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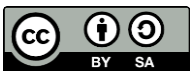

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Speech Acts in Migrant Nurses' Clinical Interactions: Searle's Classification and Bourdieu's Interpretation

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Abstract

This study aims to identify the types of speech acts that emerge in interactions between Indonesian migrant nurse and her patients and colleagues in hospital environments. The research employs a single-case qualitative interview study using a pragmatic analysis approach. The participant was Indonesian migrant nurse working in hospital settings abroad. Data were collected through in-depth interviews to explore the nurse' communicative experiences, and the data source consists of interview-based utterance excerpts rather than real-time recorded interactions. The data include utterances occurring between nurse and patients as well as between nurse and colleagues, as recalled by the participant. These utterances were analyzed and classified based on Searle's speech act theory. The analysis identified 29 utterances: 12 assertive, 11 directive, 4 commissive, 2 expressive, and no declarative utterances. The findings were further interpreted using Bourdieu's theoretical framework. The analysis demonstrates that speech acts function not merely as linguistic phenomena but as expressions of the nurse' habitus, symbolic capital, and positioning within the healthcare field. Migrant nurse strategically use language to gain legitimacy, maintain professional authority, and negotiate power relations in clinical interactions. These findings contribute to a better understanding of migrant healthcare communication and offer practical implications for communication training and intercultural competence development in healthcare institutions.

Keywords: *speech acts, migrant nurses, pragmatic analysis, symbolic capital*

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Introduction

Working abroad has become a choice for many Indonesians, including in the field of nursing. The increase in the number of migrant nurses working in developed countries requires them to face multicultural environments and more diverse professional interactions. In such situations, cross-linguistic communication skills become crucial so that nurses can carry out clinical tasks properly, build solid relationships with patients, and maintain their professional position in a new work setting (Gerchow et al., 2020). Nevertheless, studies on the communication of migrant nurses in Europe are still limited and tend to focus more on general language proficiency rather than on the use of speech acts in clinical practice (Pressley et al., 2022).

Yet interaction in clinical spaces does not only aim to convey medical information, but also involves social actions that express the speaker's intentions, authority, and social position. For that reason, Austin and Searle's speech act theory is highly relevant for understanding the function of utterances in this context (Saleem et al., 2022). In addition, Pierre Bourdieu's theory of social practice, which includes the concepts of habitus, capital, and field, can help explain how nurses' language choices are shaped by power structures and social dynamics within healthcare institutions (Bourdieu & Wacquant, 1992). Recent research also underscores the importance of cross-cultural communication training and the specific challenges faced by migrant nurses, such as language barriers, workload, and discrimination (Mielke et al., 2024). However, studies that specifically examine the speech acts of Indonesian migrant nurses in German hospitals remain very scarce. This indicates an important gap in health pragmatics research that connects language analysis with social structures and professional legitimacy (Rhynas, 2005).

Based on this gap, the present study aims to identify the types of speech acts used by Indonesian migrant nurses in Germany and to explain how these speech acts reflect their habitus, symbolic capital, and social position. The study also seeks to answer: (1) what types of illocutionary acts emerge and what are their communicative purposes; (2) how habitus and capital influence speech strategies; and (3) how utterances depict the nurses' social position in interactions with patients and colleagues. This approach is expected to contribute to the understanding of professional communication among migrant healthcare workers and to the development of multicultural communication training in hospitals.

In sum, the increasing presence of Indonesian migrant nurses in European healthcare settings underscores the need to examine clinical communication beyond general language proficiency. However, studies that specifically analyze speech acts as socially situated practices shaped by power relations and professional positioning remain limited. Addressing this gap, the present study investigates the speech acts used by Indonesian migrant nurses in German hospitals and examines how these utterances reflect habitus, symbolic capital, and social position, thereby contributing to health pragmatics research and intercultural communication training in

healthcare contexts.

Method

This study employs a descriptive qualitative approach with a primary focus on Speech Act Analysis as the main analytical framework. This approach treats language not merely as a tool of representation, but as a form of social action that carries pragmatic consequences (Alsamhori et al., 2025).

