THE PROFESSIONALISM OF DOCTOR THROUGH THE LANGUAGE POLITENESS: PRAGMATICS STUDIES

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Abstract: The ability to speak is one of the language skills that a person needs, especially students as prospective scientists. This ability is not a capability inherited from generation to generation even though basically humans can talk scientifically. However, formal speaking skills require intensive training and direction or guidance (see Arsjad and Mukti, 1988: 1). Patients are encouraged to choose a doctor general or family doctor who can give a sense of trust, feel comfortable tell his health problems and undergo an examination, then answer all questions asked by patients and explain it in layman, too give enough time for it all. By having patient-doctor relationships good, patients can get degrees optimal health, health services efficient, & prevent mistakes in unnecessary treatment. Some of the factors underlying language politeness are namely social distance between speakers and speakers, has differences in terms of age and sociocultural / professional background, religion etc.

Keyword: Doctor, Language Politeness, Pragmatics

INTRODUCTION

Language politeness is an important thing for every community to do when communicating. In communicating, these norms appear from verbal behavior and nonverbal behavior. Verbal behavior in imperative functions, for example, can be seen in how speakers express commands, necessities, or prohibitions on doing things to their partners. Nonverbal behavior can be seen from the expression, gestures, attitudes or behaviors that support the disclosure of one's personality. A person's personality that needs to be developed is a good, right and polite personality expression, so that it reflects a person's refined mind and noble character. Noble character is a measure of one's good personality. Actually, everyone expects that attitudes, behavior, speech, writing and appearance in daily life reflect politeness in language (Pranowo, 2009: 3). In other words, everyone wants to have a good, right and polite personality (fine mind and noble character), a good and polite personality can be applied in a community environment wherever including the profession. Sociocultural norms require that people be polite. in interacting with each other. Modesty needs to be applied in a formal or official atmosphere, the intention in this official situation is to use language politeness when interacting with others, so that the person feels respected in polite language.

Doctor-patient relationship is the relationship between professionals (doctors) with clients (patients). To make a good doctor-patient relationship is to master good communication techniques with patients. The use of patient communication with a doctor is the most important thing called Art
of Medicine. Professional interactions between doctors and patients, usually starting from history, which in this paper are referred to as medical interviews. Medical interviews are the most important part of the diagnosis process because they will help us to form a picture of the patient's disease as accurately and accurately as possible. Doctors are not only needed when sick, but if they are healthy, they are doctors who really need to prevent disease or treat and improve the physical and psychological health of patients. Doctors who can do this are family doctors, who have studied and trained to deal with the disease while maintaining public health from birth to the elderly. The doctor-patient relationship is a relationship of trust, so without mutual trust between the two, treatment may not be done well.

There are many factors affect relationship between doctor and patient among others: socio-cultural, background education for both doctors and patients, previous medical experience, doctor's age and his attitude towards patients. To create good doctor-patient relationship one of them is by mastering communication techniques good with patients. The communication technique must be mastered by students who will undergo clinical practice in the hospital and then on practice as a doctor in the future. Technique doctor-patient communication is the foundation among others in conducting medical interviews (history taking), negotiating, giving information and education, delivering news bad, and provide important information about drugs given. In communicating with patient, we must be able to show respect for patients (respect), trust self, and empathy. These three abilities can be learned by practicing frequently. We will be able to care for patients if we can imagine if we or our family in the patient's position, doctor's treatment what we expected. Empathy is the ability to feel what others feel and give appropriate responses, without being involved in feeling concerned. Engagement must be limited so optimal help can be given. To be able to empathize with patients, a doctor must be able to be a listener who is good and able to give a response good for what patients tell. Application of behavioral science in practice medicine lies in the relationship between doctors with his patients.

This patient doctor's communication very necessary to get information as much as possible about the condition patient, so the doctor can make a diagnosis. In addition, communication helps patients work same as the doctor in the process healing. Use of patient communication with the doctor is the most important thing which is called Art of Medicine. Communication this type is very natural and is an art in communicating in medical practice. Communication of patients with doctors is a relationship between humans have general and special properties. Special properties These include: a doctor is a profession healing and being patient's willingness to give up some of his personal secrets to the doctor. This particular doctor's profession also that makes patients have fantasy and certain feelings, which can affect his attitude, even before meeting his doctor which is called transference. Generally starting at the history, which in this paper is called an interview medical. The medical
interview aims to collect as much information as possible from patient regarding the condition of the disease because of this is part of the process to make diagnosis and planning therapy. Acquisition information depends on readiness and willingness patients to collaborate based on his trust in doctors. Therefore, very essential for doctors to have communication knowledge and skills.

**REVIEW OF LITERATURE**

Medical interviews are the most important part in the process of diagnosis because it will help we form a picture of patient's disease as complete and accurate as possible. The role of medical interviews in the diagnosis process this is to provide information and help doctors know about origin and history of the disease. In addition to helping diagnosis, medical interviews also play a role in treatment, both in the short term and long-term. A medical interview can grow patient relationships with doctors get better, and can also improve patient's motivation for treatment. Generally, the purpose of the medical interview is as following:

a. **Problem Centered Interview (PCI)** PCI consists of detailed descriptions from patient complaints. Added facts relevant information about medical history now, past medical history, family health history and history personal and social (Basic four / Fundamental four). In general, a sufferer come to us with one or a number of complaints which are problems we have to solve.

b. **Health Promotion Interview (HPI)** HPI aims to detect it early illness that has not been realized by sufferer or have not made a complaint. In addition, HPI also prevents diseases and get possible basics later can be used for evaluation.

In medical interviews, sometimes a technique is needed to facilitate it the course of the interview, namely receptive and manipulative technique.

a. **Receptive techniques** are seeing, hearing, record the patient's emotional reactions and reactions emotional self (in this case) interviewer or doctor.

b. **Manipulative techniques**, among others, spur to telling stories, inhibiting or directing stories, formulate questions, clarify answers and make summary.

