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GENDER DIFFERENCES IN THE USE OF POLITENESS STRATEGIES BY IRAQI NURSING STUDENTS IN PATIENT INTERACTIONS

Marwa MUHAMMAD AHMAD
Al-Hamdaniya University, Iraq

Alaa SIDDEQ KHUDIR
Ninevah University, Iraq

Abstract

Linguistic research on communication in diverse health care settings is an area of study that requires further scholarly attention. This study aims to investigate the influence of gender on the use of politeness strategies by nursing college students during their interaction with patients in Mosuli Arabic nurse-patient encounters. The study hypothesizes - that male and female nursing students employ different types of politeness strategies in their interactions with patients. Brown and Levinson's politeness theory serves as the theoretical framework for this study. A naturalistic observation method is used to collect data from 8 male and 8 female nursing students, as well as 40 patients in a public medical setting. The study finds that gender influences the use of politeness strategies among male and female nursing students. Specifically, it shows that male nursing students are more inclined to be direct and explicit in their communication with patients, whereas their female counterparts are less inclined to do so.

Keywords: *politeness; gender; patient interactions; Iraqi nursing students; healthcare communication*

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INTRODUCTION

Effective communication is a basic requirement of high-quality healthcare, especially in nursing, where interactions with patients are regular, sensitive, and deeply interpersonal. A key factor in this type of communication is politeness strategies, which help maintain respect, manage social distance, and decrease the degree of impositions that certain speech acts can have on others. Drawing on Brown and Levinson's 1987 politeness theory, these strategies are generally categorised into bald-on-record, positive politeness, and negative politeness. Each has distinct functions in keeping the dignity and autonomy of both speaker and listener.

The dynamics of communication in health care contexts are complex and are affected by many social and cultural factors. In nurse-patient interaction, the use of politeness strategies not only reflects linguistic choices but also reveals deeper social and gender-based norms. Gender, above all, has been shown to impact linguistic behaviour, with studies demonstrating that male and female speakers often vary in their use of directness and mitigation. Thus, gender and politeness play crucial roles as they influence the way healthcare providers interact with their patients. Both gender and politeness can affect the overall quality of care within health care contexts. This study investigates how the interplay of gender and politeness can affect communication in healthcare settings.

Despite the growing acknowledgement of the value of effective communication in nursing education, limited research has been conducted on the role gender plays in influencing the realization of politeness strategies, especially in the nursing students' context. Therefore, this research seeks to fill this gap by investigating the influence of gender on the use of politeness strategies by Iraqi nursing students in their interaction with their patients. Specifically, this study aims to investigate how gender can affect the way Iraqi nursing students use politeness strategies in their interactions with their patients. It also aims to identify the types and frequency of politeness strategies used by male and female nursing students.

We therefore hypothesize the following:

1. Male nursing students use the bald-on-record strategy more often than female nursing students.

2. Female nursing students use positive and negative politeness strategies more frequently than male nursing students.

POLITENESS, GENDER, AND HEALTHCARE COMMUNICATION

Politeness

Even though politeness is found in all cultures, how it is realized differs from one language to another. It does not fit neatly into one discipline of study; rather, it can be seen as an area of study in pragmatics, sociolinguistics, sociology, etc. Leech claims that politeness falls within the area of pragmatics, claiming that "the richest and most specific form of data for studying politeness is what people say in given communicative situations" (53). Thomas says that politeness is within the domain of sociolinguistics since it is a way by which interlocutors maintain social balance. Nevertheless, he admits the overlap between pragmatics and other areas of study, such as sociolinguistics and psycholinguistics, because there are no clear boundaries that separate each discipline from the other (158).

Politeness can be realized verbally and non-verbally in actions (Leech 140). In other words, politeness can be realized through dressing appropriately, and using suitable gestures, facial expressions, or bodily postures (Ashizuka et al. 1). It could also be realized verbally using honorific language exemplified by specific linguistic forms in certain languages (Fukada and Asato).

Many definitions have been put forward to try to explain the meaning of the term politeness. Lakoff defines politeness as "a system of interpersonal relations designed to facilitate interaction by minimizing the potential for conflict and confrontation inherent in all human interchange" (34). For Thomas, politeness is "a genuine desire to be pleasant to others or as the underlying motivation for an individual's linguistic behaviour" (150). Kádár says that "politeness is a key means by which humans work out and maintain interpersonal relations" (7).