The research is designed as a single-case study. In line with Yin (2003), this design is appropriate when researchers seek an in-depth understanding of a contemporary phenomenon that cannot be separated from its context, especially when the case is unique, critical, or difficult to access. Indonesian migrant nurses in Germany constitute such a case, so this approach is considered methodologically valid. The study does not aim to produce population-level generalizations, but rather to generate an in-depth mapping of the forms and dynamics of speech acts in the professional interactions of migrant nurses.

The participant is a professional migrant nurse from Indonesia who works at a hospital in Berlin. She completed a three-year Ausbildung (vocational nursing education) program and now works full time. The choice to involve a single participant was made because field access is limited, including geographical distance, strict privacy constraints that significantly restrict participant recruitment, and its alignment with the single-case study approach, which emphasizes depth rather than number of participants.

Data were obtained through in-depth interviews using a semi-structured format. The interview lasted approximately 120 minutes, was conducted online via Zoom, recorded, and transcribed verbatim, after which the text was segmented into units of utterance based on shifts in theme, action, or intention. The analyzed data were limited to the participant's utterances that directly related to professional interactions, namely interactions with patients, colleagues, doctors, and the hospital work environment.

The researcher uses Searle's (1969) classification of illocutionary speech acts.

Table 1. Table of Speech Act Classification

Category	Function	Operationalization in this study
Assertive	Stating facts, reports, explanations	When the nurse explains the patient's condition, work procedures, or medical realities
Directive	Requesting, commanding, suggesting	When the nurse gives instructions to patients or colleagues
Commissive	Promising, committing	When the nurse expresses a willingness to act (for example: "I will check again

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		later")
Expressive	Expressing feelings	Utterances related to empathy, sympathy, regret, or expressions of gratitude
Declarative	Changing social status	Generally rare in the nursing context, but identified if it occurs

In the initial identification process, the study applies John Searle's systematization, which classifies illocutionary speech acts into five main categories. First, assertives function to state facts, directives to give orders or requests, commissives are used for promises, expressives to convey feelings, and declarations are utterances that directly change reality, for example, "I hereby pronounce you married" (Saragi et al., 2019).

A crucial aspect of this methodology is Searle's focus on the intentions and felicity conditions of a speech act, including preparatory rules, sincerity conditions, and essential rules, which are used to assess the extent to which a speech act succeeds in the context under analysis (Alsamhori et al., 2025). This orderly and detailed system enables speech act analysis to be used as a research tool across many sectors and disciplines (Janson & Woo, 1995).

After that, the Coding Process was carried out.

Example utterance 1:

"I can only give this, this, and this because it's in accordance with what the doctor said."

Coding steps:

Speech unit: "I can only give this … because it's in accordance with what the doctor said."

Purpose identification: The nurse expresses the limits of her authority based on the doctor's instructions.

Speech act category: Assertive

Categorization rationale: This utterance provides factual information about the nurse's authority, which is constrained by the doctor's instructions

After the speech acts are classified, the interpretation of the data is deepened by integrating social theory to explain why certain acts of language succeed or fail and what their social impact is. This interpretation uses Pierre Bourdieu's framework, which provides an integrated sociological perspective. The approach connects language with broader sociological concepts, such as habitus, field, capital, and symbolic power, to explain why a linguistic act can succeed or fail and the social consequences it produces. Applying Bourdieu's framework allows for an in-depth analysis of how the value and legitimacy of an utterance are determined by the

speaker's social position within the social field (Fernández Cuevas, 2020). This analysis explains why certain speech acts are effective or ineffective in professional interactions. Thus, this methodology ensures that speech acts are not analyzed as isolated linguistic events, but rather as actions that are deeply embedded within a network of social practices.