1. **Seeing**

   The beginning of the interview occurs simultaneously with a physical examination that is at the time the patient enters the examination room (how it works, posture and facial expressions), when shake hands (body temperature, strength, pain), introduce yourself (voice, tone of voice) and sound clarity) and how to take it seat.

2. **Hearing**

   The doctor must be a good listener.

3. **Record the patient's emotional reaction**

   Doctors can react accordingly with that emotional expression.

4. **Record the doctor's own emotional reaction**
Time of interview will arise from self doctor like pity, like it or not like or disgust.

5. Encourage telling stories
   With posture, repeat the words the last with a questioning tone, responding in a manner positive all that the patient says or asking open questions.

6. Inhibiting or directing the story
   How to tell patients is different, there are patients which tells at length without direction. Task doctor to direct it.

7. Formulate questions
   How to formulate a question and method express needed for get the response we want from patient.

8. Clarify the answer
   Patient expressions are not always easy to understood by doctors.

9. Make a summary
   The function summary for stringing captions, showing that the doctor has listened to, tested an overview of the patient's story, giving the opportunity for the patient to explain and explain further and close talks.

PCI and PDR we know two concepts that help us not to lose direction in making a good interview. The two concepts are as follows:
1. The basic (fundamental) four.
2. The sacred seven.

   Interviews need to be directed to get information based on basic fundamental four, namely:

1. Present illness (current disease history) which is often separated in complaints main and main complaint analysis in seven sacred seven. Concept disease in three dimensions. Disease = Location + Pathological process + Cause
2. Past health history, which is a medical history last or previous.
3. Family health history, namely medical history family.
4. Personal and social history, namely personal history and patient social.

The Sacred Seven is for get a clear description about patient's illness, we have to do an analysis main complaint of the current disease in seven-dimensional form as follows:
1. Location (Location). Ask location his complaint and also ask for the spread the complaint to another place.
2. Quality. Ask how the form of his complaint and his trademark.
3. Chronology / timings (Chronology). Ask the course of the disease since a complaint arises first time until the interview do.
5. Setting / onset. Ask when it starts the complaint for the first time.
6. Modifying factors. Ask the factors aggravate or ease complaints that is.
7. Associated symptoms. Ask the complaint related or accompanying.

If someone is sick looking for doctor's help, then he wants a personal relationship. In people adult, the patient's relationship with this doctor has certain characteristics, namely relationships aware, realistic and reasonable in the patient's efforts seek help from professional staff. The patient's relationship with the doctor is of a nature personal. Therefore respect is needed to others' personalities and skills in arousing and maintaining readiness patients to work together and have motivation to recover. No one wants to suffer sick. However, all humans must have been suffered from mild illness until the heavy one. There are many diseases that can heal by itself or just need medication mild, but many diseases are enough serious so it requires handling by doctor. In order to be treated with well, the patient must have a good relationship with the doctor who handles it. Next will be discussed how to relate patients to doctors can work well. Doctors are not only needed when sick, but even when he was healthy the doctor actually was needed to prevent disease or maintain and improve physical health and psychic from the patient. Health personal conditions are also very related to conditions health of his family, so the doctor who should be chosen is a doctor who can serve the health of all family members from starting babies to the elderly, not only when they are sick, but also when healthy to look after and improve health status. Doctors can do this is a family doctor, who is already learn and be trained to deal with diseases and maintaining public health from the start born to elderly. In Indonesia, a general practitioner can be a family doctor. Do not hesitate to use a general practitioner or family doctor because according to statistics, most diseases and prevention is sufficient and can be handled by general practitioner or family doctor. By using a general practitioner or family doctor, health care can done more efficiently. Personal health history and family can be recorded properly so that ease handling when sick. Cost treatment can be suppressed because the doctor already very familiar with the patient so it is not necessary repeat the examination, try treatment from the start, or give a medication that doesn't match for patients, for example, which causes a reaction allergy. General practitioners or family doctors can also do health care for special circumstances, for example on normal pregnancy and childbirth. Most of the pregnancy and childbirth experienced by the people women are pregnancy and childbirth normal, so handling by a general practitioner or a family doctor is enough. If needed for special cases, for example surgery or a disease complex, family doctors will refer patients to a specialist but still a family doctor can continue to accompany patients during the process treatment. In some cases, treatment specialists can also be done by family doctors under the supervision of a specialist.
The doctor-patient relationship is a relationship trust, without trust between both, treatment is not possible well. So the patient must choose a doctor he can trust. Trust is not will arise by itself, requires time. So the habit likes to change every time a doctor when he is sick, it's a habit not good at building trust among patients with their doctors. Besides trust, communication is the core from patient-doctor relationships, so good communication between the two plays a very important role in health services. The patient must be open inside communicate with the doctor, so too vice versa, because without openness, doctor will have difficulty in knowing the history the health of his patients is important for determine the right treatment. If needed, patients can take notes all things that are felt to be related to his complaint so that nothing was missed or forgotten so that it can be delivered on doctor, that includes habits, diet, medication and food supplements used, and so on. Patients are also highly recommended actively asking for things that don't understand or when feeling doubtful and confused, fine regarding disease, examination and treatment which is given. If those questions are already appeared before visiting a doctor, it should be recorded so that nothing is missed to ask. If it is considered important, the patient too It is recommended to record or record answers and explanations from the doctor so no wrong or forget when undergoing treatment. Some doctors also sometimes give or lend books, magazine articles, or brochures related to diseases and treatment. Recording is also recommended for done by patients for important things regarding health, such as drug allergies or serious illness and surgery ever experienced.

