

## **Hedges in Health Discourse: Insights from the Communication of Male Nurses in a Hospital in Zimbabwe**

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Received: 14 April 2025

Accepted: 22 December 2025

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### ***Abstract***

Effective communication is an important aspect of quality healthcare delivery, with nurses generally playing a central role communicating between patients, families and

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medical professionals. Hedging is among the communicative strategies that nurses use to manage interactions in healthcare settings, and yet, there is a lack of research on its use in healthcare communication in the Zimbabwean context. This is especially so in the context of male nurses, who are typically working in traditionally feminised profession and who are Shona speakers. This paper, therefore, aims to (1) examine Shona hedge forms used by Shona-speaking male nurses at a hospital in Zimbabwe in occupational discourse, and (2) To explore their functions within the communicative context of nursing. Three male nurses were purposively selected. Data were audio-recorded over one month, three days a week, totalling 12 recordings per nurse, lasting 5 to 30 minutes each. Discourse analysis was used to identify hedge forms and functions, supplemented by interviews to clarify functions while the Community of Practice framework guided the analysis. The findings indicate that hedges are diverse in Shona male nurses' discourse. They can be inflectional, lexical, phrasal and also sentential, prominent among these are the inflectional forms. Hedges manifest as modal verbs, cognition verbs, inclusive pronouns, if- clauses, tag questions, politeness markers as well as enclitics. Findings also reveal that hedges are multi-functional and context-dependent. The findings reveal that hedges serve various functions, including expressing uncertainty, showing non-commitment to a proposition, downplaying doubt, and mitigating statements. They are also used to soften orders, commands, directives, instructions, and claims. Additionally, hedges help maintain a collaborative atmosphere, promote solidarity, and convey politeness. These findings have important implications for nursing communication training, the development of communication skills, and the formulation of hospital language policies.

**Keywords:** Communicative Strategy, Form, Function, Hedges, Health Communication, Shona, Zimbabwe

## **1. Introduction**

Effective communication is a cornerstone of quality healthcare delivery, with nurses often acting as the central communicators between patients, families and medical professionals. Language plays a pivotal role in facilitating effective communication and shaping professional identity, particularly in health care settings where sensitivity, clarity and empathy are essential. Nurses have a number of communicative strategies that they use to manage interactions in

healthcare settings, and one of these, is hedging. Hedging, which can be broadly defined as the use of cautious and non-committal language (Fraser, 2010) includes lexical items and structures like *can*, *could*, *maybe*, *I think*, *perhaps*, *it seems*, which function pragmatically to allow speakers to maintain politeness, mitigate claims, directives, suggestions, or manage uncertainty.

While existing literature has explored hedging extensively in academic and scientific research, less is known about its use in healthcare communication, particularly in the Zimbabwean context. More notably, there is a lack of focused research on how male nurses, working in a traditionally feminised profession, employ hedging as a discourse strategy. Given that hedging is often associated with femininity and politeness (Coates, 2013; Safwat & Faiq, 2018; its use by men in nursing may reveal important gendered adaptations in professional communication. So, the intersection of language, gender, and professional identity in Zimbabwean society is worth investigating as it will provide insight into how male nurses linguistically navigate their roles, assert authority, build rapport and trust with patients and colleagues.

This study, therefore, seeks to examine the forms and functions of hedges in Shona male nurses' discourse at a hospital in Zimbabwe, drawing from a gendered sociolinguistic lens. The paper gives a linguistic perspective to the use of hedges by male nurses. It explores how hedging helps male nurses negotiate the expectations of nursing communication, how it reveals gender accommodation and what it reveals about broader professional discourse practices. By focusing on a relatively under-researched area in Zimbabwean Sociolinguistics, the study contributes to a deeper understanding of language, gender and power in clinical communication.