Results

1. Results of Illocutionary Analysis

The analysis of the migrant nurse's utterances in interactions with patients and colleagues shows that four categories of speech acts emerge: assertive, directive, commissive, and expressive. In total, 29 speech acts were identified, consisting of 12 assertive acts, 11 directive acts, 4 commissive acts, and 2 expressive acts. No declarative speech acts were found in the data.

Table 2. Table of Illocutionary Analysis Results

Types of Speech Acts	Frequency
Assertive	12
Directive	11
Commissive	4
Expressive	2
Declarative	0
Total	29

a. Assertive

Assertive speech acts are the most dominant category. These utterances primarily appear in contexts where medical information is delivered, procedures are explained, and patient conditions are reported. Expressions such as providing information, explaining examination results, or clarifying situations are common forms within this category. The high frequency indicates that migrant nurses' communication is heavily oriented toward clear and accurate information transfer.

b. Directive

Directive speech acts appear almost as frequently as assertives. This category is found in interactions involving instructions given to patients, like asking patients to call a nurse if needed or follow certain procedures. Directives are also used when coordinating with colleagues, for example, when requesting assistance, coordinating care, or organizing workflow. The prominence of directives indicates that migrant nurses often take on roles of directing and organizing care activities.

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c. Commissive

Commissive speech acts are found in smaller numbers. Commissives mainly involve promises or commitments to specific actions, such as promising to re-examine a patient, committing to provide for patient needs, or expressing willingness to help in the next phase. While not dominant, commissives play an important role in sustaining trust between nurse and patient.

d. Expressive

Expressive speech acts are the least common category found. These include expressions of empathy, apologies, or gratitude. The low occurrence of expressives may reflect the formal and procedural focus of professional communication, rather than on emotional expression.

Overall, the research shows that migrant nurses' everyday work communication is dominated by informative and instructional speech acts. This pattern demonstrates that the demands of tasks and the structured, fast-paced workflow in medical settings directly influence the types of speech acts employed.

Discussion

1. Interpretation of Utterances

Based on the interview transcript, this study identified and selected 29 utterance units considered representative. These data samples specifically reflect communicative interactions between the migrant who serves as the research subject and patients, as well as the migrant and professional colleagues. The twenty-nine utterances were drawn from various situational backgrounds to capture relevant variation and complexity within the professional context in Germany. The analysis groups the utterances into five main categories of illocutionary speech acts: Assertive, Directive, Commissive, Expressive, and Declarative.

a. Interpretation of Assertive Utterances

1. P1: "Ich bin heute verantwortlich. Wenn etwas ist, können Sie mich kontaktieren, mich anrufen…" ("I am responsible for today. If anything happens, you can contact me, call me…")

The utterance "Ich bin heute verantwortlich… können Sie mich kontaktieren" demonstrates the use of an assertive speech act that affirms the migrant nurse's professional status and authority. Within Searle's (1969) framework, assertives function to convey propositions taken to be true and to lead the hearer to accept these claims as a basis for action. By stating that she is "responsible for today," the nurse not only provides factual information but also performs an illocutionary act that sets expectations for interaction and reinforces her professional legitimacy in front of both patients and colleagues.

This utterance reflects how symbolic capital and professional habitus operate within the field of healthcare services. Bourdieu & Thompson (1991) explain that language serves as an instrument of symbolic power that enables individuals to obtain recognition and legitimacy within social structures. In this context, the migrant nurse uses language to negotiate her position and authority in a new work environment. This finding aligns with Rhynas (2005), who shows that nursing habitus is shaped through institutional practice and is recognized through professional ways of speaking and acting. More recent research also emphasizes that symbolic capital conveyed through communication plays a key role in maintaining nurses' authority amid the complexity of modern health systems (Blanco-Fraile et al., 2022). Thus, the utterance functions not only as information delivery, but also as a strategy for reproducing symbolic power and constructing professional identity.

2. P1: "Jelas yang benar itu saya, karena justru kalau polisi datang dan saya kasih obat apa yang kamu mau, saya yang bisa dipenjara."
   ("Clearly I am the one who is right, because if the police come and I give you whatever medicine you want, I am the one who could go to prison.")

