expressions of thanks to softening refusal shows the local culture of Flores, Indonesia which promotes empathy. The speaker still respects the interlocutor as an independent person and deserves respect. These speech acts are also in harmony with the speech in the local proverb *"pio pio wale io"* (be polite in speaking), which has a broad meaning about respect for other individuals as a community.

However, based on the results of data analysis, in certain contexts of nursing services, especially in psychiatric nursing, acts of gratitude are hardly used. Services for patients with mental disorders use a different approach. This approach also influences the communication approach used with patients. Speech acts of gratitude are not used because patients with mental disorders have a very low sense of empathy compared to other patients. The use of speech acts of gratitude in communicating with them worsens the process of nursing. Using the act of thanking can lead to the interpretation (of the patient) that the patient does not need treatment. On the other hand, nurses need patients.

4.3 Speech acts of compliment

Compliment is an expressive utterance. When someone praises, he expresses his admiration when he sees, feels or reacts to something. In nursing services, speech acts of praise aim to evoke positive feelings in patients. Compliment is given when the patient can do something according to the nurse's and the patient's expectations. Through speech acts of compliment, the positive feelings generated as a result of speech are expected to encourage the patient's healing process psychologically and biologically. The following describes some data on praising speech acts conveyed by nurses to patients:

Data	*Bahasa Indonesia*	English
(16)	*"Bagus, Anda makan sampai habis. Semoga cepat sembuh".*	"Good, you ate the food all up. You might recover more quickly".
(17)	*"Bagus, Anda sudah minum semua obatnya. Semoga lekas sembuh".*	"Good, you have taken all your medicines. May you get better soon".
(18)	*"Luar biasa. Anda cepat sembuh".*	"You are amazing. You can recover quickly."
(19)	*"Anda tampak berjuang untuk kesembuhan Anda. Luar biasa".*	"It seems that you make great effort to recover. That's good".
(20)	*"Anda tampak semangat hari ini. Bagus".*	"You look lively today. That's good".

Based on data 16 -20 above, speech acts of praising in the context of nursing services are more to speech acts of praising ability and appearance. Data 16 – 18 show speech acts praising the patient's ability because he can do something such as; patients can eat all up his food, drink all the medicine, recover quickly, and do his / her best effort for recovery. Meanwhile, data 20 shows the use of speech acts praising the appearance of enthusiastic and fresh patients. These two types of speech acts are used more based on consideration of the context of their use in nurse-patient therapeutic communication, and the purpose of their use is to evoke positive feelings in patients and encourage healing.

Referring to the data above, speech acts of praise are important in encouraging patient recovery. Nurses need the knowledge and ability to use these speech acts in communication. In certain cultural contexts, nurses need to learn the use of these speech acts to have strong illocutionary power in realizing patient recovery. Even though there are many examples of praising speech acts in the hospital context, this research limits the use of praising speech acts in the speeches uttered by nurses to patients. It is based on consideration of the purpose of using these speech acts in the nursing services to patients.

5. Discussion

Based on the data of this study, it was found that nurses used several dominant expressive speech acts in communication during the implementation of nursing activities, such as speech acts of thanking, apologizing, and praising. The nurse expresses gratitude during an assessment, such as when soliciting information about the patient's medical history. "Do you have a history of certain diseases?" and when the patient has answered and provided information, the nurse uses a speech act of thanking. “Thanks for the information, sir” to show appreciation and gratitude for the patient's response.

In terms of its use, the study found that speech acts of thanking are used for two purposes: showing gratitude and appreciation and politeness upon rejecting an offer. The speech act of thanking is used when the patient can do something according to the nurse's request or expectation. It aims to show respect for the patient's effort for their health development during treatment. One of the uses of a speech act of thanking, according to Siregar (2011), is to express a speaker's feeling of generosity toward an act accepted. Although the forms of thanks are linguistically simple, they are complicated pragmatically because they involve socio-cultural values that differ from one language to the next (Dalilan, 2012). This study found that nurses commonly use thanking in private hospitals that prioritize service and patient satisfaction. The act of saying "thank you" characterizes them in providing services and interacting with patients. e.g., "Thank you for trusting us to care for you or for choosing our services." To this extent, the speech act of thanking is beyond the speaker's feeling of appreciation. It can be assumed to be the speaker strategy (Nurse) as the hospital employee to promote hospital value by forwarding services and patient satisfaction. As a result, it attracts more patients to use their services.

Speech acts of thanking are also used when a speaker rejects an offer (see data 14). Refusal is a pivotal topic in cross-cultural exchanges. This behaviour carries a level of risk and can potentially create tensions within intercultural communications (Moafian et al., 2019). The initiator of refusal is not the speaker, as it entails responding to another person's invitation, request, or proposition. Using an appropriate format for refusal is crucial, as using incorrect methods could result in confusion or even lasting discord between individuals (Xiao, 2023). In this study, "thank you" at the beginning of a sentence is intended to refine the language use of rejection. It's a communication strategy to show the politeness of the speaker since politeness emphasizes activities designed to sustain other’s faces (Alemi & Maleknia, 2023).

