



**PRAGMATIC PERSPECTIVES ON THE USE OF 'DIZZINESS'
AND 'HEADACHE' IN INDONESIAN MEDICAL
COMMUNICATION: IMPLICATION
FOR HEALTH LITERACY AND EDUCATION**

THESIS

**MELFA LAMRIA BERLIANA LUMBANTORUAN
20200600036**

**ENGLISH STUDIES
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
BUDDHI DHARMA UNIVERSITY
TANGERANG
2024**



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Presented as a partial fulfilment of the requirement for the Bachelor Degree

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FINAL PROJECT APPROVAL

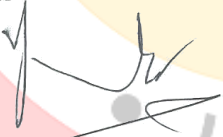
Name. : **Melfa Lamria Berliana Lumbantoruan**
Student's Number : 20200600036
Faculty. : Faculty of Social Science and Humanities
Study Program. : English Studies
Final Project Title. : Pragmatic Perspectives on the Use of 'Dizziness and
'Headache' in Indonesian Medical Communication:
Implication for Health Literacy and Education

The Final Project Proposal has been approved to examined as a partial fulfillment
of the requirement for the Bachelor Degree.

Tangerang, 27th August 2024

Approved by,
Advisor

Acknowledged by,
Head of Department


Hot Saut Holomoan, S.Pd, M.Hum

NIDN: 0320046101


Riris M.P Simamora S.Pd., M.Hum

NIDN :0427068703



THE BOARD OF EXAMINERS

Name. : **Melfa Lamria Berliana Lumbantoruan**
Student's Number : 20200600036
Faculty. : Social Science and Humanity
Study Program. : English Studies
Final Project Title. : Pragmatic Perspectives on the Use of 'Dizziness and
'Headache' in Indonesian Medical Communication :
Implication for Health Literacy and Education"

This thesis has been examined by the board of examiners on August 19th, 2024.

1. Chair : **Dr. Lilie Suratminto, M.A.**
NIDN: 88754300017
2. Examiner I : **Riris MP Simamora, S.Pd., M.Hum**
NIDN: 042706870
3. Examiner II : **Dr. Irpan Ali Rahman, S.S., M.Pd**
NIDN: 0405027807

Acknowledged by,

Dean

Dr. Sonya Ayu Kumala, S.Hum., M.Hum
NIDN : 0418128601

STATEMENT OF AUTHENTICITY

I honestly declare this final project is my own writing. This is true and correct that I do not take any scholar ideas or work from other dishonestly. All the cited works are quote in accordance with ethical code academic writing.

Tangerang, 19 Aug 2024



Melfa Lamria Berliana Lumbantoruan

20200600036



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ABSTRACT

The confusion between the terms "pusing" (dizziness) and "sakit kepala" (headache) in Indonesian healthcare settings can lead to miscommunication, misdiagnosis, and inadequate treatment. This study aimed to analyze the pragmatic usage of these terms among patients in two hospitals in Tangerang, focusing on how these terms are understood and communicated. A total of 105 patients participated, and data were collected through structured questionnaires. The findings revealed that while a majority of respondents (68.6%) are aware of the differences between "pusing" and "sakit kepala," a significant portion (41%) still uses them interchangeably. The study identified demographic factors such as age, education, and cultural background as influential in the usage of these terms. The results emphasize the importance of improving health literacy and communication strategies within the Indonesian healthcare system to enhance patient outcomes and reduce the risk of misdiagnosis.

Keywords: *Pragmatics, medical communication, dizziness, headache, health literacy.*



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CHAPTER I

INTRODUCTION

1.1 Background

In the realm of everyday medical practice, particularly within the Indonesian healthcare context, there exists a critical yet often overlooked issue concerning the terms "pusing" (dizziness) and "sakit kepala" (headache). These terms, while seemingly straightforward, are frequently confused by both patients and healthcare providers, leading to a host of diagnostic and treatment challenges. The confusion between these terms is not merely a linguistic issue; it has profound implications for patient care, including the potential for misdiagnosis, inappropriate treatment, and ultimately, suboptimal health outcomes. This thesis seeks to explore the pragmatic implications of this confusion and its broader impact on health literacy and health improvement.

In Indonesia, the term "pusing" is commonly used to describe a wide array of uncomfortable head-related sensations. It is an umbrella term that encompasses symptoms associated with balance, spatial orientation, and even gastrointestinal discomfort. For example, a patient might use "pusing" to describe feeling lightheaded after standing up too quickly, experiencing vertigo from looking down from a height, or feeling nauseous during or after a long car ride. This broad application of the term creates significant challenges for healthcare providers, who must carefully decipher the precise nature of the patient's symptoms to offer an accurate diagnosis and effective treatment.

On the other hand, "sakit kepala" refers specifically to pain located within the head. This term denotes a more localized and distinct form of discomfort, which can vary greatly in intensity and duration. Headaches, as described by "sakit kepala," can range from mild, dull aches to severe, throbbing pain that can be debilitating and significantly impact daily life. This term covers a wide spectrum of headache types, including tension headaches, migraines, and cluster headaches, each with its own unique set of symptoms, triggers, and treatment protocols. (Eigenbrodt et al., 2021).

The frequent interchangeability of "pusing" and "sakit kepala" by patients poses a significant challenge in clinical settings. This confusion can lead to a cascade of issues beginning with misdiagnosis. For instance, a patient who uses "pusing" to describe their symptoms may actually be suffering from a condition such as vertigo or another balance disorder. However, if the healthcare provider interprets "pusing" to mean "sakit kepala," the patient may receive treatment aimed at relieving headache pain rather than addressing the underlying balance issue. This misalignment between the patient's actual condition and the treatment provided can result in prolonged discomfort, delayed recovery, and even exacerbation of the underlying condition. (Committee on Diagnostic Error in Health Care et al., 2015)

The implications of this confusion extend beyond individual cases and highlight a broader issue within the healthcare system: the critical role of health literacy in effective patient-provider communication. Health literacy is defined as the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions. In the context of medical terminology, health literacy involves not only the patient's ability to understand and correctly use health-related terms but also the healthcare provider's ability to interpret the patient's language .