## **2. Literature Review**

Holmes (2013) defines hedging as a rhetorical strategy used to convey uncertainty, politeness, and to reduce the impact of potentially face-threatening content. According to Fraser (2010), hedging refers to any linguistic means that lessen the impact of an utterance, helping speakers avoid full commitment or potential confrontation. Similarly, Hyland (2017) defines hedges as devices that reduce the force of statements, express uncertainty, and display caution in claims. Hedges manifest in diverse forms, and the surface forms hedging takes vary considerably between languages and communicative contexts. In fact, Weatherall (2002) notes that there are few direct relationships between linguistic forms and communicative functions, meaning a

single hedge form can serve different functions depending on context, and a particular function can be realized through different forms. For example, in English, *I think* can function epistemically to express uncertainty (“I think the patient might have an infection”) and pragmatically to mark politeness or soften disagreement (“I think we might try a different approach”). This observation makes it interesting to explore how hedges manifest in Shona discourse.

In addition, hedging is highly context-dependent and influenced by cultural, professional, and situational norms (Wang & Tatiana, 2016). Hedging forms and functions are not fixed but are shaped by discourse community expectations and sociolinguistic context (Hyland, 2020). This implies that a particular form might be considered a hedge in one language or discipline but not in another, depending on its use within a given communicative context. Therefore, no linguistic items are inherently hedgy as any expression can acquire hedging quality depending on the context or co-text (Markkanen & Schröder, 1997). Being context-bound, meaning individual words, phrases, and constructions cannot serve as hedges unless contextualized, the concept of hedging is inherently vague. The number of hedge devices is practically infinite, making it difficult to limit them within specific boundaries or provide exhaustive lists of hedging expressions. Consequently, scholars vary in their taxonomies, classifications, and views on hedging and hedge devices.

According to Hyland’s (1998) classification, hedges can manifest as lexical or epistemic verbs (e.g., *indicate, suggest, appear, propose*), adverbials or epistemic adverbs (e.g., *apparently, probably, essentially, relatively, generally*), adjectives or epistemic adjectives (e.g., *likely, possible, consistent with*), modal verbs (e.g., *would, may, can, could*), epistemic verbs (e.g., *I think, I believe*), nouns (e.g., *possibility*), and *if*-clauses, among others. These can be broadly categorized as epistemic hedges, which express uncertainty, and affective hedges, which convey politeness or deference.

Cao et al. (2021), drawing from the model by Prince et al. (1982) of approximators and shields, classifies hedges as approximators (e.g., *sort of*), signalling imprecision, and shields (e.g., *I guess*), marking uncertainty. Varttala (2001) classifies hedges based on form (modal verbs, adverbs, cognition verbs, epistemic expressions), while others classify hedges according to pragmatic function. These varying categorizations demonstrate that hedges are studied through form, function, pragmatics, and disciplinary use. This study adopts Hyland’s classification.

## **2.1 Functions of Hedging**

Scholars differ in their views on the functions of hedging. Some argue that hedges serve semantic functions (Lakoff, 1973) by making propositions fuzzier or less definitive. Others focus on pragmatic functions (Chen et al., 2023;), analyzing hedging in relation to communication situations and the relationship between sender and addressee. Pragmatic functions emphasize interpersonal aspects of hedging, where hedges serve as politeness strategies that tone down statements to reduce opposition and minimize face threats inherent in communication acts (Salager-Meyer, 2000). Improper use of hedges can lead to pragmatic failure.

Other scholars emphasize cognitive functions (Hyland, 1998) and social functions (Noorsanti, 2024). The social function highlights how hedges help manage interpersonal relations and social roles in communication, while the cognitive function relates to reflecting the speaker's mental processes, epistemic stance, and levels of certainty or belief. In fact, hedges can perform similar or different functions across various fields. In academic research (Cao et al., 2021; Hyland, 2005), hedges express tentativeness in claims and findings, maintain scholarly caution and objectivity, and engage respectfully with the academic community. In political discourse (Khan & Iqbal, 2024), for example, hedges help appeal to diverse audiences, avoid commitment or responsibility, shield speakers from backlash, and maintain flexibility. In everyday conversation, as noted by Coates (2013), hedges may indicate personal uncertainty or caution but also serve to protect the speaker's and addressee's face needs, signal politeness or indirectness, soften disagreements, and maintain social harmony. They may also show that a speaker is avoiding 'playing the expert.' In health discourse, especially in healthcare professional-patient interactions where this research is situated, hedges predominantly serve pragmatic functions. They mitigate medical advice, express diagnostic uncertainty, protect face, build rapport, and foster trust (Afreh & Akoto, 2017; Chen & Guo, 2024; Safwat & Faiq, 2018).