Many theories have been proposed to examine how politeness is linguistically realized. One of the most prominent theories dealing with politeness is that of Brown and Levinson. In their model, they refer to the "model person", who is characterized by being "rational" and having "face" (Archer et al. 85). They base their work on three important concepts: face, face-threatening

acts, and face-saving strategies. The first notion, that of face, is derived from Goffman's work. Brown and Levinson classify it into "positive face", which is the desire to be accepted by others and "negative face", which is the desire not to be imposed upon by others. The second notion, face-threatening acts (FTAs), is handled in relation to speech acts and presumes that certain speech acts, such as advice, requests, threats, etc., are threatening to "face". Consequently, Brown and Levinson propose certain politeness strategies which they assume to be universal (60). It is important to stress that the suggested strategies would not eliminate the FTAs entirely but will only lessen their effect on the ongoing interaction (Archer et al. 85). These strategies are outlined in Figure 1 below:

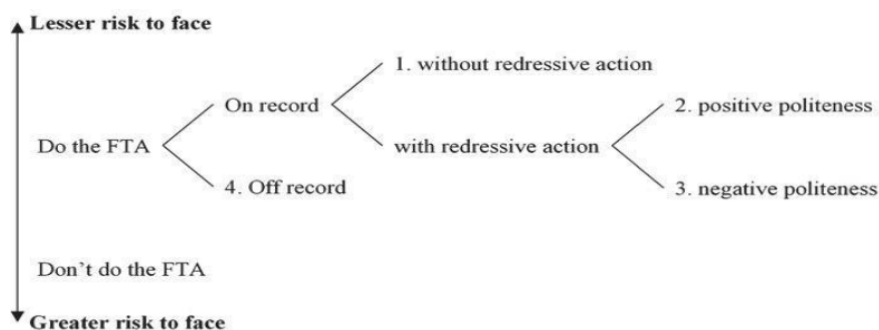

Figure 1. FTA strategies (Brown and Levinson 60)

Brown and Levinson assert that the choice of strategy is governed by three sociological factors, namely: social distance (D), social power (P) and the degree of imposition (R) (77). Their famous formula for evaluating the weight of an FTA argues that "The greater the imposition of the act, the more powerful and distant the other is, the more face-damaging the act is likely to be" (Culpeper 357). Each super-strategy and its corresponding strategies will be discussed in detail in the following section (Brown and Levinson 91, 214).

A. *Bald on-record politeness*: is used in circumstances where the risk to face is not prominent, such as in emergencies and in situations where power differences between the interlocutors are quite obvious (e.g. when someone shouts "fire" to get people to notice a burning building).

B. *Positive politeness*: is used when the risk to face is not as minimal as in the above situation and is directed towards the desires of the positive face

of the hearer. Its goal is to get the hearer to feel included as an in-group member or assert a common ground with them. Seeking agreement, giving reasons, joking, using in-group identity markers, and exaggerating interest in the other individual, promising, and being optimistic are some of the strategies of positive politeness.

C. *Negative politeness*: is used as an on-record strategy with mitigated action but is directed towards the wants of the negative face of the hearer. Examples are apologizing, being conventionally indirect, giving deference, using hedges, being pessimistic, and minimizing the imposition.

D. *Off-record politeness*: is used in situations when the risk to the hearer's face is so high if an on-record strategy is used and when the speaker intends to express more than one meaning. The off-record strategy is used in a way "that it is not possible to attribute only one clear communicative intention to the act" (Brown and Levinson 211). It means that the speaker cannot be held accountable for only one interpretation of the communicated utterance. Examples are giving hints, being ambiguous, using ellipsis, overstating, being ironic, and over-generalizing.

E. *Do not do the FTA*: is employed in contexts where the harm to face is too high and the maintaining of face is of great importance.

Despite its many limitations, Brown and Levinson's theory has been chosen as the theoretical framework in this study for two major reasons: (i) it is one of the most influential works on pragmatic politeness (Wilson et al.) and (ii) its applicability to a non-Western culture (Kiyama et al.)

Politeness and Gender

Interest in the relation between gender and language has greatly increased across the social sciences, such as social psychology, linguistics, sociology, etc. Accordingly, language is studied by examining how gender is negotiated and defined in social interactions. While the term gender denotes a male-female difference, it is also a social concept, mainly referred to in the field of sociolinguistics. Gender plays an essential role in shaping our identities and

affecting how people communicate with each other. From an early age, people are socialized to conform to certain gender rules and expectations that constrain their language use and interaction styles. Segal says that "gender is taken to refer to a culturally based complex of norms, values and behaviours that a particular culture assigns to one biological sex or another" (3).