In Indonesia, improving health literacy, particularly around terms like "pusing" and "sakit kepala," could have a significant impact on patient outcomes. When patients have a clear understanding of the terms they use to describe their symptoms, they can provide more accurate and detailed information to their healthcare providers. This, in turn, allows for more precise diagnoses and more effective treatment plans. Educational initiatives that focus on clarifying the differences between these terms and providing patients with the appropriate vocabulary to describe their symptoms could reduce the incidence of misdiagnosis and improve overall health outcomes. (Graber, Olson, & Danielson, 2022).

Moreover, the issue of confusion between "pusing" and "sakit kepala" is not just a matter of semantics; it reflects deeper cultural and linguistic nuances that influence how patients perceive and communicate their health experiences. In many cultures, including Indonesian, there is often a reluctance to express pain or

discomfort directly, leading to the use of more general or less specific terms to describe symptoms. This cultural tendency can further complicate the already challenging task of accurate diagnosis in a clinical setting. Healthcare providers must be attuned to these cultural and linguistic subtleties to effectively interpret patient descriptions of symptoms and provide appropriate care.

A pragmatic approach to understanding this issue involves examining how language is used in context and how it influences the healthcare experience. Pragmatics, the study of language in use and the contexts in which it is used, offers a valuable framework for analyzing how patients describe their symptoms and how healthcare providers interpret these descriptions. By adopting a pragmatic perspective, researchers can gain insights into the communicative barriers that exist in healthcare settings and develop strategies to overcome them. (Kecskes, 2022).

For example, in a clinical setting, a patient might use the term "pusing" not because it accurately describes their condition, but because they lack the precise language to articulate their symptoms. From a pragmatic standpoint, this can be seen as a form of compensatory communication, where the patient uses a broad term to convey a complex set of symptoms. In such cases, healthcare providers need to be aware of the potential for ambiguity and employ strategies such as follow-up questions or symptom clarification to ensure they fully understand the patient's condition. (Seaburn et al., 2005)

The broader implications of this research are particularly relevant in the context of Indonesia's diverse population, which includes a wide range of educational backgrounds, language proficiencies, and access to healthcare resources. In such a context, the need for clear and effective communication between patients and healthcare providers is paramount. Miscommunication due to linguistic confusion can lead to a breakdown in trust between patients and healthcare providers, which can further complicate the diagnostic and treatment process. By focusing on the pragmatic aspects of medical terminology, this thesis aims to contribute to the broader field of health literacy and health improvement, with the ultimate goal of enhancing patient-provider communication and improving health outcomes.

One of the key areas where this research could have a significant impact is in the development of targeted interventions aimed at improving health literacy in Indonesia. For instance, healthcare providers could receive training in cultural competence and communication strategies that are specifically designed to address the linguistic and cultural barriers that exist in Indonesian healthcare settings. This training could include strategies for clarifying patient descriptions of symptoms, as well as techniques for educating patients about the specific meanings of medical terms. Additionally, public health campaigns could be launched to raise awareness about the importance of accurate symptom reporting and to educate the general population about the differences between terms like "pusing" and "sakit kepala" (Eigenbrodt et al., 2021).

Another important aspect of this research is its potential to inform policy and practice in the broader healthcare system. By highlighting the importance of pragmatic considerations in medical terminology, this thesis could contribute to the development of guidelines and best practices for improving communication in clinical settings. These guidelines could be incorporated into medical training programs and continuing education courses for healthcare providers, ensuring that they are better equipped to navigate the linguistic and cultural challenges they may encounter in their practice.

Furthermore, this research could have implications for the design of healthcare delivery systems in Indonesia. For example, healthcare facilities could implement standardized symptom-checking protocols that include specific questions designed to clarify patient descriptions of symptoms. These protocols could be based on the findings of this research and tailored to the linguistic and cultural context of the Indonesian population. By incorporating pragmatic considerations into the design of healthcare delivery systems, it may be possible to reduce the incidence of misdiagnosis and improve overall patient outcomes (Seaburn et al., 2005)

In addition to its practical applications, this research also has the potential to contribute to the academic field of health communication. By exploring the intersection of pragmatics, medical terminology, and health literacy, this thesis

could provide new insights into the ways in which language shapes the healthcare experience. These insights could be valuable not only for researchers and practitioners in the field of health communication but also for those working in related fields such as medical sociology, public health, and healthcare policy.

Ultimately, the confusion between "pusing" and "sakit kepala" in Indonesia is a multifaceted issue that requires a nuanced and context-sensitive approach. By adopting a pragmatic perspective, this thesis seeks to explore the underlying linguistic, cultural, and communicative factors that contribute to this confusion and to propose strategies for addressing it. The findings of this research could have far-reaching implications for health literacy and health improvement in Indonesia, with the potential to enhance patient-provider communication, reduce misdiagnosis, and improve overall healthcare outcomes.

In conclusion, the misinterpretation and confusion surrounding the terms "pusing" and "sakit kepala" in Indonesia is more than just a linguistic issue; it is a significant factor that can affect the quality of healthcare. The pragmatic perspective offered by this thesis provides a valuable framework for understanding how language influences the healthcare experience and for developing strategies to improve communication between patients and healthcare providers. By addressing the linguistic and cultural barriers that exist in the Indonesian healthcare system, this research aims to contribute to the broader field of health literacy and health improvement, with the ultimate goal of enhancing patient outcomes and improving the overall quality of healthcare services in Indonesia.

1.2 Statement of the Problem

In Indonesian medical settings, the interchangeable use of "pusing" and "sakit kepala" can lead to significant misunderstandings and misdiagnoses. This issue is particularly critical in healthcare contexts where accurate symptom description is essential for effective diagnosis and treatment. The lack of distinction between these terms can result in inappropriate management of patients' conditions, potentially leading to suboptimal treatment outcomes and increased healthcare costs.