The doctor must record it completely the patient's health condition in the medical record and save it well to look after confidentiality, so that the patient's health history can be known well. In medicine, the doctor must explain in layman's language the treatment will given, including duration of treatment, how to work and the effects of the expected drug, effects side, it also needs to be conveyed changes in lifestyle (rest, eat, drink). Communication between patients-doctors too not only when in practice, but it can done at other times and places, so that ask for a telephone number or e-mail address for contact the doctor if the patient is at any time have problems with treatment or are there questions related to treatment. Factors that affect the relationship of patients with doctors:

1. Place and service room
2. Waiting time
3. Background psychology of patients
4. Doctor's attitude and behavior towards patients

Why are there many accusations that doctors do malpractice? Phenomenon of patients in droves of treatment abroad? Are Indonesian doctors less capable give satisfaction and security to patient? The answer, because communication has not yet become the main business of Indonesian doctors. On the other hand the patient not aware of their rights and obligations as patient. According to Daldiyono, to get maximum results from meeting with a doctor, patients must prepare themselves.
For example wearing clothes that make it easy for doctors examination. Besides that, the patient too need to record the complaint to be conveyed to the doctor in full, when felt, effort that has been done to reduce taste sick. Also tell the disease that has been or being suffered, drugs that are being taken as well as if there is an allergy. From questions and answers about complaints and physical examination of the patient, the doctor will enforce the diagnosis then give therapies including prescription drugs. Patient has the right get clear information about the results examination, asking if anyone hasn't clear, make the decision to accept or reject the doctor's advice about the therapy that will given. If the patient does not accept the decision doctor, he has the right to seek a second opinion (second opinion) from another doctor. Smart patients need to ask questions find out what medications are prescribed as well the benefits. If the financial condition is not possible, patients need to request medication generic. Eliminate the nature of wanting to get well soon. Treatment needs time, patience, and perseverance. Many doctors are carried away patients who want to get well soon, so doctor do various types of checks not necessarily needed or giving medicine excessive. On the contrary, the wise doctor is the one able to communicate effectively with patient. Want to listen to patient complaints, answer questions and explain situations patients, giving advice is not enough prescribe so that patients feel satisfied. Communication skills are at the core of doctor's work. The close relationship between doctor and patient can be formed by good interpersonal communication of doctore more flexible, humble, reciprocal, politeness of language from typical patients. In linguistics study is named pragmatics studies.

Politeness is very closely related to speech acts in linguistics with the term pragmatics. Pragmatics originates from <pragmatic> introduced by Moris (1938), when making a systematic system of Pierce's teachings on semiotigmatics.ka (sign science). Pragmatics is the science of pragmatics, namely the relationship between signs and users. Semiotics has three branches, namely this is emantik, seintaktika / <syntaktic>, not <syntax>, and pragmatika. Pragmatics is language in use, the study of speech meanings in certain situations. the nature of language can be understood through pragmatics, namely how language is used in communication (see Djajasudarma, 2012: 60).

The word pragmatism comes from German <pragmatisch> which was proposed by a German philosopher, Imanuel Kant. Pragmatisch of <pramaticus> (Latin) means "good at trading" or in Greek pragmatikos from <pragma> means "deed" and <prasein> "do" (see Kridalaksana, 1999; Djajasudarma, 2012: 60). Pragmatics is a branch of linguistics that studies the language used to communicate in certain situations (see Nadar, 2009: 2). The general concept of pragmatics is the skill of using language according to the participants, the topic of conversation, the situation, and the place where the conversation takes place (see Chaer and Agustina, 1995: 289). Semantics and pragmatics are branches of linguistics that examine the meanings of lingual units (see Wijana, 1996: 2 in Chaer and Agustina, 1995: 289). Pragmatics has as its topic the meaning of the truth conditions of the
uttered sentences (the topic of pragmatics is some aspects that cannot be explained by direct reference to the actual conditions of the sentences) (see Gazdar (1979: 2) in Nadar, 2009: 5). Pragmatics can be considered dealing with aspects of information (in the broadest sense) delivered through language which (a) is not coded by conventions that are generally accepted in the linguistic forms used, but which (b) also arise naturally and depending on the encoded meanings [emphasis added] (see Cruse, 2000: 16 in Cummings, 2007: 2). Pragmatics are the study of deixis (at least in part), implicature, presupposition, speech acts and aspects of discourse structure (pragmatics are studies including deixis, implicature, presuppositions, speech acts, and aspects of discourse structure) (see Stalnaker, 1972 in Nadar, 2009: 5).

Semantics learn meaning internally, while pragmatics learn meaning externally. Semantic study is a context-free meaning, while the meaning is examined by pragmatics, that is, meaning bound by context. This certainly relates to who speaks, in what language to speak, when and with what purpose to speak. Pragmatic teaching in students can be in the form of how he expresses ability or inability, how to express an apology, agree or disagree with something, how to introduce himself, how to praise, report, and so on. Pragmatic relationship with speech act is very close because speech act is the center of pragmatics (see Dijk, 1977: 167; Firth (1935) in Djajasudarma, 2012: 26). Firth as a linguist who first advocated discourse studies saw his idea that the context of the situation needed to be studied by linguists because the study of language and work of language considered the context of the situation (see Djajasudarma, 2012: 60).

Pragmatics encompass speech acts, deixis, presuppositions, and conversational implicatures (theater conversations) (see Purwo, 1990: 15 in Chaer and Agustina, 2010: 56). Pragmatics is the study of meanings conveyed by speakers (or authors) and interpreted by listeners (or readers). As a result, this study has more to do with analyzing what people mean by their utterances than with separate meanings of words or phrases used in the speech itself. Pragmatics is the study of the intent of speakers. Pragmatics deal with verbal actions or performances that occur in certain situations and times (see Leech, 2011: 20). Pragmatics can be described as a study of the meaning of speech (see Leech, 2011: 21). Pragmatics is a term that suggests that something very special and technical is being the object of conversation, even though the term is has no clear meaning) (see Searle, Kiefer and Bierwisch 1980: viii in Nadar, 2009: 5). This type of study needs to involve interpretation of what people mean in a context that affects what is said. It is necessary to consider how the speaker regulates what they want to say that is tailored to the person they are talking to, where and when. This means that pragmatics is the study of contextual meanings.