In other cultural contexts, the act of thanking is not used because of certain considerations, for example, in psychiatric nursing. In this context, the speech act of thanking is not used in the communication process between nurse and patient. The use of the speech act of thanking by the nurse led to the interpretation that it is no longer the patient who needs the nurse but the nurse who needs the patient. If it refers to the impoliteness theory (Culpeper, 2011) in (Rhee, 2023), not using speech acts of thanking in this context can lead to the assumption of being impolite. Impoliteness refers to a "negative stance towards particular behaviours taking place within specific circumstances." It becomes evident through face-threatening actions, which are "verbal actions that individuals within a social group identify (and sometimes speakers aim) as being deliberately disrespectful." These descriptions underline that impoliteness hinges on the situation and intention. Nonetheless, in adherence to the politeness norms within a secondary language community, mere familiarity with uttering "thank you" in the secondary language doesn't necessarily confer the competence to identify suitable instances for expressing gratitude or gauge the appropriate level of appreciation required (Azima & Hesabi, 2015). Pragmatically, being polite or impolite is context-based. Several considerations are taken based on conventions to use certain speech acts, including speech acts of thanking in the psychiatric nursing context.

Although the study highlighted different finding from what Komase, et al. (2021) stating that gratitude intervention might be effective in improving mental health, the use of thanking in nursing communication in the study, reflects both hierarchical and service-oriented power dynamics. Nurses, as healthcare providers, hold institutional authority, yet their use of thanking serves to mitigate this power asymmetry by fostering rapport and patient-centered care. Contextually, the use of thanking in healthcare interactions is shaped by sociocultural expectations of politeness, where expressing appreciation reinforces a respectful and collaborative relationship between nurses and patients (Azima & Hesabi, 2015; Dalilan, 2012). However, in psychiatric nursing, thanking is avoided due to the potential misinterpretation of power relations, as it may shift the perceived dependency dynamic from patient to nurse, which contradicts professional therapeutic boundaries.

Apology is essential and commonly employed by individuals in their daily interactions. They encompass the actions and gestures through which individuals convey remorse and a sense of sorry for actions that might lead to difficulties, conflicts, or dissatisfaction for others (Xiao, 2023). An act of expressing regret for wrongdoing is an apology (Cambridge Online Dictionary, 2022). According to (Alzeebaree & Yavuz, 2017), the speaker of an apology is willing to humiliate themself to the point where the apology is both a face-saving and a face-threatening act for the speaker. Nevertheless, the research discovered that the utilization of the speech act of apologizing within nursing tasks is infrequent, particularly in situations where nurses need to express remorse for specific errors committed towards patients (such as verbal or behavioural mistakes). Errors in the form of actions are not only resolved through speech acts of apology. Action errors are resolved through punishment or sanctions according to the rules or nurse's code of ethics.

Hence, within nursing tasks on the island of Flores, the expression of apology through speech acts is significantly shaped by the impact of the local language. The speech act of apologizing is more used to show politeness in language. For example, when a nurse is going to do a certain nursing intervention, and it can bother the patients, the speech act of apologizing is used before doing the intervention (see data 6 & 7). In this context, nurses use apologies before performing potentially uncomfortable procedures, demonstrating respect for patients' personal space and autonomy. The power dynamic here reflects a balance between professional authority and cultural expectations of humility and deference. The study finding can be understood since there are many popular and frequently used linguistic tools and patterns of apology, such as sorry, excuse, pardon, and so forth (Xiao, 2023). Al-Ghazalli & Al-Shammary (2014) through their study also discovered that a lack of sociopragmatic knowledge primarily causes misunderstandings among Iraqi EFL students. Due to the learners' first language culture's intrusion, non-native speech actions of apology have been produced. For instance, the apologetic speech act set is potentially complex because it can include several speech actions (Olshtain, 1993). Choosing the most effective methods becomes more difficult due to the diverse social, cultural, environmental, and individual elements that impact these and other speech acts. Thus, understanding and proficiency in strategies and formats for apologizing become imperative for all individuals (Xiao, 2023).

A compliment is an expressive speech act. Holmes (1986) classified forms of compliment into four types of topics; compliment for personality, a compliment for abilities, a compliment for appearance and compliment for possession of the object of the interlocutor. The study found that the use of speech acts of compliment is more directed to compliment for ability and appearance.