1.3 Research Questions

This research seeks to address the following key questions:

1. How do the meanings and interpretations of "pusing" and "sakit kepala" vary across different contexts in Indonesian healthcare communication, including everyday conversations, medical consultations, and written medical records?
2. What factors influence the way patients use "pusing" and "sakit kepala" to describe their head-related symptoms, particularly in relation to their level of education and region of origin?
3. How can education on the medical terms "pusing" and "sakit kepala" improve the accuracy of symptom reporting and diagnosis in Indonesian healthcare settings?

1.4 Goals and Functions

Goals

1. **Improve Diagnostic Accuracy:** The research aims to enhance the accuracy of medical diagnoses by reducing the confusion between the terms "pusing" and "sakit kepala" through better patient education and communication strategies.
2. **Develop Effective Communication Strategies:** The goal is to create practical communication tools and techniques that healthcare providers can use to accurately interpret patient symptoms, considering the cultural and linguistic context of Indonesia.
3. **Enhance Health Outcomes:** The ultimate goal of the research is to improve overall health outcomes for patients by ensuring they receive the correct diagnosis and appropriate treatment based on a clear understanding of their symptoms.

Functions

1. **Educational Resource:** This research will serve as an educational resource for both healthcare providers and patients, offering insights into the proper usage

of medical terms and the importance of clear communication in healthcare settings.

2. **Policy Development:** The findings of the research will function as a foundation for developing healthcare policies that address linguistic challenges in patient-provider communication, aiming to standardize symptom-reporting protocols.
3. **Clinical Practice Improvement:** The research will function as a guide for improving clinical practices, providing actionable recommendations for healthcare providers to enhance the accuracy of diagnoses and the effectiveness of treatments based on a better understanding of patient-reported symptoms.

1.5 Scope and Limitations

Scope:

1. The study focuses on Indonesian healthcare settings, including everyday conversations, medical consultations, and written medical records.
2. It involves a sample of 105 respondents who will provide data through questionnaires and interviews.
3. The research encompasses both qualitative and quantitative methods to analyze the usage and understanding of "pusing" and "sakit kepala."

Limitations:

1. The findings may not be generalizable to other linguistic or cultural contexts outside Indonesia.
2. The study relies on self-reported data, which may be subject to biases or inaccuracies.
3. The scope is limited to the terms "pusing" and "sakit kepala" and may not address other head-related symptoms or terminology.

1.6 Conceptual Framework (use statements not imperatives:::)

The conceptual framework integrates both qualitative and quantitative approaches to analyze the use of "pusing" and "sakit kepala" in Indonesian healthcare settings. It consists of the following components:

1. Introduction and Background

- a. **Objective:** The foundation of the research is established by exploring the issue of linguistic confusion between "pusing" (dizziness) and "sakit kepala" (headache) in the Indonesian healthcare context. This section will detail the significance of the research, highlighting how this confusion impacts diagnostic accuracy, treatment efficacy, and overall patient outcomes.
- b. **Literature Review:** The existing literature on medical terminology, health literacy, patient-provider communication, and pragmatic aspects of language in healthcare settings, focusing on the Indonesian context is reviewed.

2. Research Design

- a. **Study Setting:** Conduct the research in two hospitals in Tangerang, focusing on the neurology clinics where patients frequently report symptoms related to "pusing" and "sakit kepala."
- b. **Population and Sampling:** Select a sample of 105 respondents, all of whom are patients visiting the neurology clinics. Ensure that the sample is representative of the broader patient population, considering demographic factors such as age, gender, and educational background.
- c. **Questionnaire Development:** Design a structured questionnaire aimed at capturing how patients use and understand the terms "pusing" and "sakit kepala." The questionnaire will focus on the pragmatic aspects of these terms, including how patients describe their symptoms, the context in which they use these terms, and their understanding of the differences between them.
- d. **Data Collection:** Administer the questionnaire to the 105 respondents in the two hospitals. Ensure that the data collection process is standardized across both hospitals to maintain consistency.

3. Data Analysis

- a. **Pragmatic Analysis:** Analyze the responses from the questionnaire, focusing on the pragmatic aspects of how patients use and interpret the terms "pusing" and "sakit kepala." This will involve examining the context

in which these terms are used, the meaning patients ascribe to them, and any patterns or variations in usage across different demographic groups.

- b. **Statistical Analysis:** Complement the pragmatic analysis with basic statistical analysis to identify trends and correlations in the data. For example, analyze whether there are significant differences in how patients with different educational backgrounds or age groups understand and use the terms.

4. Discussion

- a. **Interpretation of Results:** Discuss the findings from the pragmatic and statistical analyses in the context of the research questions, goals, and functions outlined in the study. Interpret the implications of the findings for health literacy, patient-provider communication, and diagnostic accuracy in the Indonesian healthcare system.
- b. **Comparison with Existing Literature:** Compare the study's findings with existing research on medical terminology and health communication, highlighting any new insights or confirming previous findings.

5. Conclusions and Recommendations

- a. **Conclusions:** Summarize the key findings of the research, emphasizing the impact of linguistic confusion between "pusing" and "sakit kepala" on patient outcomes in neurology clinics.
- b. **Recommendations:** Provide practical recommendations based on the findings, aimed at improving patient education, enhancing health literacy, and developing better communication strategies for healthcare providers in Indonesia. This may include suggestions for policy changes, educational interventions, and clinical practice improvements.