One of the theories that tackled the relation between gender differences in language use is the "difference" theory, which suggests that men and women use language differently because of some inherent biological or psychological traits and differences. Consequently, some studies have shown that men are more likely to use language in an assertive manner, whereas women tend to use more cooperative language (Holmes). Another theory that has been put forward to deal with gender differences in language use is the "dominance" theory. It posits that men tend to use language to assert their dominance in social interactions, while women are more likely to use language to create rapport and build social connections. This theory stresses the role that power dynamics play in shaping and affecting communication patterns between men and women (Brown and Levinson). Deborah Tannen is one of the leading scholars associated with the distinction between men's and women's linguistic behavior, particularly through her well-known concepts of "rapport talk" and "report talk." Tannen (1990) introduced two concepts which are "rapport talk" and "report talk" to try to explain the differences between men's and women's language. She claims that women use language to create and keep social relations, emphasizing empathy and cooperation. Men, on the other hand use language to emphasize status and maintain independence. Her contribution emphasizes the fact that such contradictory communication patterns are not biological but are socially acquired. In *Language and Woman's Place*, Lakoff (1975) proposes that women's language is described to be more polite, contains hedges, tag questions, and indirectness, which as she claims are the result of women's subsidiary role in society. She claims that women use language to create social bonds and avoid confrontation, whereas men's language tends to be more direct, and assertive. This distinction reflects both women's subsidiary role and men's dominant role in society. It is important to take into consideration that gender differences in language use are not universal and can differ across various cultures and social contexts. Furthermore, the interconnectivity of gender with other social factors,

such as class, can further confuse our understanding of how individuals shape their identities through language (Romaine).

With regard to the interplay of gender and politeness, many studies concerning the relation between gender and politeness have been carried out, such as Lakoff. In her work, Lakoff claims that women speak more politely than men. Additionally, women's language is described by the heavy use of certain linguistic elements such as tentativeness markers, hedges, tag questions, hesitation and mitigation markers, while men's language is characterized as direct, confident, forceful, utilizing features such as direct interpretation and unmitigated statements (Mills 165). In the same vein, Holmes also claims that women are linguistically more polite than men, because women appear to be more sensitive to the emotional rather than the referential sides of utterances. On the other hand, Mills goes against Holmes' universal view that women are more polite than men, claiming it is only based on a conventional view of women's language. Mills says that certain practices that are believed to be polite are in fact "stereotypically gendered" and not founded on the truth (202). According to Mills, gender plays a significant role in evaluating what is considered as (im)polite by the individuals involved in any social interaction. She also claims that gendered norms and expectations about (im)politeness seem to be firmly in place, impacting the assessment of women's language use.

Politeness and Healthcare Contexts

Mullany - says that, overall, there is a real necessity for empirical investigations to be produced in a wide variety of healthcare contexts. The integration of (im)politeness research in health-care contexts as a viable area of research is fairly new and diverse. This variation is not only found in the diverse healthcare contexts that different studies have focused on, the various types of communication that researchers have looked at, the participants involved in the studies, but also the types of theoretical frameworks used on which the different studies draw (Mills 1). Thus, studies can be conducted in traditional health care settings such as hospitals (Ojwang et al.) or in other, maybe less traditional medical settings, such as social care contexts as in Woolhead et al., different educational contexts as in Locher or the rising internet-related contexts (e.g. Gallardo and Ferrari; Locher). Of the many types and forms of interactions in

healthcare contexts, such as between doctors and their patients or pharmacists and patients, this study focuses on nurse-patient interaction.

Effective communication is of great importance for the quality and success of healthcare interactions, particularly within the complex and sensitive domain of nursing. In nurse-patient interaction, communication plays a fundamental role in acquiring information, establishing trust, and creating therapeutic cooperation. A significant yet mostly neglected aspect of this type of communication is politeness. The role of politeness in nursing communication is key, creating the patient experience and exerting an impact on healthcare outcomes (Kwame and Petrucka).