This approach also needs to investigate how the listener can conclude about what is said in order to arrive at an interpretation of the intended meaning by the speaker. This type of study explores
how much of what is not said turns out to be the part that is conveyed. This is a subtle search for meaning. Pragmatics is the study of how more is delivered than what is said. This view then raises the question of what determines the choice between what is said and what is not spoken. The basic answer is tied to the idea of distance familiarity. Familiarity, both physical, social, and conceptual intimacy, implies a similar experience. On assumptions about how close or far the listener is, speakers determine how much needs are spoken. Pragmatics is the study of expressions of distance relations. The four scope above is included in pragmatics (see Yule, 2006: 3-4). Pragmatic theories, in contrast, do nothing to apply the structure of linguistic constructions or grammatical properties and relations. They explicate the reasoning for the sentence token with a proposition. This respect, pragmatic theory is part of performance (in contrast, pragmatic theories do not explain the structure of language construction or grammatical forms and relations. These theories examine the reasons for speakers and listeners who correlate sentences with propositions. In this case, Pragmatic theory is part of action (see Katz, 1977: 19 in Nadar, 2009: 5). Based on these opinions, it can be concluded that pragmatics is a science that examines the meaning of speech in certain speech events. Therefore, it cannot be separated from its context or context-bound language science.

Aspects of Speech Act

In each process of communication what happens is called speech events and speech acts. Speech events (English: speech event) are the occurrence or occurrence of linguistic interactions in one or more forms of speech involving two parties, namely speakers and opponents of speech with one point of speech, in a particular time, place and situation (see Chaer and Agustina, 2010: 47). It is known that pragmatics is the study of languages that are context-bound. Aspects of the said situation are as follows.

1. Who greets (greeter) or who is greeted.

Leech mentions people who greet n (speakers) and people who are addressed by (addressees). So, the use of n and t does not limit pragmatics to spoken language only. The terms of the recipient (the person who receives and interprets the message) and who is addressed (the person who should receive and be the target of the message) also needs to be distinguished (compare Lyons, 1977: 34). The recipient may be the person who happened to pass by and hear the message and not the person who was addressed. This difference is mixed with research here, namely that someone who analyzes the meaning of pragmatics can be likened to a recipient like a fly on a wall: he tries to interpret the content of the discourse based solely on existing contextual evidence without being the target of the speaker. Conversely, those who are addressed or the addressee are always the target of speech from n (speakers).
2. Context of speech.

Context has been given various meanings, among others, interpreted as aspects that are confused with the physical and social environment of speech. Leech states the context as a background knowledge that is shared by n (speakers) and t (speakers) and that helps interpret the meaning of speech.

3. The purpose of a speech.

Leech argues that it is often more useful to use the term purpose or function than the intended meaning or mean to say something. The term goal is more neutral than the purpose because it does not burden the wearer with a conscious willingness or motivation so that it can be used in general for goal-oriented activities. For this last activity, the use of the term intent can be misleading.

4. Speech as a form of action or activity: act said.

Grammar deals with static intentions that abstract (abstract static entities), such as sentences (in syntax) and propositions (in semantics), while pragmatics deal with actions or verbal performances that occur in certain situations and times. Thus, pragmatics handle language at a level that is more concrete than grammar.

5. Speech as a product of verbal action.

Aside from being a verbal act or verbal act itself, in pragmatics the utterance can be used in another sense, namely as a product of a verbal act (not the verbal act itself). Note for example, Would you please be quiet, which is encouraged by a polite ride. The series of words can be referred to as sentences or questions or requests or utterances. However, we recommend that terms such as sentences, questions, requests, be used to refer to grammatical systems of language, while speech should refer only to examples of grammatical intentions as used in certain situations. So, a speech can be a sentence (sentence-instance) or sentence (sentence-token), but not a sentence. In this second meaning, utterances are elements whose meaning we examine in pragmatics so that pragmatics can properly be described as a science that studies the meaning of speech, while semantics assesses the meaning of sentences. However, this does not mean that all speeches are sentences. There are utterances that are too short or too long to be categorized as sentences (see Leech, 2011: 19-22).

Pragmatics of meaning in relation to speech situation. Leech put forward a number of aspects that must always be considered in the framework of pragmatic studies (see Leech in Wijana, 1996: 9). The aspects of the speech situation are as follows. Speakers are people who speak, namely people who express certain pragmatic functions in communication events. Meanwhile, the partner is the
person who is the target as well as the friend of the speaker in the discussion. In the speech event, the role of the speaker and the speech partner is carried out alternately, the person who was originally acting as a speaker at the next stage of speech can become a partner, and vice versa. Aspects related to the components of speakers and speech partners include age, social background, economy, gender, education level, and level of familiarity. Language and context are two things that are interrelated with each other. Language requires a certain context in its use. Likewise, on the contrary, new contexts have meaning if there are acts of language in them (see Durati, 1997 in Rusminto, 2006: 51). This view is also reinforced by other experts who state that we cannot get a complete definition of pragmatics if the context is not mentioned (see Cummings, 2007: 5). Context is a background knowledge that means by a given utterance (understanding background possessed by speakers and opponents of speech so that opponents speak can make an interpretation of what is meant by speakers at the time of making certain utterances (s means the speaker "speaker"; h means hearer "opponent of speech") (see Leech, 1983: 13 in Nadar, 2009: 6). Context is part of a description or sentence that can support or add clarity of meaning; a situation that has something to do with an event (Language Center, 2008: 805).