In nursing services, speech acts of compliments are usually used when the nurse gives appreciation or praise when the client can take action according to the nurse's expectations. For example, when the nurse has implemented nursing actions and the client can do something as planned, the nurse gives praise. Speech acts of compliments are needed to provide psychological encouragement to motivate patients to fight for their own healing process. Speech acts of compliments have an important role in efforts to encourage patient recovery. Nurses need the knowledge and ability to use these speech acts in communication. In certain cultural contexts, nurses must learn how to use these speech acts to bring strong illocutionary power in realizing patient recovery. According to Shabeeb (2008), compliments are used to "express approval of the hearer for something." Such acts "presuppose that the thing for which the hearer is complimented is good, even if it is not necessarily good for him." In this study, speech acts of compliment are usually used when nurses give appreciation after clients can do something. It is needed to provide psychological encouragement to motivate patients to fight for their healing process. Compliments are intricate, multifaceted speech acts meant to create, preserve, and strengthen interpersonal bonds.

A compliment may not have an emotional or expressive tone or rhythm in some cultures, such as Russian (Shafaghi & Beygi, 2022). Such behaviour is more commonly seen as flattery. However, in this study, the speech act of compliment has an expressive tone that psychologically influences the listener (patient). In addition, compliment can be viewed as courteous forms of interaction; it is primarily employed in distinct situational contexts and seldom occur together with an apology within a single communication occurrence (Válková, 2013). In Flores, Indonesia, the use of compliments aligns with sociocultural values that emphasize interpersonal warmth and encouragement. Compliments are perceived as genuine expressions of support. The expressive nature of compliments strengthens the nurse-patient relationship by affirming the

patient's efforts and fostering a psychologically supportive healthcare environment. Compliments are shaped by institutional roles, sociocultural norms, and the nature of nurse-patient interactions, demonstrating how language functions as a tool for both relational and professional dynamics.

Hernández Toribio & Mariottini (2018) have conducted research, delving into expressive speech acts that centre around the utilization of acts such as gratitude, compliments, and apologies. Their study revealed that within exchanges on TripAdvisor, unlike casual interactions, acts of praise, gratitude, and apology possess a heightened level of formalization. Not adhering to these norms can undermine the social standing of the speakers involved. Derakhshan & Arabmofrad (2018), through their study also stress the need to pay attention to language forms, sociocultural components of language, and pertinent factors that affect the form in the context when learning pragmatics. Thus, several types of expressive speech acts in this study follow the sociocultural context on the island of Flores. The use of speech acts of thanking, complimenting and apologizing is necessary so that the patients feel valued and respected and thus can influence the healing process.

Intercultural communication competencies are the ability of the speaker to engage with sociolinguistic competence. It requires communicators to refrain from producing a speech act when it is inappropriate (Deveci et al., 2023). Effective communication in practical situations imposes particular demands on those engaged in the conversation. These demands include skills such as deciphering statements' implied meaning through contextual hints to grasp the intention behind conversational exchanges, or customizing each statement according to the viewpoint or knowledge of the recipient (Bendtz et al., 2022). The enhancement of intercultural communication competence can be achieved through ongoing educational efforts. This approach can potentially lead to significant advantages for students, patients, and staff. The process could involve the creation, execution, and assessment of a strategy developed collaboratively between healthcare institutions and higher education establishments to gauge its impact (Hagqvist et al., 2020). Thus this study highlighted the importance of professional nurses possessing the knowledge and ability of intercultural communication. It helps them use expressive speech acts; thanking, apologies and compliment appropriately by the culture where communication takes place.

6. Conclusion

In conclusion, this study found three kinds of expressive speech acts used in intercultural communication in the context of nursing services in Flores, Indonesia; speech acts of thanking, compliment and apology. These speech acts are dominantly used based on the consideration that expressive speech acts in nursing services are oriented to promote illocutionary power that can help improve the patients health process. The study's findings could inform nursing education, healthcare institutions, and policymakers, leading to the development of targeted training programs and policies that foster cultural competence among healthcare professionals. Furthermore, the implications of this research extend beyond nursing to other domains that require effective cross-cultural communication. By understanding how expressive speech acts influence intercultural communication, institutions in different domains can foster more inclusive and respectful environments, promoting effective collaboration and relationship-building across cultural boundaries.

The study's outcomes could benefit healthcare institutions and policymakers in Indonesia. As the country continues to experience increased migration and cultural diversity, it becomes imperative for healthcare facilities to cultivate culturally sensitive and competent healthcare professionals. Given the potential significance of this research, its limitations should be acknowledged. The study limited to one university and one hospital in Flores, Indonesia. Moreover, it's lack of comparative data from other healthcare contexts. However, by applying in-depth exploration through interview, observation and FGD of the study allows for rich and detailed insights into nurse students' communication experiences. Future research could explore the interplay between expressive speech acts and other communication behaviours in the context of intercultural communication in nursing services context in Flores, Indonesia.

Based on the study, it is recommended that nursing education programs incorporate training on expressive speech acts to enhance intercultural communication and improve patient outcomes. Healthcare institutions and policymakers should develop guidelines that emphasize the role of thanking, compliments, and apologies in fostering culturally competent and patient-centered care.

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