Mauranen (1997) groups motivations for hedging into two categories: macro-level and micro-level. Macro-level motivations arise because hedging is appropriate or expected in certain discourse genres or communities, making it part of a ritual governed by institutional norms rather than speaker gender. Micro-level motivations are more personal, including desires to save face, show tact, or appear modest. This categorization is useful for understanding the linguistic behaviour of the male nurses in this study.

## **2.2 Studies on the Use of Hedging in Healthcare**

The study by Safwat and Faiq (2018), which analyzed hedges used in doctor-patient communication and explored their pragmatic functions revealed that doctors use various hedge types, especially adaptor devices, to provide positive feedback and facilitate patient participation. Adaptors allow doctors to express degrees of correctness politely. The study also found doctors using plausibility shields to express uncertainty and exercise caution while Wang and Bai (2024) who examined mitigating strategies in doctor-patient interactions and their pragmatic motivations, found that doctors use propositional, illocutionary, and perlocutionary mitigation to satisfy face needs and ensure effective information exchange. Wang and Bai (2024) emphasize that mitigation fosters rapport and creates a harmonious communication environment.

Another study examined written discourse in the form of pharmaceutical leaflets, in particular, Patient Information Leaflets (Afreh & Akoto, 2017). It was found that pharmaceutical companies employ lexico-grammatical hedging devices to mitigate claims, reflecting deference to patients' rights (Afreh & Akoto, 2017). Conversely, inappropriate hedging in healthcare can be detrimental as revealed by Chen and Guo (2024) who studied the negative effects of hedge misuse in patients with depression. Their study indicated that improper hedging could cause communication barriers, delays in comprehension, and distrust. Their findings underscore that hedges are valuable linguistic resources that must be properly employed for effective health communication. In sum, the studies in this section collectively highlight the significant role of hedges in health-related interactions.

## **2.3 Gender and the Use of Hedges**

Early research proposed that hedging is a characteristic feature of women's language (Lakoff, 1975) suggested that women hedge more to reflect insecurity or politeness. However, Holmes (1995) challenged this, arguing that hedging can be a powerful pragmatic tool for negotiating meaning, showing respect, and maintaining relationships. In fact, it was noted by Coates (2013) that men may hedge strategically in contexts where cooperation is key. For instance, in male dominated discourse, hedges may appear less frequently, yet when men enter specialised professions like nursing, they may adopt such strategies to align with expected communicative norms. The entry of men into nursing thus introduces complex gender dynamics. At the same time, there is indication that men in feminised professions often experience pressure to adapt linguistically. As highlighted by Coates (2013) gendered communication is context-sensitive, and men may shift styles depending on the social or professional setting. In Zimbabwe where

nursing has strong cultural associations with femininity, male nurses might adopt hedging as a pragmatic strategy to align with the expected professional norms. However, there is currently little research that documents this phenomenon in a local healthcare setting.

### **3. Theoretical Framework**

The Community of Practice (hereafter referred to as CoP) approach by Lave and Wenger (199) formed the basis of the data analysis in this study. According to Eckert and McConnell-Ginet (2003), a community of practice is an aggregate of people who are united by a common enterprise, develop and share ways of doing things, ways of talking, beliefs, and values-in short practices. These practices relate to the discursive strategies and interaction styles specific to each particular CoP (Eckert & McConnell-Ginet 2003; Schnurr 2008). Wenger (1998) identifies three criterial features of a CoP: (i) mutual engagement; (ii) a joint negotiated enterprise; and (iii) a shared repertoire of negotiable resources accumulated over time.