Context is the background of knowledge shared by speakers and speech partners that allows the speech partner to take into account the speech and interpret the meaning of speech from the speaker (see Grice (1975) in Rusminto, 2006: 54). Contexts are matters that are related to the physical and social environment of speech and background that are shared by speakers and opponents of speech and that help the interlocutor interpret the meaning of speech (see Nadar, 2009: 6-7). Context as a world filled with people who produce speeches or situations about the arrangement of social conditions of speech as part of the knowledge context in which the speech is produced and interpreted (see Schiffrin in Rusminto, 2006: 51). Context is not only concerned with knowledge, but is a series of environments in which speech is raised and interpreted as realization based on the rules that apply in the community using the language. Context is a part of a description or sentence that can support or add clarity of meaning, a speech nonlinguistic environment which is a tool for detailing the characteristics of the situation needed to understand the meaning of speech (see TBBI, 1995: 522). Based on some of these views, it can be concluded that the context is all things that cover a speech that serves to facilitate the speaker to choose the right form of speech to convey his purpose and facilitate the speech partner or the speaker to capture or accept the purpose or purpose of speech from the speaker. Based on the function and how it works, the context can be divided into two types, namely the context of language (linguistic context or code context) and non-language context (nonlinguistic context) (see Presto in Supardo, 1988: 48-50).
Context of Language

1. Language context (linguistic context or code context), this context in the form of elements that directly form the birth structure, namely words, sentences, and wake up utterances or texts.

2. The non-language context (nonlinguistic context), is classified into three, namely as follows.
   a. The dialectal context includes age, gender, region (regional), and specialization. Specialization is the identity of a person or group of people and designates the profession of the person concerned.
   b. The context covered includes settings, namely the context in the form of place, distance of interaction, topic of conversation, and function. Settings include time, place, length, and amount of interaction.
   c. The context of realization is the way and channel that people use to convey their message.

The language usage context can be divided into types, namely as follows (see Syafei, 1990: 126 in Lubis, 2011: 60).

1. Physical context (physical context) which includes the place where the use of language in a communication, the object presented in the communication event, and the actions or behavior of the roles in the communication event.

2. Epistemic context (epistemic context) or background knowledge that is equally known by the speaker or listener.

Linguistic context (linguistics context) which consists of sentences or utterances that precede one sentence or certain utterances in a communication event.

3. Social context (social context) is a social and background relationship (setting) that complements the relationship between the speaker / speaker and the listener.

Based on the above opinion, the author refers to the opinion of Syafei who divides the context into physical contours, epistemic context, linguistic context, and social context because it is more complete and specific. The meaning of a speech can only be said to be true if we know who the speaker is, who is the listener if expressed, etc. Therefore, to analyze the meaning of speech, the context must be analyzed first.

Elements of context include several components. Compound en-components if abbreviated as the acronym SPEAKING (see Hymes in Chaer (2004: 48).

1. Setting and scene. Here the setting relates to the time and place where the speech takes place, while the scene refers to the situation of place and time, or the psychological situation of the speaker. Different times, places, and speech situations can lead to the use of different language variations. Talking in the library at a time when many people are reading and in a quiet state is certainly different from talking on a soccer field when there is a soccer match in a crowded situation. In whether soccer can speak out loud, but in the library it must be as lenient as possible.
Participants are parties involved in a speech event. These parties are usually called speakers and listeners, greeters and messengers, speakers and speech partners (versus tutors), or senders and recipients (messages). In certain speech events, two people who talk can change roles as speakers or listeners, but in sermons at the mosque, the speaker as a speaker and congregation as listeners cannot exchange roles. The social status of participants determines the variety of languages used. For example, a child will use a variety or style of language that is different when talking with his parents or teacher when compared to talking with peers.

3. Ends refers to the intended goals and objectives of a speech. For example, speech events that occur in the discussion room intend to solve a problem discussed in the discussion.

4. Act sequences refer to the form and content of the utterance. This form of speech relates to the words used, how they are used, and the relationship between what is said and the topic of conversation. The form of speech in public lectures, in ordinary conversations, and in parties is definitely different, as well as the content of the conversation being discussed. Key refers to the tone, way, and spirit when a message is delivered or spoken. Whether the speech is told happily, seriously, briefly, arrogantly, with mockery, and so on. This can also be indicated by gestures and gestures.

5. Instrumentalities refer to the language path used, such as oral, written, telegraphic or telephone lines. These instrumentalities also refer to speech codes used such as language, dialect, variety, or register.

6. Norm of interaction and interpretation refers to the norms or rules used in a speech event. In addition, norm of interaction and interpretation also refers to the norms of interpretation of speech from the speech partner.

7. Genre refers to the type of delivery form, such as narration, poetry, saying, prayer, and so on. The purpose of speech is the thing that the speaker wants to achieve by speaking. This component makes the background of speech. This is because all speeches have a purpose.

The purpose of the speech is classified into two, namely as follows.

1. Speech as a Form of Action or Activity

Speech acts as a form of action or activity is that speech acts are actions as well. Speech acts as an act are not the same as the act of hitting and kicking. It's just that body parts have different roles. It is in the act of hitting the hand that plays a role, in the act of kicking the foot that plays a role, while in the act of speaking the tool say that plays a role.

2 Speech as a Verbal Product

The speech is the result of an action. Human actions are divided into two, namely verbal actions and nonverbal actions. Speaking or speaking is verbal action. This is because it is created through verbal action, speech is a product of verbal action. Verbal action is the act of expressing words or language.
Based on the description above, it can be concluded that the speech objectives are classified into two, namely as a form of action or activity and as a product of verbal acts.

3 Speech Events

Speech events and speech acts are two symptoms that occur in one process, namely the communication process. Speech actions ask and argue cannot be separated from speech events. Like other speech acts. A conversation will mean nothing without a speech event. Speech events are the occurrence or occurrence of linguistic interactions in one or more forms of speech involving two parties, namely speakers and speech partners in one point of speech, in a particular time, place and situation (see Chaer, 1995: 61). This statement is reinforced by the definition that states speech events are the occurrence of linguistic interactions to convey information between two parties on one topic or subject.

4 Speech Acts

Speech acts are products or results of a sentence under certain conditions and are the smallest unit of lingual interaction. In simple terms, it can be said that speech acts are pieces of speech that are produced as the smallest part in lingual interactions (see Aslinda and Syafyahya, 2010: 34).