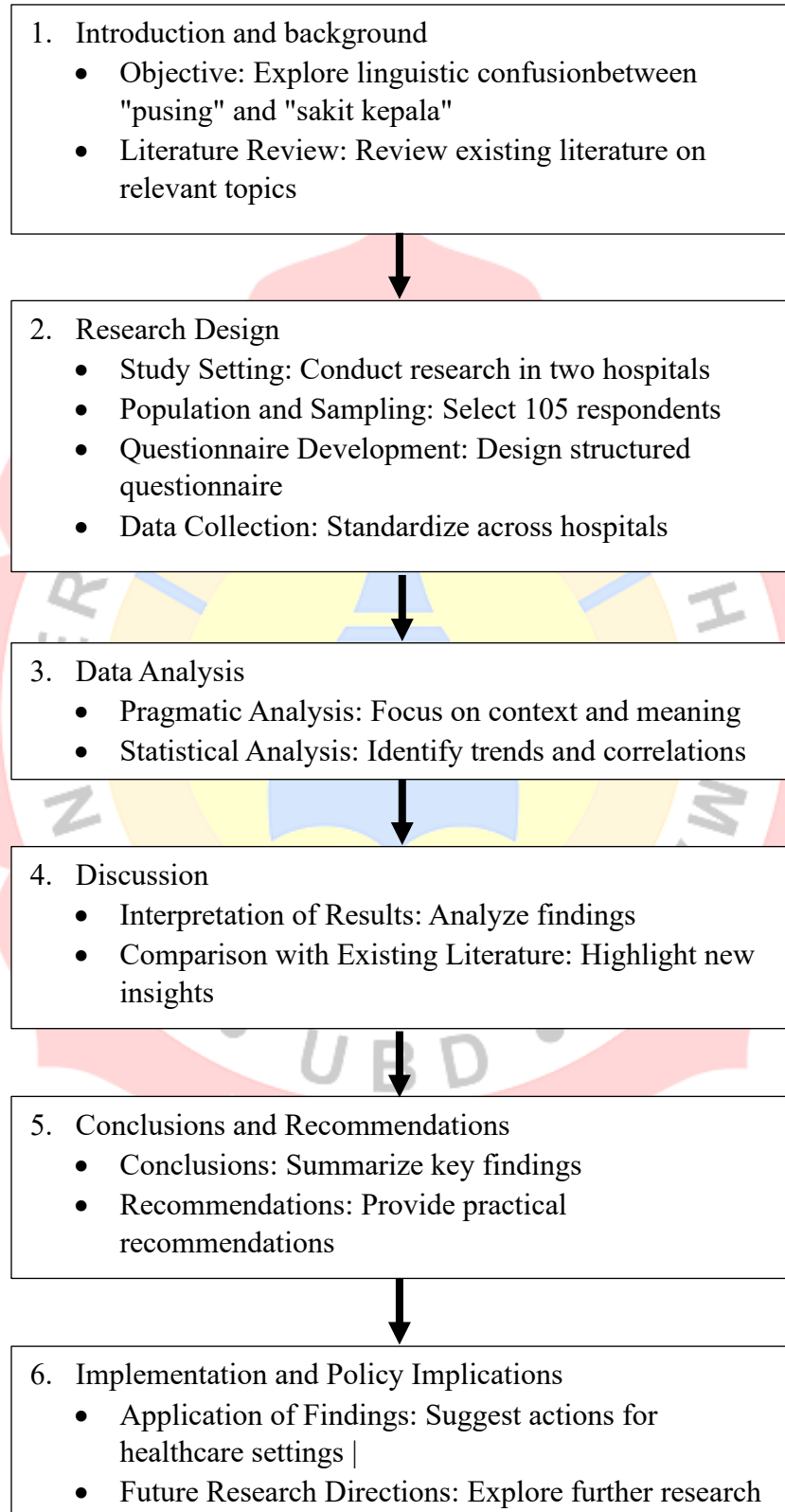
6. Implementation and Policy Implications

- a. **Application of Findings:** Discuss how the findings can be implemented in healthcare settings, particularly in neurology clinics, to reduce misdiagnosis and improve patient outcomes. Suggest specific actions that hospitals, healthcare providers, and policymakers can take to address the identified issues.

- b. **Future Research Directions:** Suggest areas for further research, such as expanding the study to include other regions or exploring additional medical terms that may also be subject to linguistic confusion in the healthcare context.



The summary of the conceptual framework can be seen in the diagram below



CHAPTER II

LITERATURE REVIEW

2.1 Introduction

The field of pragmatics provides essential insights into the use of language within specific contexts, particularly focusing on how these insights apply to medical communication. In Indonesia, the terms "pusing" (dizziness) and "sakit kepala" (headache) are frequently employed by patients to describe a wide range of symptoms. However, the interchangeable use of these terms can lead to significant misunderstandings between patients and healthcare providers. This chapter aims to explore various pragmatic theories, such as speech act theory, conversational implicature, relevance theory, politeness theory, and others, to understand the complexities of medical communication in Indonesian settings. The discussion will also cover the impact of cultural and social factors on these terms and the critical role of health literacy in improving communication outcomes in healthcare.

2.2 Pragmatics in Medical Communication

Pragmatics, a subfield of linguistics, studies how context influences the interpretation of meaning in communication. In medical settings, pragmatics is crucial for understanding how patients describe their symptoms and how healthcare providers interpret these descriptions. The importance of pragmatics in medical communication is particularly evident in Indonesia, where the terms "pusing" and "sakit kepala" are often used interchangeably, leading to potential diagnostic errors.

Al-Mansori & Reishaan,(2022) notes that pragmatic competence involves understanding not just what is said but how it is said, who says it, and in what circumstances it is said. In Indonesian healthcare, this requires an awareness of the cultural and social factors that influence how patients describe their symptoms. When healthcare providers fail to fully grasp the pragmatic context, miscommunication can occur, leading to incorrect diagnoses and inappropriate treatments.

2.3 The Pragmatic Challenges of "Dizziness" and "Headache" in Indonesian Healthcare

The use of "pusing" and "sakit kepala" in Indonesian healthcare presents specific challenges. These terms are used by patients to describe a wide range of symptoms, which can include vertigo, lightheadedness, and general discomfort in the head. The complexity of these terms is highlighted by Sperber and Wilson's (2016) relevance theory, which suggests that communication is driven by the pursuit of relevance. The challenge arises when the relevance of these terms is not fully recognized by either the patient or the healthcare provider, leading to potential diagnostic errors.

Cultural norms in Indonesia may also influence how patients describe their symptoms. Patients might describe their symptoms in a way they believe will be understood by the doctor, even if it means using terms that are not entirely accurate. This cultural influence complicates the pragmatic interpretation of symptoms, requiring healthcare providers to engage in more detailed questioning and clarification.