Politeness in communication includes both verbal and non-verbal behaviours, reflecting qualities such as respect, understanding, and cultural sensitivity. In the healthcare context, where liability and uncertainty prevail, the necessity of polite communication cannot be stressed enough. Research shows that maintaining polite and respectful communication contributes to better health-care outcomes such as increased patient satisfaction and enhanced treatment outcomes (McCabe; Street and Haidet). Additionally, the influence of politeness on patient-care outcomes goes beyond the clinical setting itself. Research has shown that good nurse-patient communication is linked with higher levels of patient confidence in the healthcare system, decreased levels of anxiety, and an increased probability of following prescribed treatments and medications (Bartlett et al.; Street Jr et al.). These conclusions highlight the unwavering effect of politeness in nurse-patient interactions, promoting benefits that go beyond the emotional and psychological aspects of patient care to noticeable improvements in health outcomes. Accordingly, nurses need to obtain communication skills that can achieve mutual trust and eventually lead to a therapeutic and caring relationship with their patients.

Nurse-patient interaction in Iraq is not only governed by universal ethical principles such as autonomy, confidentiality and benevolence but also by local cultural and social considerations, which affect how health care is delivered. In the Iraqi healthcare context, gender plays an important role in determining expectations and suitable patterns of nurse–patient interaction. For example, communication patterns tend to be more formal across genders, where nurses are supposed to display respect while maintaining professional boundaries to evade any misunderstanding. These cultural expectations impact the delivery of

care and are indirectly supported by Iraqi nursing ethical standards of interaction, which stress compatibility with social values, specifically respect for gender norms. (Iraq Ministry of Health, 2012).

METHODOLOGY

Research Design

This study mainly employs a qualitative research design, because the research area is complex and social in nature, and partly a quantitative design to provide clarity and precision in its findings. Noble and Smith define qualitative research as "a generic term that refers to a group of methods and ways of collecting and analyzing data that are interpretive or explanatory in nature and focus on meaning" (2). Thus, qualitative research is the most appropriate design for this study since it takes place in its natural setting, which is the hospital. The data are descriptive, the focus is on the participants' perceptions and experiences, and the profoundness of the data is more valuable than the sample size collected (Creswell).

Participants

The participants in this study were 16 second-year undergraduate students from the College of Nursing, Ninevah University, 8 males and 8 females. Their ages ranged from 19-22 years. All were regular (morning studies) students with no prior work experience in hospitals or any other healthcare settings. The patients whom the students interacted with—and from whom data were gathered—were 40 participants from different age groups and both genders. All patients were informed of the fact that their conversation was being recorded for research purposes and that their identities would be confidential. The nurses' and patients' consent for the presence of the audio-recorder and their participation in the research was obtained.

Data Collection Method

The current study adopts naturalistic observation as a data collection method. The researcher audio-recorded nursing students during their clinical training sessions, which were part of their practical coursework in the academic year

2024-2025. These sessions took place at Al-Salam Hospital, Mosul City. During this period, students interacted directly with patients as part of their hands-on clinical experience. The researcher chose this method of collecting data because it gives researchers the chance to understand what people do and how they behave in their natural environments (Newhart and Patten166). Additionally, the data collected is characterized as being authentic and close to life and thus has been commonly used in pragmatic research (Yuan 274). Also, it is thought that in non-intrusive methods of collecting data, participants do not have to take out of their own time to participate in the research (Rice and Ezzy 63). After obtaining the recorded data, the researcher transcribes the data which is the process of transforming the audio-recorded data to text for the purpose of analysis. The most accurate system of transcription is the "International Phonetic Alphabet" which is used in the present study. Since English is not the researcher's first language and the transcribed extracts are to be studied in English, the researcher translates the Arabic transcribed extracts into English after transcribing the data. Ultimately, the transcripts were examined and analyzed using the theoretical framework of Brown and Levinson's politeness strategies, the occurrences of the politeness strategies used were systematically referred to with regard to the gender of the nurse.

RESULTS AND DISCUSSION

The types of politeness strategies used by male and female nurses were the following:

1. The Bald on-Record Strategy

Table 1. Bald-on-record strategy used by male and female nurses

Politeness Strategy	Male Nurses (No)	Male Nurses (%)	Female Nurses (No)	Female Nurses (%)	Total
Bald on-Record	196	59.2	135	40.7	331

The analysis showed that the most frequently used strategy by both male and female nursing college students was the bald-on-record strategy. However, the data also showed that males used it 196 times which constituted 59.2% as compared to the females who used it 135 times across all data which constituted

40.7%. This showed that males were less inclined to redress the impact of their face-threatening acts when they interacted with their patients.