Speech acts or acts of language are parts of events which are actual phenomena in speech situations. If the speech event in its practical form is a conversation discourse, then the forming element is speech (see Suyono, 1990: 5). The term speech act is in saying a sentence, the speaker does not merely say something by saying the sentence, in his speech he also acts on something. Speech act 'said act' is speech as a functional unit in communication (see Djajasudarma, 2012: 80). Speech act is a pragmatic element that involves the speaker and listener or writer and reader and what is discussed (see Djajasudarma, 2006: 59). The reason for displaying a speech act, that sentence is not only used to express something, that is to give something, but also used to do something actively (see Austin in Cahyono, 1994: 223). Based on some understanding of the speech act, the author concludes that speech acts are the power contained by a speech. The fact that one form of speech can have more than one function is the fact in communication that a function can be expressed, experienced, and expressed in various forms of speech. Language can be studied in terms of form and function. The form of study uses a formalism approach, namely a language review approach that emphasizes mere forms of language. Meanwhile, the study in terms of function uses a nonformalism approach, namely a language review approach that starts from the speech act and sees the function of speech acts in language communication in social phenomena (see Gunarwan, 1992).

Pragmatics is able to answer "why" with answers and far beyond formal grammar goals (see Leech, 1993: 72). Functional theory is a theory that defines language as a form of communication and who wants to show how language works in larger systems of human society. The terms that mark the presence of functionalism are 'intent', 'purpose', 'target', 'plan'. Functional theory is used when
discussing illocutionary or illusory meaning. In addition, they discussed the nature of language by using the term function (see Grice (1957), Searle (1969) in Leech (1993) states.

In said action theory, speech has two types of meanings, namely:
1. Propositional meaning (also called locutionary meaning) is a literal basis expressed by certain words and structures contained in the speech itself.
2. Illocutionary meaning (known as illocutionary force) is the effect of speech or written text on the reader or listener (see Djajasudarma, 2012: 80).

Meanwhile, there are also those who classify it based on the relationship of illocutionary acts with social goals in the form of maintaining polite and respectful behavior into four types, namely as follows.
1. Competitive speech acts, such as governing, asking, demanding, and begging.
2. Fun speech acts (convival), such as offering, inviting, inviting, greeting, thanking, and congratulating.
3. Speech acts collaboratively, such as declaring, reporting, announcing, and teaching.
4. Confictive speech acts, such as threatening, accusing, cursing, and scolding (see Leech (2011: 162) and Leech (1983: 104; in Rusminto, 2010: 23)).

Speech actions can also be classified into speech acts into four classifications, namely (1) narrative actions, (2) propositional actions, (3) illocutionary acts, and (4) acts of perlokusi (see Searle, 1969: 22-25). Speaking is an activity to say certain words. In this case the words are in the form of certain words or morphemes. propositional action is a act of telling a proposition. Thus, the basic unit of speech is a sentence or language unit containing a proposition. Illocutionary acts are telling sentences that contain consequences from speakers to take an action. Perlocution action is a speech act that requires the partner to take a certain action as the impact is related to the content of the speech. Locution speech acts are speech acts that are in the category of saying something (an act of saying something). This speech act only states something so that the speech act is relatively easy to identify because it can be done without stating the speech context covered in the speech situation. In the preferred action location is the content of the speech expressed by the speaker. The form of follow locution is speech that contains a statement or information about something.

Austin states that the act of locution is roughly the same as the exposition of certain sentences with certain definitions and references which are once again roughly the same as meaning in the traditional sense (see Austin, 1975: 109 in Cummings, 2007: 9). The action of this localization is more or less equated with a speech that contains meaning and reference (see Leech (1983: 176) in Rusminto, 2010: 23). In producing acts of locution, we also carry out various illocutionary acts such
Illocutionary speech acts are speech acts that are usually identified with explicit performative sentences. These speech acts are usually related to giving permission, expressing gratitude, telling, offering, and promising (see Chaer and Agustina, 2010: 53). Illocutionary speech acts are speeches that function to express or inform something, can also be used to do something. Illocutionary acts are speech acts that contain power to carry out certain actions in relation to saying something (an act of doing something in saying something. These actions are such as promises, offers, or questions revealed in speech (see Rusminto, 2010: 23). Illocutionary action is a speech act carried out in saying something, such as a statement, a promise, issuing an order, a request, giving a name (e.g., the name of a ship) (see Lyons 1977: 730; Kempson, 1977: 50; Djajasudarma, 2012: 72-73). Illocutionary act, namely the pronunciation of a statement, offer, promise, question, and so on. This is closely related to sentence forms that embody an expression (see Lubis, 2011: 10). Illocutionary acts are real or real speech acts formalized by speech, such as promises, remarks, and warnings (see Moore (2001: 5) in Rusminto, 2010: 23). In general, the classification of illocutionary speech acts is divided into five types of general functions, namely representative (assertive), directive, commissive, expressive, and declaration speech acts. However, the illocutionary acts classification system put forward by experts has several differences (see Alan in Purwanti, 2005: 17). Differences in classification occur because of differences in viewpoints from experts, some see from a philosophical, linguistic, and personal relations point of view.

Perlocution speech acts are speech acts that are related to the presence of other people's remarks in relation to nonlinguistic attitudes and behaviors of others (see Chaer and Agustina, 2010: 53). Perlokusi speech acts are speech acts that often have the effect or effect on those who listen. This effect or power of influence can be intentionally or unintentionally spoken by speakers.

Interpersonal Communication Principles

In a conversation, someone is required to master the rules and mechanism of conversation so that the conversation can run smoothly. In order for the conversation to run smoothly, the speaker must obey and pay attention to the principles that apply in the conversation.
The principle of conversation is the principle of cooperation (cooperative principle) and the principle of manners (politeness principle). When communicating someone will face obstacles that result in communication not going as expected (see Grice (1975)). In order for the communication process to run smoothly, speakers and speech partners must be able to work together. The principle of cooperation is divided into four conversational maxim (conversational maxim) which must be obeyed by speakers. The definition of cooperative principle is expressed in the form of a command directed at the speaker, namely "Make a contribution to your conversation in accordance with what is needed at the stage of the contribution, based on the purpose or direction received in the exchange of conversations that you do." (See Grice (1975: 45) in Cummings, 2007: 15).