This utterance is used by P1 to assert procedural correctness and to build the legitimacy of her clinical actions. By stating the legal consequences of giving medication outside proper procedures, P1 does more than explain medical rules; she performs an illocutionary act that rejects the patient's demands and positions herself as a legitimate authority in healthcare practice. This legally grounded assertive becomes an effective strategy to neutralize patient threats, because its propositional truth cannot easily be contested in an institutional context.

Viewed through Bourdieu & Thompson's (1991) theory, the utterance shows how the migrant nurse activates symbolic capital in the form of legal knowledge, clinical ethics, and professional legitimacy to maintain her position in the healthcare field. By emphasizing that she could be "imprisoned" if she violates procedures, P1 mobilizes her professional habitus to silence patient pressure and reinforce the institutional structure that grants her authority. This pattern is consistent with Rhynas (2005), who finds that nursing habitus shapes public perceptions of nurses' competence and authority through professional language and action. Recent work by Blanco-Fraile et al. (2022) likewise underlines that nurses' cultural and symbolic capital is a key mechanism for sustaining interactional control and legitimacy in demanding clinical situations. Thus, P1's utterance is not merely a defensive response, but a strategic act to reproduce symbolic power and negotiate professional position within the healthcare system.

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3. P1:"Oh, tiba-tiba muntah-muntah, nih."
   ("Oh, the patient suddenly started vomiting.")

This utterance is P1's quick way of reporting an event she has just observed in the patient. Her purpose in saying this is to inform the doctor about what is happening to the patient at that very moment, namely a sudden onset of vomiting. Although the wording sounds brief and spontaneous, its crucial function is to provide a solid basis for P1 to request permission or a prescription for antiemetic medication from the doctor. By reporting the facts first, P1 shows that any subsequent request will be grounded in the patient's actual needs rather than mere speculation.

By spontaneously reporting the sudden vomiting in a concise tone, the nurse demonstrates professional authority and sensitivity to the clinical situation. This strengthens her symbolic position as a competent "medical agent" who is responsive to changes in the patient's condition. Practically, such rapid reporting is part of the nursing profession's habitus patterns of disposition and practice formed through education, training, and work experience that enable nurses to "understand, react, and act" almost automatically within clinical contexts (Bourdieu & Wacquant, 1992). The seemingly simple utterance carries professional weight as an indication that the nurse recognizes her responsibilities, can detect medical anomalies, and prepares the next lawful steps. Thus, this type of communication not only conveys medical facts, but also serves as a mechanism for reproducing structures of symbolic power within the institution, strengthening the nurse's position, maintaining professional legitimacy, and ensuring that follow-up actions proceed in accordance with norms and procedures.

4. P1: "Saya cuma bisa kasih ini, ini, ini" and "karena sesuai apa yang dokter bilang."
   ("I can only give this, this, and this" and "because it is in accordance with what the doctor said.")

These utterances are used to assert workplace facts. P1 employs these sentences to convey two key points. First, she sets limits on what she is allowed to do: "I can only give this, this, and this," indicating that she is authorized to administer only certain medications in line with established procedures. Second, she clarifies the source of her authority, namely the doctor's instructions: "in accordance with what the doctor said." In this way, P1 emphasizes that the sole basis for her actions is the official prescription issued by the physician. Functionally, this serves as a way for P1 to refuse a patient's demand for medication beyond the prescribed drugs. However, the refusal is framed not as a matter of personal feeling but as a consequence of institutional facts and hospital regulations. The goal is to build trust in the eyes of the patient and create legal protection for herself, since it shows that all her actions rest on work ethics and rules rather than on the patient's wishes.