In a CoP, people mutually engage in joint negotiated enterprise, thus creating a shared repertoire of resources (Holmes & Schnurr 2006). The linguistic manifestations of a shared repertoire provide a basis for describing how a distinctive workplace “culture” is constructed through interaction. Thus, each community will develop a range of linguistic behaviours which function in slightly different ways to other communities of practice. From a CoP perspective, hedging is a social practice shaped by shared norms, values, and experiences. In nursing, where members pursue patient care and share a common discourse, hedging helps navigate sensitivity, uncertainty, and empathy (Holmes & Stubbe, 2015). For male nurses, participation in a predominantly female CoP may influence how they adapt hedging to align with group norms and negotiate their gender identity. The CoP is thus a context- based approach and it is suitable for explaining linguistic behaviour in context. Applying the CoP framework allows for exploration on how hedging is not only a pragmatic tool, but also a marker of membership, alignment, and identity within the professional discourse of nursing at a hospital in Zimbabwe.

### **4. Methodology**

This study employed a qualitative case study design to explore the use of hedging by Shona-speaking male nurses at a hospital in Zimbabwe. Case study methodology, as outlined by Creswell and Poth (2018), Denzin and Lincoln (2023) and Yin (2018), supports in-depth contextual analysis and is well-suited for understanding complex social behaviours in real-life settings. Three Shona male nurses who worked mainly in the outpatients department and

occasionally in the male ward or laboratory of the hospital were purposively selected (Palinkas et al., 2015) for their firsthand experience in a female-dominated profession, enabling rich, relevant insights. All three participants were speakers of the Manyika dialect of the Shona language which is spoken in the Eastern districts of the Manicaland province. The nurses were assigned pseudonyms for ethical reasons and are referred to as N1, N2 and N3 in this paper.

Ethical protocols were rigorously observed throughout the study. Formal authorization to conduct the research was obtained from the Acting Hospital Administrator at the hospital, ensuring institutional approval. Participation was entirely voluntary, with the three male nurses providing written informed consent prior to involvement. Core ethical principles, including anonymity, confidentiality, and the deliberate exclusion of patient voices from the analysis were strictly adhered in order to safeguard participants' rights.

Data collection involved pocket audio recordings of nurse-patient and nurse-nurse interactions over a month (12 recordings per nurse), supplemented by unstructured interviews (Adams et al., 2007) to explore the functions of hedges. Data were transcribed and analyzed using discourse analysis and Hyland's (1998) framework to categorize hedge forms and functions.

## **5. Findings**

This section presents the findings based on the analysis of the forms and functions of hedges in the discourse of Shona male nurses, highlighting how these linguistic strategies are employed to navigate social interactions, maintain politeness, and manage face-threatening acts within the nursing context.

### **5.1 Modal Verbs in Health Discourse**

Modal verbs are used to express the speaker's attitudes or opinions like judgment, assessment or intention, that is, the modality (Parrott 2000). From semantic functions, they can denote epistemic and deontic meanings. Epistemic modal verbs in English indicate necessity, probability, possibility or judgment, while deontic, or root modals express obligation, permission, intention, or ability (Greenbaum, 1991). Epistemic modals refer to the speaker's knowledge, judgment, or belief about the events, affairs or actions. They bind the speaker to commit to the proposition whether it is true or not in the real world. Epistemic meanings of modal verbs are related to the speaker's subjective interpretation of the real-world situation,

which can be roughly divided into three categories: necessity, prediction and possibility as illustrated in Table 1.