The principle of cooperation is divided into the following four maxims (see Grice (1975: 45-46) and (1983: 101-102).

1. Maximum Quantity

Maxim quantity states "give the right amount of information". This maxim requires each participant to make an adequate contribution or as much as needed by his interlocutor. Speeches that do not contain information that is really needed by the partner can be said to violate the quantity maxim (see Rahardi, 2008: 53).

2. Maxim Quality

Maximum quality states "keep your information right". This maxim expects a speech participant to convey information that contains truths that are real and in accordance with actual facts. For example, one must say that the City of New York is on the American continent not on other continents, but if the opposite happens, the speaker must provide reasons for the purpose of the speech expressed.

3. Maxim Relevance

Maxim relevance states "try to make the words you do have relevance". The maxim of relevance requires that each participant in the contribution contribute relevant to the issue of conversation.

4. Maximum Implementation

Maxim, the way to say "try to make you speak regularly, concisely, and clearly". In fact, the method requires that each participant of the speech speak directly, not obscure, unambiguous, and not overdone. If the conversation does not heed it, it is considered to violate the principle of cooperation.
Principles of Courtesy

The principle of manners maintains social balance and friendliness of relationships in conversation. Leech formulated the principle of courtesy into six points of maxim, as follows (see Leech, 2011: 206-207).

1. (Maxim Tact)

The wisdom of wisdom contains the following principles: make the loss of others as small as possible; make the other party profit as much as possible. According to the maximal wisdom of politeness in speaking can be done if the maximal wisdom is carried out properly.

2. Generosity Maxim

This maxim says "make your own profit as small as possible and make your own losses as much as possible". This maxim requires participants to reduce their own profits and maximize the advantage of the opponent's speech.

3. Approbation Maxim

Maxsim praise says "criticize the partner as little as possible and praise the partner as much as possible". This maxim requires the participant to be polite by giving an award to the other person so that the participants do not ridicule, berate or demean each other.

4. Modesty Maxim

Maximally humility reads "praise yourself as little as possible; criticize yourself as much as possible. "This maxim requires the participants to be humble by reducing praise to themselves, so they are not called arrogant people.

5. Maxim Agreement

The maxim of the agreement reads "try to get as little disagreement between yourself and others as possible; try to make as much agreement as possible between yourself and other people. "This maxim requires speech participants to show mutual agreement on the topic being discussed

6. Sympathy Maxim

This maxim contains the principle of "reducing the sense of antipathy between yourself and others as little as possible, enlarging sympathy between yourself and others". Speech acts that express sympathy such as congratulations, condolences, and other sayings that show appreciation for people.

METHODOLOGY

1. Research Design

The research method used in this research is descriptive method qualitative. Literally descriptive method is a research method for make a picture of the situation or event, so that you will accumulate basic data. Qualitative descriptive research method emphasize on the presentation of findings in the form of explanations, descriptions, opinions, facts about an object (Budiharso, 2004: 161). In descriptive method qualitative, researchers describe a study of what is seen, discussed, and
done. For this reason, research functions as a link wholeness for a research focus in the context of deep understanding, the context is crucial in determining an invention, the result research has meaning for other contexts; value structure that appears in the context of the determination of what is to be sought from the results research. The selection of a qualitative descriptive research method because this research is examine the narrative politeness found in the dialogue of doctor and patient and family’s patient. The researcher conducts observations (observations dialogue of figures), filling in observational data, analyzing data, and inference. Data collected is in the form of qualitative data expressed in form words and numbers. As a certainty for a state of outcome this research will contain various data citations, namely quotations from dialogue figures for described in the word comprehensive study and mutual connection. The description of the data analyzed will be explored one by one.

2. **Data Collection Techniques**

The data collection technique used in this study is the method research from Mahsun (2005: 91). Data collection techniques used that is, the technique of referring to skillful involvement is then the technique of recording. See the technique freely is a technique in which researchers only act as researchers, and not involved in conversation. This research object is doctor and patient, so the researcher listened to all the dialogue between doctor and patient. Furthermore, in the listening process, the researcher needs the recording in the form of notes, hence the next technique developed is the technique of recording.

The field notes used are descriptive and reflective notes. Note descriptive is a description of what is listened to, seen, and thought during the data collection process, while the reflective record is interpretation of the utterance. The researcher records that dialogue allowing politeness in it.

3. **Data Analysis Techniques**

The data analysis technique used in this study is analytical techniques heuristic. According to Leech (1993: 61) heuristic analysis techniques try identifying pragmatic power of speech by formulating hypotheses hypotheses and then test it with available data. In heuristic analysis, analysis begins with a problem, equipped with propositions, information background context, and the basic assumption that speakers obey principles pragmatically, then the partner partners formulate the speech objectives hypothesis. Based on the available data the hypothesis is tested, if the hypothesis accordingly means successful testing. However, if the test fails because of the hypothesis not in accordance with reality, researchers need a new hypothesis for then the truth is tested again until an acceptable hypothesis is obtained. In this study, heuristic analysis techniques are used to interpret it conversations that use the maxim of manners. In this analysis, utterances interpreted based on temporary guesses by the speech partner, after that the hypothesis must be a hypothesis that is supported by the surrounding conditions. If the hypothesis tested fails, then find
a new hypothesis that is appropriate, if the hypothesis does not fail, the hypothesis given is appropriate. Other than that, heuristic techniques can be used in analyzing politeness of speech.