Extract 1	*Translation*
N: شكد ضغطك؟	N: what is your blood pressure?
P: هو ١١٤ على ٤٧.	P: it is 114 over 47.
N: النبض ٨٧ و والاوكسجين اثنين وتسعين... تدخّن؟	N: the Pulse is 87 and the SpO2 is 92... do you smoke?
P: إي نعم.	P: yes.

The above extract was a conversation between N (a male nurse) and P (a 35-year-old male patient). The nurse performed the FTA of asking the patient a question baldly-on-record without redressing the impact of the FTA as he said blatantly "do you smoke?" and the patient answered the nurse's question with no hesitation.

Extract 2	*Translation*
N: انتي عندچ سكري؟	N: do you have diabetes?
P: ما أگدر أحچي زين، ضربتني جلطة.	P: I can't speak easily, I have had a stroke
N: إي صارلچ شگد من انجلطتي	N: when did you have the stroke?
P: جلطة دماغية، أثّرت عاللسان و الايد والرجل نص	P: a mini stroke that affected the tongue, the hand and the leg
N: إمتي صارت؟	N: when did it happen?
P: قبل سنة هيچ بالثاني أو الواحد هشكل	P: a year ago, around January or February

The above extract was a conversation between N (a female nurse) and P (a 63-year-old female patient). The female nurse asked the patient a question as she said, "do you have diabetes" and later, as she repeatedly asked her "when did you have your stroke" and "when did it happen". Even though it was a necessary clinical question, it threatened the patient's negative face by being intrusive. Thus, the nurse asked the questions directly and clearly with no regard to the use of any redressive strategies.

2. The Positive Politeness Strategy

The analysis showed that the positive politeness strategy was the second most used by both male and female nurses. However, as far as the influence of gender

is concerned, the data showed that males used it 68 times, which constituted 48.5% as compared to the females who used it 72 times across all data, which constituted 51.3%.

Table 2. Positive politeness strategy used by male and female nurses

Politeness Strategy	Male Nurses (No)	Male Nurses (%)	Female Nurses (No)	Female Nurses (%)	Total
Positive Politeness	68	48.5	72	51.3	140

This showed that both males and females were inclined to use it approximately the same, to redress the impact of the face-threatening acts when they interacted with their patients.

Extract 3
N: شنو سبب دخوله للمستشفى؟
P: والله هو صارله يومين بعد ما ياكل
N: فقدان شهية؟
P: أي ما ياكل لهذا جبناه
N: اذا السبب الرئيسي لدخولكم المستشفى هو عدم الشهية مو ؟
P: أي أي جبناه

Translation
N: why did you bring him to the hospital?
P: oh God … he hasn't eaten for two days.
N: loss of appetite?
P: yes, he doesn't eat so we brought him.
N: so, the main reason for your admittance to the hospital is his loss of appetite, isn't it?
P: yes, yes, we brought him here.

The above extract was a conversation between N (a male nurse) and (a 40-year-old patient's brother). Since the patient was unable to answer the nurse's questions due to his health condition, the patient's brother was the one interacting with the nurse. In the interaction, the nurse first asked the patient's brother a bald-on-record question with no redressive action. He then employed a positive politeness strategy, as he said, "so the main reason for your admittance to the hospital is his loss of appetite, isn't it?". The positive politeness strategy was realized in the use of the strategy of seeking agreement, which was clear in the use of the tag question "isn't it?". So, the nurse here clearly tried to redress the impact of the FTA on the question.

Extract 4
N: اشونكم عيني؟
P: الحمد لله
N: شنو بيها مرض؟
P: مرارة عملية
N: اسم الله اشون صارت شوكت دحلت للمستشفى؟
P: هسة طلعت توها طلعت من العملية

Translation
N: how are you, darling?
P: thank God.
N: what kind of illness does she have?
P: she had a cholecystectomy.
N: May God protect her. How is she now and when was she admitted to the hospital?
P: just now she had her surgery.

The above extract was a conversation between N (a female nurse) and P (a 40-year-old patient's sister). The patient herself was unable to respond due to her being unconscious because of the surgery she had undergone earlier. The nurse employed two positive politeness strategies. The first was realized in the use of the in-group identity marker "darling" which is a term of endearment, in addition to intensifying interest in the hearer by asking her about her wellbeing, as she said "how are you?" and "May God protect her…". Such strategies are used by healthcare professionals to ease anxiety, improve cooperation and build trust between the nurse or doctor and their patient.