From a practical perspective, the nurse draws on her knowledge of medical regulations and institutional hierarchies to assert that she acts not on the basis of patient desires but according to norms, regulations, and professional practice. Studies of nursing practice using Bourdieu's framework show that professional habitus—dispositions and professional styles shaped through training and experience—influences how nurses use symbolic and cultural capital to gain recognition, legitimacy, and authority in highly hierarchical health systems (Piedrahita Sandoval et al., 2025). Thus, P1's utterance is not merely a refusal of the patient's demands, but also a representation of the underlying power structure in the healthcare system. Through language, the nurse articulates her position of authority, maintains professionalism, and limits potential claims that could threaten her legitimacy or legal safety.

b. Interpretation of Directive Utterances

1. P1: "Please prescribe this, because in three hours the patient must take this medicine, but I cannot give it if there is no prescription."

This utterance demonstrates use of a directive speech act, with the nurse asking the doctor to take action specifically to issue a prescription so that medical requirements are met. The urgent request is not simply a polite plea but a form of professional communication with binding illocutionary force, emphasizing both medical and procedural urgency. From Bourdieu's perspective, this utterance reflects strategic use of symbolic capital and position within the healthcare field; the nurse uses language to negotiate power, mobilize professional legitimacy, and secure clinical decisions.

Directives based on patient urgency as well as institutional procedure show how nursing habitus and regulatory knowledge constitute symbolic capital that enables the nurse to maintain control over clinical interaction—much like how institutional language can shape professional realities and power structures. Empirical studies in nursing communication indicate that speech choices do indeed influence perceptions of professionalism and authority in medical interactions (Purwaningsih et al., 2020).

2. P1: "Go ahead and call the police, bring the police here."

Although at face value this utterance appears to grant permission, from an illocutionary perspective it functions as a challenge—an effort to maintain situational control by invoking a legal threat in response to a patient's threat. This shows that directives are not always mild or polite; in conflict situations, directives can become defensive linguistic strategies that affirm professional authority. This is consistent with the understanding of speech acts as social actions, not merely

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propositional exchanges (Safitri & Mulyani, 2021). Through Bourdieu & Thompson's (1991) lens, this utterance is a manifestation of symbolic capital and symbolic power.

As a migrant nurse working in a hospital, P1 uses language to negotiate position and uphold dominance over the patient in a tense situation. By invoking the police as a symbol of legal authority, the nurse shifts the power dynamic, demonstrating that institutional prerogative is on her side, not the patient's. This aligns with findings in healthcare literature that staff with symbolic capital are better able to speak up and maintain interactional control in conflicts—such as research among hospital staff in Australia (Pavithra et al., 2022). This utterance is not just a defensive response but a linguistic tactic that reinforces professional legitimacy and the power structure in medical institutions.

3. P1: "Was kann ich für Sie tun?" ("What can I do for you?")

The speaker is asking the patient to respond by stating their needs or condition. Although polite and open, this question carries an illocutionary function of inviting a response, facilitating communication, and giving the patient space to express their needs. This type of speech act is important in nursing care because it allows the nurse to obtain essential information for determining subsequent care actions. By offering help through an open question, the nurse presents a professional stance that is both competent and caring, building trust and interpersonal legitimacy within the hospital's social structure. This communicative strategy helps reproduce professional identity and strengthens the trust relationship between nurse and patient, which is crucial in multicultural interactions and in the specific context of migrant nursing.

c. Interpretation of Commissive Utterances

1. P1: "I'll prepare it now and give it to the patient."

When P1 says this, she is making a promise or expressing readiness to act for the doctor. The purpose of the promise is to show that she will certainly do the task and reassure that there will be no delay on her part. As soon as the prescription is issued, P1 will immediately prepare the medication and deliver it to the patient. This utterance is a pledge of rapid action, proving P1 is a responsible and professional worker.

Through a commissive utterance, the nurse mobilizes professional legitimacy and habitus, highlighting her credibility within the hospital field. When the commitment is fulfilled, that symbolic capital is reinforced, strengthening the nurse's social position and professional authority. Evidence shows that nurses' communication skills mediate medical expectations and affect trust dynamics. Moreover, research on communication barriers confirms that effective

communication including clear promises and thorough follow up is crucial for building safe and trustworthy working relationships between nurses and patients (Alharazi et al., 2025).