2.4 Health Literacy and Its Impact on Medical Pragmatics

Health literacy, defined as the ability to obtain, process, and understand basic health information needed to make informed health decisions, is closely linked to pragmatic competence in medical communication. Patients with low health literacy may struggle to accurately describe their symptoms, often relying on vague or incorrect terms like "pusing" or "sakit kepala" to convey a wide range of discomforts. Smith et al. (2016) emphasizes that health literacy is crucial for effective health communication, as it enables patients to engage in meaningful dialogues with healthcare providers, ensuring their symptoms are accurately conveyed and understood.

Improving health literacy in Indonesia is essential for addressing the pragmatic challenges associated with the use of "dizziness" and "headache." Educational interventions that enhance health literacy can significantly improve patient outcomes by ensuring more accurate symptom descriptions. These

interventions can help patients understand the specific meanings of medical terms, thereby reducing the likelihood of miscommunication and improving the accuracy of diagnosis and treatment.

2.5 Theories in Pragmatics Relevant to Medical Communication

The integration of key pragmatic theories is essential for understanding the complexities of medical communication in Indonesia. These theories provide a framework for analyzing how language is used in context and how it can lead to effective or ineffective communication between patients and healthcare providers.

2.5.1 Speech Act Theory

Speech Act Theory, developed by J.L. Austin (2015) and further refined by John Searle (2016), posits that language is not merely a tool for conveying information but also for performing actions. In medical communication, speech acts are crucial for understanding how patients and doctors use language to request information, provide diagnoses, and give instructions. For example, when a doctor asks a patient to describe their dizziness, they are performing a locutionary act, which may lead to an illocutionary act (e.g., diagnosing a condition) and a perlocutionary act (e.g., the patient understanding their condition and treatment).

Expanding on this, healthcare providers must be trained to recognize the performative aspect of their interactions with patients. Every question, statement, or instruction carries not just informational content but also social and psychological implications. For instance, when a patient responds to a doctor's inquiry about their dizziness, their response may reflect not just the symptoms they are experiencing but also their expectations of the healthcare provider's ability to understand and treat their condition.

2.5.2 Conversational Implicature

Paul Grice's theory of conversational implicature (2015) explores how speakers imply meanings that are not explicitly stated, relying on the listener to infer the intended meaning. In healthcare settings, conversational implicature can

be particularly challenging, as patients may use indirect language to describe their symptoms. For example, a patient might say, "I feel like everything is spinning," which implies a specific type of dizziness (vertigo) without explicitly stating it. Healthcare providers must be adept at recognizing these implicatures to ensure accurate diagnosis and treatment.

In addition to this, understanding implicature requires healthcare providers to be sensitive to the subtleties of patient communication. Implicatures often arise in situations where patients may feel uncomfortable or uncertain about expressing their symptoms directly. For instance, a patient might avoid saying "I'm scared of what might be wrong" but instead describe their symptoms in a way that hints at their underlying fears. Recognizing these cues is essential for providing holistic care that addresses both the physical and emotional needs of the patient.

2.5.3 Relevance Theory

Sperber and Wilson's (2016) Relevance Theory emphasizes the role of cognitive processes in communication, arguing that people communicate by providing information that is relevant to the listener. In medical contexts, this theory underscores the importance of healthcare providers recognizing the relevance of the information provided by patients. For example, understanding that a patient's description of "pusing" might be relevant to diagnosing a broader condition such as hypertension or anxiety.

Further elaboration on this theory in medical settings involves recognizing that patients may not always provide information in a manner that directly aligns with clinical expectations. A patient's concern about "pusing" might be rooted in a broader context of their life experiences, fears, and understanding of their body. Therefore, healthcare providers must interpret patient communication within this broader relevance framework, considering not only the immediate clinical relevance but also the patient's broader health narrative.

2.5.4 Politeness Theory

Brown and Levinson's (2015) Politeness Theory examines how speakers manage social interactions to maintain face, or their self-esteem and public image. In healthcare communication, politeness strategies are essential for ensuring that patients feel respected and understood. For example, a doctor might use negative politeness strategies to mitigate the imposition when asking a patient to describe uncomfortable symptoms in detail, thereby fostering a more comfortable and open communication environment.

Politeness theory also has practical implications for patient engagement and satisfaction. Patients who feel that their dignity and autonomy are respected are more likely to trust their healthcare providers and adhere to treatment recommendations. This requires healthcare providers to be mindful of their language choices, tone of voice, and body language, all of which contribute to the perceived politeness of their interactions.

2.5.5 Deixis and Reference

Deixis refers to words and phrases that require contextual information to be fully understood (Fillmore, 2017). In medical communication, deictic expressions like "this pain" or "that dizziness" require the listener, typically the doctor, to understand the context provided by the patient. Accurate interpretation of deixis is essential for understanding the specific nature and location of symptoms, which is critical for accurate diagnosis and treatment.

Expanding on this concept, healthcare providers must be skilled in eliciting and interpreting deictic expressions to ensure that they have a clear understanding of the patient's condition. This might involve asking follow-up questions to clarify which specific pain or dizziness the patient is referring to, especially in cases where multiple symptoms are present. Additionally, understanding the temporal and spatial context of deictic expressions (e.g., when and where the symptoms occur) can provide critical insights into potential triggers or underlying causes of the patient's condition.

2.5.6 Pragmatic Presupposition

Pragmatic presupposition refers to the background assumptions that speakers and listeners take for granted in communication (Caffi, 2006).. In a medical setting, a doctor's question, "How long have you had this headache?" presupposes that the patient indeed has a headache. Recognizing and addressing these presuppositions is crucial for accurate and empathetic healthcare communication, as it helps avoid misunderstandings and ensures that the patient's actual concerns are addressed.

Healthcare providers must be aware of the presuppositions they bring into their interactions with patients. These presuppositions can influence the questions they ask and the interpretations they make, potentially leading to biases in diagnosis and treatment. For instance, assuming that a patient with "pusing" is experiencing a common, benign condition without considering more serious possibilities can result in misdiagnosis. Providers should actively work to uncover and question their own presuppositions to provide more accurate and personalized care.