3. The Negative Politeness Strategy

Table 3. Negative politeness strategy used by male and female nurses

Politeness Strategy	Male Nurses (Freq)	Male Nurses (%)	Female Nurses (Freq)	Female Nurses (%)	Total
Negative Politeness	15	45.4	18	54.5	33

The analysis showed that the negative politeness strategy was the third most used strategy by both male and female nurses. However, the data also showed that males used it 15 times, which constituted 45.4% as compared to the females who used it 18 times across all data, which constituted 54.5%. This showed that females were more inclined to use this strategy to redress the impact of the face-threatening acts when they interacted with their patients.

Extract 5

N: بس أكدر اخذ صورة للسونارمال مريض؟

P: عادي ميخالف

Translation

N: can I take a picture of the ultrasound of the patient?

P: It is ok.

The above extract was a conversation between N (a male nurse) and P (a 35-year-old female who is the patient's mother). Since the patient was an 11-year-old child who was unable to respond to the nurse due to her health condition, in addition to her young age, the interaction was with the mother. The nurse used a negative politeness strategy as he said, "can I take a picture of the ultrasound?". The speaker used one of the linguistic realizations of the negative politeness strategy called being conventionally indirect. Thus, the speaker did not directly tell the hearer that he wanted to take a picture; instead, he asked for her permission by asking her a question that regarded the other person's negative face, which was his desire to be free from imposition. Such strategies can help maintain respect for the patient's autonomy, especially in emotionally and physically charged contexts such as healthcare.

Extract 6

N: بس اريد أسأل سؤال اذا ممكن؟

P: صار

Translation

N: I just want to ask a few questions, if possible?

P: of course.

The above extract was a conversation between N (a female nurse) and P (a 56-year-old male patient). The nurse uses a negative politeness strategy as she said, "I just want to ask a few questions, if possible". Two kinds of linguistic strategies were used here for the realization of the negative politeness strategy. The first was minimizing the imposition through the use of "just" and the second was the use of hedges through the use of the *if* clause to soften the request and give the hearer the freedom to say no.

Regarding the off-record strategy, there was no instance of its use across all data by neither male nor female participants.

CONCLUSIONS

This study has aimed to examine how gender can affect the way Iraqi nursing students use certain politeness strategies in their interactions with their patients. The findings of this study show clear gender-based differences when it comes to the use of certain politeness strategies among Iraqi nursing students when they interact with patients and their caregivers. The analysis clearly shows that male nursing students use the bald-on-record strategy significantly more than their female counterparts. This implies a greater inclination among male students to use more direct and unmitigated language when they communicate with their patients. This probably reflects a preferable tendency to be efficient and clear or to be perceived as having more authority due to their institutional role in health care settings.

On the other hand, positive politeness strategies were used approximately equally by both male and female nursing students, with males using it 196 times (59.2%) and females 135 times (40.7%). This implies that both genders consider building rapport and conveying solidarity with patients as valuable, aligning with essential nursing values of empathy and interpersonal connection.

In contrast, female nursing students use negative politeness strategies a little more often than their male counterparts, with females using it 18 times (54.5%) and males 15 times (45.4%). Although the difference in use is slight, it supports the notion that female students are somewhat more inclined to use strategies that minimize imposition and respect the patients' autonomy.

These findings can be explained based on the way gender can influence communication styles embedded in cultural and societal norms. Additionally, the findings can also be attributed to the impact of professional role expectations found within the health care context. The findings support the wider sociolinguistic patterns in gendered interaction and highlight the significance of training nursing students to adjust their politeness strategies based on certain factors such as patient needs and context, regardless of gender.

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BIONOTES

Marwa MUHAMMAD AHMAD is an Assistant Lecturer at the department of English, College of Education for Humanities, Al-Hamdaniya University, Iraq. She is specialized in Linguistics and English Language Teaching (ELT). Her main fields of research include pragmatics, discourse analysis sociolinguistics, applied linguistics, second language acquisition, psycholinguistics. Her academic interests also extend to language assessment, curriculum design, and the integration of technology in English language teaching.
E-mail: marwamuhammad@uohamdaniya.edu.iq

Alaa SIDDEQ KHUDIR is an Assistant Lecturer at the College of Nursing, Ninevah University, Iraq. Her general field of expertise is Linguistics and English Language Teaching (ELT), with a specialization in Applied Linguistics.
E-mail: alaa.khudir@uoninevah.edu.iq