Referring to the theory above, the data obtained were analyzed by steps as follows:

1. Listen to the whole dialogue of the characters then record the data allowing is speech that obeys and violates the maxim politeness, speech that contains linguistic politeness, and speech which contains pragmatic politeness,
2. The data obtained were analyzed using descriptive notes, notes reflective, and heuristic analysis, namely analysis of politeness.
3. Identify speeches spoken by all the characters contains a form of politeness.
4. Classifying speech based on the maxims of modesty.
5. Classifying speech in which it uses politeness linguistics with a marked marker of linguistic modesty classifying speeches that contain pragmatic politeness of speech declarative and interrogative with various expressions.
6. Based on identification and grouping of data, withdrawals are carried out temporary conclusion.
7. Re-check the data that has been obtained (verification).
8. Withdrawing the final conclusion.
9. Describe the implications of politeness in speaking

DATA ANALYSIS

Data Analysis of Verbal Markers of politeness in social interactions of doctors and patients and families of patients. The form of verbal language politeness is a language in the form of a series of words or speeches that form a discourse or text both oral and written. Language expressed in accordance with the personality of the person himself, a person's personality can be seen when he conveys a language when interacting, when someone is communicating good and true is also expected to be able to speak politely. Polite or not when interacting only other people who will judge it.

1. Language politeness in acting directives

Directive speech acts are speech acts performed by speakers with the intention that the listener (the partner) performs the actions mentioned in the speech, for example asking, ordering, prohibiting and suggesting or giving advice.

a. Politeness of Language in the Request Directive

The use of pragmatic politeness in the directive action of requests in the social interactions performed by doctors and patients' families

Data (1)

*Doctor: Morning sir, how do you start the body?*
Patient: already dock, when can I go home, doc? I have been tired for a long time at the hospital

Doctor: We’ll see this day long, sir. Can I check up you firstly, Sir.

This speech occurs when the doctor visits the patient's room and wants to examine the patient. Before checking the doctor greets the patient with the opening word by asking the patient's current condition. Patients who have been in the hospital for days have begun to have boredom and want to ask to go home. But as a wise doctor. Doctors do not immediately refuse or allow to go home as soon as possible without any certainty to check the condition or condition of the patient at this time. The doctor asks the patient to take off the clothes to check up the body. The word “Check” means it a indirect speech from directive action in pragmatics. The doctor's gestures that looked around the patient, patients’ family and the patient's condition and greet with the low intonation to the patient, gave hospitality, nice smile showed the doctor had familiarity with the patient and raised the soul of the patient not to be carried away by emotion of patients who were sick.

b. Politeness of Language in the Suggestive Directive

Data (2)

Patient: How is my child doing, doc?

Doctor: Mother’s child can go home today

Patient: But his head is still dizzy and his stomach is still nauseous, doc?

Doctor: Are you comfortable at this hospital? the condition of the hospital makes the patient's psychology more ill. Later I will give home medicine for my mother's child.

It should be:

Patient: How is my child doing, doc?

Doctor: Your child can go home now

Patient: But his head is still dizzy and his stomach is still nauseous, doc?

Doctor: What is your feeling now, child? Before you are going home now? May I see yours?

This conversation occurred between the patient's family and the doctor in the hospital when the patient was hospitalized again. Here the doctor is a little unwise about the concerns of the family of patients who feel their patients have not recovered and are considered by the doctor to be able to go home because the patient's condition has started to improve. In pragmatic science tact maxim provides great benefits to others and minimizes losses to someone. The policy taken by the doctor should convince the patient's family of the recovery of their patients by re-examining the condition of the patient completely recovered or not.
c. Language politeness in Declarative Advice  
Data (3)  

Doctor : How is the child?  
Patient's mother: it's hard to get a dock to drink a lot of docks. Drink it must be reminded first the dock.  
Doctor : Why don't you drink om, want to go home quickly? The lips are dry. If you want to be healthy, the key is to eat a lot, drink a lot and the medicine is not for anyone to forget?  


d. Language Politeness in Declarative Prohibit  
Data (4)  

Patients' mother: Sorry, doc interfered with the doctor's time, my child coughed still tight while the medicine was about to run out, did I consult another doctor?  
Doctor : I explained to my mother I didn't give medicine to suppress the cough  
Patient’s mother: Thank you, doc, may I you know the doc, why aren't there cough suppressants?  
Doctor : I told you many times, I have given you allergy medicine. Ask your child to drink to much and not to bu snack at the outside  
Patients’ mother: Sorry doc, my child not buying snack outside.  

This conversation was carried out using social media facilities but the response of his doctors was less friendly to his patients. There is no generosity from the pragmatic side of the doctor. Doctors should still provide a more polite explanation and provide relief to the families of patients who are worried again.  

e. Language Politeness in Interrogative Suggestion  
Data (5)  

Doctor: Sorry ma’am, can we talk for a while, we want to take action to take fluid from the stomach of the mother's child using a hose? Do you agree? If you agree, please sign it, please sign the consent letter from the patient's family  
Patient’s parentst: If you can tell if the doc is dangerous, what is the point of my daughter’s dock, is there a side effect?  
Doctor: All medical actions must have an effect, but we try to minimize the level of risk is smaller and we have often done this even children who are younger than their children. But if you are not willing to look for alternative medical measures. We do a blood check first, ma’am, does it have to be urgent to do this or not.
Patient’s parents: Thank you for the info dock but we will discuss it first, doc

This conversation was conducted in the emergency room where the sick mother's child was in pain again and the mother panicked while the doctor's initial diagnosis was recommended to take serious medical action. The doctor simply cooperated with the patients’ family without any authoritarian action. Pragmatics was called maximal agreement.

CONCLUSION

The ability to speak is one of the language skills that a person needs, especially students as prospective scientists. This ability is not a capability inherited from generation to generation even though basically humans can talk scientifically. However, formal speaking skills require intensive training and direction or guidance (see Arsjad and Mukti, 1988: 1). Patients are encouraged to choose a doctor general or family doctor who can give a sense of trust, feel comfortable tell his health problems and undergo an examination, then answer all questions asked by patients and explain it in layman, too give enough time for it all. By having patient-doctor relationships good, patients can get degrees optimal health, health services efficient, & prevent mistakes in unnecessary treatment. Some of the factors underlying language politeness are namely social distance between speakers and speakers, has differences in terms of age and sociocultural / professional background, religion etc.

REFERENCES