2.5.7 Context and Pragmatics

Context plays a central role in pragmatics, influencing how utterances are interpreted (Pranowo, 2020). In Indonesian healthcare, the physical, social, and linguistic context can significantly impact how symptoms like "dizziness" and "headache" are described and understood. For example, a patient's description of "pusing" might vary depending on whether they are in a busy clinic or a quiet consultation room. The context also includes the patient's background, cultural beliefs, and previous medical experiences, all of which can shape how they describe their symptoms.

Expanding on this, context should be understood not only as the immediate physical environment but also as the broader socio-cultural environment in which the patient operates. For instance, cultural attitudes towards illness and healthcare, religious beliefs, and family dynamics can all influence how a patient experiences and reports symptoms. Healthcare providers need to consider these

factors when interpreting patient communication to ensure that they are providing culturally sensitive and contextually appropriate care.

2.5.8 Pragmatics and Discourse Analysis

Pragmatics intersects with discourse analysis, which examines how texts and conversations are structured to achieve communicative (Padilla Cruz, 2015). In healthcare, discourse analysis can be used to study how doctors and patients co-construct meaning during consultations, ensuring that both parties understand each other's contributions. This approach can reveal how power dynamics, question-and-answer sequences, and the use of medical jargon influence the effectiveness of communication.

Discourse analysis also provides insights into the subtleties of doctor-patient interactions, such as the balance of power in these conversations. For example, in a typical medical consultation, the doctor often holds more power due to their expertise and control over the flow of the conversation. Understanding how this dynamic affects communication can help healthcare providers to adopt more patient-centered approaches, encouraging patients to express their concerns and preferences more openly.

2.5.9 Cross-Cultural Communication

Pragmatic variation across cultures can lead to misunderstandings in medical communication, particularly in cross-cultural contexts (Padilla Cruz, 2015). In Indonesia, where diverse cultural norms exist, understanding these variations is essential for effective healthcare communication. Healthcare providers must be aware of cultural differences in symptom description and interpretation, which can significantly impact the diagnosis and treatment process.

Expanding on this, cross-cultural communication requires healthcare providers to be both culturally competent and adaptable. This involves not only understanding the cultural backgrounds of their patients but also being able to adjust their communication styles accordingly. For instance, in some cultures, patients

may be less likely to directly express discomfort or dissatisfaction, which requires healthcare providers to be more attentive to non-verbal cues and implicit messages.

2.5.10 Pragmatics and Language Acquisition

The role of pragmatics in language acquisition is critical, particularly in teaching patients and healthcare providers how to use language effectively in medical contexts (Smith, 2024). For example, patients learning how to accurately describe their symptoms can lead to better healthcare outcomes. Similarly, healthcare providers who are trained in pragmatic competence can better understand the nuances of patient communication, leading to more accurate diagnoses and improved patient care.

Expanding on this, healthcare providers should be trained in both the linguistic and pragmatic aspects of medical communication. This includes understanding how language is acquired and used by different patient populations, especially those with limited health literacy or non-native speakers. Providing clear, jargon-free explanations and checking for understanding are essential skills that can enhance patient communication and improve overall care quality.

2.5.11 Applications of Pragmatics in Healthcare

Pragmatics has a wide range of applications in healthcare, influencing how doctors and patients communicate about symptoms, diagnoses, and treatments (Smith, 2024). Understanding implicature, presupposition, and context is essential for creating effective health communication strategies that improve patient outcomes. By applying pragmatic principles, healthcare providers can enhance their communication skills, leading to better patient engagement and more accurate symptom reporting.

Further elaboration on this includes the development of training programs that incorporate pragmatic theories into practical communication skills for healthcare providers. These programs can include role-playing exercises, case studies, and feedback sessions designed to improve providers' ability to interpret patient communication accurately and respond appropriately. Additionally,

incorporating pragmatic principles into patient education materials can help patients better understand how to communicate their symptoms and concerns effectively.

2.6 Educational Interventions to Improve Pragmatic Competence in Health Communication

Educational interventions designed to improve pragmatic competence in health communication can significantly enhance the accuracy of symptom reporting in Indonesian healthcare settings. These interventions often involve teaching patients about the specific meanings of medical terms and how to use them correctly when describing their symptoms. Research by Al-Mansori & Reishaan, (2022) suggests that such educational programs can improve health literacy, leading to more accurate communication between patients and healthcare providers.

Expanding on this, educational programs can also include training for healthcare providers on how to elicit accurate symptom descriptions from patients. This might involve teaching providers to ask open-ended questions, use reflective listening techniques, and provide clear, simple explanations of medical terms. Additionally, public health campaigns can be developed to raise awareness about the importance of clear communication in healthcare, encouraging patients to be more proactive in describing their symptoms accurately.

Anderson et al. (2020) recommend that educational interventions focus on clarifying the distinctions between "pusing" and "sakit kepala" and teaching patients how to describe their symptoms more precisely. These interventions could be implemented through various channels, including community health programs, patient education materials, and training for healthcare providers to enhance their communication skills.

2.7 Implications for Healthcare Practice and Policy

The pragmatic use of medical terms such as "dizziness" and "headache" has significant implications for healthcare practice and policy in Indonesia. Effective communication between patients and healthcare providers is essential for accurate diagnosis and treatment, and any misunderstandings or ambiguities in

symptom descriptions can have serious consequences. Therefore, healthcare policies should prioritize the development and implementation of educational interventions aimed at improving health literacy and pragmatic competence among patients.

Moreover, healthcare providers should be trained to recognize the pragmatic challenges associated with terms like "pusing" and "sakit kepala" and to engage in active listening and clarification during consultations. Integrating health literacy into healthcare policy can lead to more patient-centered care and better health outcomes. By addressing the pragmatic aspects of medical communication, healthcare systems can enhance the quality of care and reduce the risk of misdiagnosis and treatment errors.