2. P1: "Ich betreue Sie aus Ihrer Pflege." ("I will take care of your nursing.")

In essence, when the nurse says this, she is making a promise or stating a commitment to the patient. This utterance functions as an assurance that the nurse will dedicate herself to carrying out all necessary nursing duties during her shift. Its other function is trusting building, this sentence reassures the patient that they will receive the care and attention they need. By declaring "I will take care of you," the nurse demonstrates willingness and responsibility, which is essential for creating security and trust in clinical settings. Empirical evidence shows patient centered communication, including explicit statements of commitment and offers of help from nurses, is positively linked to patients' perception of communication quality and safety; recent qualitative and review studies further confirm that patient-centered communication and nurse communication skills foster therapeutic relationships and patient trust (Alshammari et al., 2022).

By making a commitment, the nurse affirms her professional habitus and gains recognition from the patient when the promise is kept, strengthening symbolic capital and further consolidating her social position and communicative authority. Review and field studies support this idea, showing that effective, patient-focused communication helps build trust and legitimacy in nursing care (Mielke et al., 2024).

d. Interpretation of Expressive Utterances

1. P1: "Sorry, I misread earlier, and sorry I hadn't contacted the doctor yet..."

The main purpose of this utterance is to express regret and acknowledge the speaker's mistake in two aspects: "I misread earlier," a cognitive or technical error in delivering information, and "I hadn't contacted the doctor yet," a lapse or failure to carry out a duty or promise. By saying "sorry," the speaker formally communicates psychological regret for actions that might have caused harm or disappointment.

The apology also serves as a strategy for restoring symbolic capital. By admitting fault, the nurse shows a reflective and responsible professional habitus that helps rebuild her legitimacy in the hospital field. Studies on open disclosure practices show that a safety culture fostering openness and professional ethics increases the likelihood that health workers will disclose errors and apologize, which in turn is vital for maintaining or restoring public and patient trust (Kim & Lee, 2020). Thus, saying "sorry" is not only an emotional expression, it is also a social and strategic act that, if followed by corrective measures, can help restore patient trust and uphold professional legitimacy.

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Conclusion

This study demonstrates that Indonesian migrant nurses' speech acts in professional interactions at German hospital serve not only as a means for delivering information but also as a linguistic strategy to build, maintain, and negotiate professional authority. Using Searle's framework, all four categories of speech acts assertive, directive, commissive, and expressive are consistently utilized to meet clinical communication needs. Nurse use assertives to confirm facts, procedures, and their professional roles; directives to influence actions of doctors and patients; commissives to show professional commitment to future actions; and expressives to restore interpersonal relations after mistakes or tension. Each speech act category proves relevant for exerting illocutionary force in multicultural and hierarchical healthcare workplaces. By highlighting the pragmatic functions of speech acts in clinical settings, this study contributes to the field of health communication and pragmatics by demonstrating how language operates as a form of professional and symbolic action in healthcare institutions.

The Bourdieuian social practice perspective shows that each speech act is not merely linguistic but is an expression of habitus, symbolic capital, and the nurse's position in the healthcare field. Migrant nurses use language to gain legitimacy, maintain authority, and negotiate power relationships especially when confronting demanding patients, highly authoritative doctors, or tense clinical situations. These findings align with previous research identifying professional communication as vital in shaping health workers' identities and symbolic capital across contexts (Blanco-Fraile et al., 2022). Thus, language plays a central role in reproducing social structures and power dynamics in healthcare institutions, and serves as an adaptation tool for migrant nurses when facing cross-cultural communication challenges.

This study is limited by its reliance on data from a single informant, so broader pragmatic context could not be deeply explored. Additionally, it did not employ method triangulation, so interpretations are mainly theoretical without support from field observations or actual patient responses. For future research, it is suggested to include more real interaction data between health workers and patients to enrich analysis, and to use a mixed-method approach combining discourse analysis with interviews, observation, or patient surveys to enhance result validity.

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