**Table 1. The Shona Modal Verb *-gon-* ('can/could') to Signal Uncertainty and Mitigate Claims**

Type	Form	Sentential Example	Function
Modal verbs	1. <i>-gon-</i> ('could')	ha-a ino- + <b>-gon-</b> + -a kunge iri imwewo problem isineyi nechibereko. 'it <b>could</b> be some other problem that has nothing to do with your uterus'.	To indicate uncertainty regarding the problem that the patient is experiencing.
	2. <i>-gon-</i> ('could')	makambotorwa ropa here kutestwa shuga?.....ha-a zvino- + <b>-gon-</b> + -a kuchinja hazvirambe zvakadaro. 'have you ever been tested for sugar diabetes before?.....Ah it <b>could</b> change it will not remain like that'.	To indicate epistemic possibility.
	3. <i>-gon-</i> ('could')	hameno makasununguka here kuti mumboongorerwe shuga?.....saka maizo- + <b>-gon-</b> + a kuzocheka henyu Monday maresults ndipo paanenge aita. 'so you <b>could</b> check on Monday results would be out by then.'	To hedge a suggestion in order to avoid imposition.

In example 1 in Table 1, N1 is dealing with a patient who is experiencing excruciating pain in the stomach, the patient thinks that the pain is being caused by her uterus hence she asks the expert who in this case is N1 whether the stomach pains she is experiencing are being caused by her uterus. The patient fears that there could be a problem with her reproductive system. Faced with this question, the male nurse is expected to give an answer to the patient. However, because the nurse is not sure he uses the hedge *-gon-* 'could' and says *It could be something else*, to indicate his uncertainty regarding the problem that the patient is experiencing.

By including the hedge in his statement, N1 is indicating that there is a possibility that the pain could be a result of the uterus or some other problem. In Shona the modal verb *-gon-* is indicating possibility however the possibility in this case is not definite. As highlighted by Downing and Locke (2006) the modal verb 'could' serves to indicate possibility rather than certainty, allowing speakers to express tentativeness and open the floor for further discussion. Therefore, by hedging the male nurse is distancing himself from any possible mistake. From the interview N1 explained that nurses are not supposed to give a wrong diagnosis to a patient especially when dealing with complicated parts such as the uterus. According to N1, there is need for a proper scan which will reveal what is really taking place inside the womb. He further

elaborated his point by explaining that uterus problems are different from a person who comes to the hospital coughing and sneezing whereby you can easily diagnose from the symptoms that the patient has a cold or flu.

N1 points out nursing is such a field that relies on tests or examinations hence in some instances these tests need to be run first before the nurse can diagnose the condition of the patient. For them to be on the safe side, nurses at times would rather indicate that they are not sure than end up guessing. Such a gesture relieves them of accountability. As noted in Harmon and Wilson (2006) speakers hedge because they are not certain of what they say and by doing that they do not have to take responsibility of their statements in case their assertions are not true, correct or right.

In example 2 (Table 1), N2 uses the modal verb *-gon-* 'could' to indicate epistemic possibility. The male nurse is asking the patient if she has been tested for sugar diabetes before. The patient explained that she had been tested in Chiredzi but nothing was found in her blood. The male nurse then explains to the patient that sometimes sugar diabetes is not detected when you get tested the first time but that does not guarantee that it is not present, so you need to be tested again. In other words, the male nurse is saying there is a possibility that the patient could be diabetic based on the symptoms he was seeing, which is why he was suggesting to the patient that they need to be tested again. However, because he is not sure if the patient is diabetic or not, he hedges by saying *it could be*, to indicate uncertainty. As noted by García (2021) the modal verb 'could' functions as a hedge by suggesting potential outcomes rather than definitive conclusions, thereby signalling a cautious stance and an acknowledgment of uncertainty.

In example 3 (Table 1), N3 is talking to a patient who is waiting for her test results and uses the modal verb *-gon-* + *-a* 'could' to hedge a suggestion in order to avoid imposition. A suggestion is more of a proposal for someone to do something that is open for acceptance or rejection. In this example N3 is proposing to the patient that instead of waiting thinking the results will come out immediately she could come back on Monday when it is certain that the results will be out. However, he hedges to leave it up to the patient whether she wants to wait or come back on Monday, meaning that the decision is left in the hands of the patient. Suggestions have been gendered as a feminine tendency because women are believed to lack confidence hence, they are indirect when they speak. However, in this example the male nurse is not hedging his suggestion because he lacks confidence to tell the patient to come back on Monday, but it is because he does not want to seem as if he is telling the patient what to do. Given the fact that he is a man, he could have just given a directive and said *mozocheka Monday* 'check on Monday' but he chooses to speak in a polite manner and said *you can check on*

*Monday*, thereby challenging the traditional stereotypes that men are imposing and commanding. The nurses' motivation to hedge at this point is personal.