Expanding on this, healthcare policies should also consider the development of standardized communication protocols that incorporate pragmatic principles. These protocols can provide guidelines for healthcare providers on how to effectively communicate with patients about their symptoms, ensuring that all aspects of the patient's condition are accurately assessed. Additionally, policies should promote the inclusion of pragmatic training in medical education curricula, ensuring that future healthcare providers are equipped with the skills needed to navigate the complexities of patient communication.

Theoretical Framework

Pragmatic Theories

1. Speech Act Theory (Austin & Searle)
 - Language as Action
 - Locutionary, Illocutionary, and Perlocutionary Acts
 - Patient Descriptions as Performative Acts
2. Conversational Implicature (Grice)
 - Implied Meanings
 - Indirect Language in Medical Communication
 - Inference by Healthcare Providers
3. Relevance Theory (Sperber & Wilson)
 - Cognitive Relevance
 - Prioritization of Symptoms
 - Determining Clinical Relevance
4. Politeness Theory (Brown & Levinson)
 - Social Interaction
 - Maintaining Face
 - Respectful Communication
5. Context and Pragmatics (Yule)
 - Influence of Physical, Social, and Cultural Contexts

Contextual Application of Theories to Medical Communication

1. Patient Communication (Description of Symptoms) |
 - How patients describe their symptoms
2. Healthcare Provider Interpretation (Diagnosis and Treatment)
 - How providers interpret and act on patient descriptions

Healthcare Outcomes

1. Diagnostic Accuracy
2. Effective Treatment

Explanation:

1. **Pragmatic Theories:** This framework is built on pragmatic theories that help analyze how language is used and understood in medical settings.
2. **Speech Act Theory:** Focuses on how patient descriptions function as actions that lead to diagnosis and treatment.
3. **Conversational Implicature:** Examines how patients imply meanings indirectly and how healthcare providers interpret these meanings.
4. **Relevance Theory:** Analyzes how patients provide information based on its perceived relevance, guiding healthcare providers in determining clinical significance.
5. **Politeness Theory:** Addresses the social dynamics of medical communication, ensuring respectful and effective exchanges.
6. **Context and Pragmatics:** Explores how the physical, social, and cultural context influences communication and interpretation in healthcare.
7. **Application to Medical Communication:** The theories are applied to analyze how patients describe their symptoms ("pusing" and "sakit kepala") and how healthcare providers interpret these descriptions, affecting diagnosis and treatment.
8. **Healthcare Outcomes:** The framework aims to improve diagnostic accuracy and treatment effectiveness by addressing communication challenges in Indonesian healthcare settings.

2.8 Conclusion

In summary, the pragmatic perspectives on the use of "dizziness" and "headache" in Indonesian medical communication highlight the importance of context, relevance, and health literacy in ensuring accurate symptom reporting and diagnosis. Educational interventions aimed at improving patients' understanding of medical terms and enhancing healthcare providers' communication skills are essential for overcoming the challenges associated with these terms. By addressing the pragmatic aspects of medical communication, healthcare systems in Indonesia can improve patient outcomes and reduce the likelihood of misdiagnosis.

The integration of pragmatic theories, such as speech act theory, conversational implicature, relevance theory, and politeness theory, provides a comprehensive framework for understanding the complexities of medical communication. By applying these theories to practical communication strategies, healthcare providers can enhance their interactions with patients, leading to more accurate diagnoses, better patient engagement, and improved health outcomes.



CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Approach:

This study employs a quantitative approach with a survey design to collect data from patients in the waiting rooms of neurology clinics at two hospitals in Tangerang, Indonesia: **Hospital A** and **Hospital B**. The objective of the research is to analyze the use of the terms "pusing" (dizziness) and "sakit kepala" (headache) from a pragmatic perspective, focusing on how these terms are understood and used by patients. The findings aim to determine the implications for medical communication and diagnosis, particularly in enhancing health literacy and education.

3.2 Data Source

The participants in this study are patients who are currently experiencing or have experienced symptoms of dizziness or headache. These individuals are selected based on their presence in the waiting rooms of the neurology clinics at **Hospital A** and **Hospital B** in Tangerang. The inclusion criteria ensure that all participants have firsthand experience with head-related symptoms and are willing to provide information about their experiences using these terms.

The study involves a total of 105 participants, with 66 patients from **Hospital A** and 39 from **Hospital B**. These participants were selected to ensure a comprehensive representation of the patient population in the neurology clinics, focusing on a diverse demographic to understand better how different factors, such as age, education, and cultural background, influence the use of these medical terms.

3.3 Technique Data Collection

Questionnaire: The primary instrument for data collection is a structured questionnaire designed to capture detailed information from the participants. The questionnaire is divided into three main sections:

1. **Demographic Section:** This section gathers data on participants' age, gender, education level, and region of origin. Understanding the sociolinguistic background of the participants is crucial, as it may influence their use of the terms "pusing" and "sakit kepala."
2. **Term Usage Section:** This section measures the frequency and context of using the terms "pusing" (dizziness) and "sakit kepala" (headache). It aims to quantify how often these terms are used and whether they are used interchangeably or distinctly by the participants.
3. **Descriptive Section:** In this section, participants are asked to describe their symptoms in their own words. This approach helps in understanding the pragmatic nuances of the terms used, providing insights into how patients express and interpret their head-related symptoms.

The questionnaire was developed based on extensive literature review and expert consultations to ensure its validity and reliability. It is pilot-tested in a small group of patients before being administered to the full sample to refine any ambiguous or unclear items.

Conversations Illustrating Misunderstandings

To further illustrate the practical implications of the pragmatic analysis, below are ten conversations—five between doctors and patients and five from daily interactions—that highlight common misunderstandings related to the term "pusing.":

1. Doctor-Patient Conversations:

Conversation 1:

Patient : Dok, Saya pusing sejak tadi pagi.

Doctor : Apakah pusingnya terasa seperti kepala berputar?

Patient : Tidak, lebih seperti kepala terasa berat.

Analysis;

The dialog reveals that semantically the patient uses "pusing" to describe a heavy head, while pragmatically the patient feels discomfort and heaviness, not vertigo.

Conversation 2:

Patient : Saya sering pusing kalau berdiri terlalu cepat.

Doctor : Apakah pandangan Anda menjadi gelap?

Patient : Ya, pandangan saya gelap sebentar.

Analysis

The dialog shows that semantically the patient uses "pusing" to describe lightheadedness upon standing. Pragmatically the patient experiences orthostatic hypotension symptoms.

Conversation 3:

Patient : Anak saya pusing setelah naik kendaraan.

Doctor : Apakah dia merasa ingin muntah?

Patient : Ya, dia merasa mual.

Analysis;

The dialog tell us semantically the patient uses "pusing" to describe motion sickness and pragmatically the child experiences nausea due to motion.

Conversation 4:

Patient : Saya pusing setiap kali bekerja terlalu lama.

Doctor : Apakah Anda merasa stres?

Patient : Ya, saya merasa tertekan.

Analysis

Semantically the patient uses "pusing" to describe stress-induced discomfort and pragmatically the patient is experiencing stress-related symptoms.

Conversation 5:

Patient : Pusing saya kambuh lagi, Dok.

Doctor : Apakah Anda merasa ruangan berputar?

Patient: Tidak, hanya kepala saya terasa berat dan nyeri.

Analysis

The dialog semantically means the patient uses "pusing" to describe head heaviness and pain and pragmatically the patient likely has a tension headache.

2. Daily Conversations:

Conversation 6:

Person A : Kamu kenapa, kok kelihatan lesu?

Person B : Aku pusing banget, mungkin karena kurang tidur.

Analysis

Semantically Person B uses "pusing" to describe a general feeling of discomfort and pragmatically Person B is likely experiencing fatigue due to lack of sleep.

Conversation 7:

Person A : Kenapa kamu tidak datang ke pesta kemarin?

Person B : Aku pusing, tidak bisa bangun dari tempat tidur.

Analysis

Semantically Person B uses "pusing" to describe severe head discomfort and pragmatically Person B might have experienced a severe headache or migraine.

Conversation 8:

Person A : Tadi pas naik komedi putar, aku pusing sekali.

Person B : Apa kamu merasa mual juga?

Person A: ** Iya, sedikit mual.

Analysis

Semantically Person A uses "pusing" to describe dizziness and slight nausea and pragmatically Person A experienced vertigo and mild motion sickness.

Conversation 9:

Person A : Setiap kali melihat ke bawah dari ketinggian, aku jadi pusing.

Person B : Itu berarti kamu takut ketinggian.

Person A : Mungkin iya, soalnya rasanya ruangan berputar.

Analysis

Semantically Person A uses "pusing" to describe vertigo when looking down from a height and pragmatically Person A experiences vertigo, possibly due to acrophobia.

Conversation 10:

Person A : Aku selalu pusing kalau cuaca panas.

Person B : Apa kamu dehidrasi?

Person A : Mungkin, aku jarang minum air.

Analysis

Semantically Person A uses "pusing" to describe discomfort caused by heat and Pragmatically Person A might be experiencing dehydration-related symptoms. By employing a quantitative survey design and utilizing detailed questionnaires, the study aims to collect comprehensive data on how these terms are used and understood by patients in neurology clinics. The conversations provided illustrate the common misunderstandings that can occur, emphasizing the importance of precise language and cultural competence in medical communication. The data analysis techniques and indicators of research success are designed to yield insights that can improve diagnostic accuracy and patient care in Indonesia

3.4 Techniques Data Analysis

The data collected from the questionnaires are analyzed using several statistical methods:

1. **Descriptive Analysis:** Descriptive statistics, including mean, median, mode, and frequency distributions, provide an overview of the data collected. This helps in understanding general trends and patterns in the use of the terms "pusing" and "sakit kepala."
2. **Chi-Square Test:** This test is used to examine the relationship between categorical variables, such as the use of the terms and demographic factors like age, gender, and education level.
3. **T-Test:** Independent t-tests are conducted to compare the differences in term usage between different demographic groups, such as education level and region of origin.
4. **ANOVA (Analysis of Variance):** ANOVA is used to test for differences in term usage across multiple groups, such as comparing different regions or cultural backgrounds.

5. **Content Analysis:** Responses from the descriptive section of the questionnaire are analyzed using content analysis to identify common themes and patterns in how participants describe their symptoms.

3.5 Ethical Considerations

Ethical considerations are integral to this research, particularly given the involvement of human subjects discussing potentially sensitive health information. The following ethical guidelines are strictly adhered to:

1. **Informed Consent:** All participants are required to provide informed consent before participating in the study. This includes a clear explanation of the study's purpose, procedures, potential risks, and benefits.
2. **Confidentiality:** Participants' confidentiality is strictly maintained. Personal identifiers are removed from the data to ensure anonymity, and all data are stored securely to prevent unauthorized access.
3. **Non-maleficence:** The study is designed to ensure that no harm comes to the participants. The research procedures are non-invasive, and the questions posed in the questionnaires are formulated to avoid causing distress.
4. **Beneficence:** The study aims to benefit both the participants and the broader community by improving medical communication and diagnosis through a better understanding of the terms "pusing" and "sakit kepala."

3.6 Limitations of the Methodology

While the chosen methodology provides a robust framework for understanding the pragmatic use of "pusing" and "sakit kepala," it has certain limitations:

1. **Sample Bias:** The study is conducted in neurology clinics, which may limit the diversity of the sample. Patients visiting these clinics might have more severe symptoms, potentially skewing the results.
2. **Self-Reported Data:** The reliance on self-reported data from questionnaires can introduce bias, as participants might not accurately recall or describe their symptoms.

3. **Cultural Variations:** While the study aims to account for cultural and regional differences, it might not fully capture the complexity and diversity of cultural influences on language use.
4. **Context-Specific Findings:** The findings may be specific to the Indonesian context and may not be generalizable to other settings or populations.

Despite these limitations, the study provides valuable insights into the pragmatic nuances of medical terms, which can inform better communication practices in healthcare.