Table 2 presents the combined use of *-gon-* ('can/could') and *pamwe* ('maybe'). In example 4 in Table 2, N1 requests his female colleague to prepare tea during a tea break while he continues attending to a patient. The male nurse employs the modal verb *-gon-* 'can' to hedge his request, thereby preventing it from appearing as a direct command or directive. The inclusion of this hedge renders the statement a polite request rather than a potentially face-threatening imperative. Without the hedge, the statement could be perceived as a blunt command, such as "*Sanobikai tea!*" 'Make us some tea!', which carries a more imposing and face-threatening tone. Thus, N1's use of the hedge supports Safwat and Faiq's (2018) argument that hedging strategies effectively mitigate the imposition inherent in face-threatening acts during conversation. By hedging, the speaker reduces the risk of offending interlocutors while allowing the addressee the autonomy to accept or decline the request, thereby avoiding imposition. This hedging serves to protect the face of both speaker and addressee and to minimize status differences, fostering a collaborative communicative environment. Moreover, Marquis and Huston (1998) note that the fear of offending colleagues often inhibits assertive behaviour among nurses. Normative masculine communicative strategies, such as direct commands, aggressiveness, and controlling behaviour are typically ineffective within nursing communities of practice. Consequently, male nurses must adopt politeness strategies to maintain harmony and avoid causing offense (McDowell, 2008).

**Table 2. The Combined Use of *-gon-* ('can/could') and *pamwe* ('maybe') in Hedging in Patient and Peer Interactions**

Type	Form	Sentential Example	Function
Modal verbs	4. <i>-gon-</i> (‘could’)	Muno - + <b>-gon</b> - + -a kusanobikatea. ‘you <b>can</b> go ahead and make us some tea’	To hedge a request so that it will not appear as if it was a command or a directive.
	5. <i>Pamwe</i> (‘maybe’)	ko mapiritsi hamuna kupiwa?.....ha-a saka <b>ndofunga pamwe</b> vafunga kuti vakupai. ‘How about the pills were you not given?.....oh so <b>I think maybe</b> she thought she had given you’.	To give a colleague the benefit of doubt.
	6. <i>pamwe</i> (‘maybe’)	regai nditsvage chiremba ndinzwekuti chii.... <b>pamwe</b> it’s a very simple thing. ‘let me look for the doctor and ask what it is..... <b>maybe</b> it’s a very simple thing.	Signals uncertainty by the male nurse uses it to downplay his doubt.

Further, the hedged request exemplifies mutual engagement within the nursing community of practice. The absence of overt power imbalances enables nurses to interact casually and cooperatively. Shared activities, such as drinking tea during breaks, reinforce social bonds and facilitate ongoing interaction, a core dimension of communities of practice (CoP). As Holmes and Meyerhoff (1999) emphasize, mutual engagement involves regular interaction that underpins the relationships sustaining the CoP.

Example 5 (Table 2) illustrates a case of double hedging. The consecutive use of *ndofunga* ‘I think’ and *pamwe* (‘maybe’) signals a possibility that a nurse at the pharmacy neglected to provide the patient with medication. While N1 suspects this oversight, he hedges with *pamwe* ‘maybe’ to afford his colleague the benefit of the doubt and to avoid directly attributing blame. When asked about his choice of hedging, N1 explained that he was uncertain about the facts but emphasized that nursing as a practice upholds collective accountability. Mistakes are regarded as group responsibility, rendering it unnecessary to assign individual blame in front of patients.

This example highlights that N1’s motivation to hedge stems from the values embedded within the nursing community of practice. Nursing is characterized as a joint enterprise, which Holmes (1997, cited in Holmes and Meyerhoff, 1999) describes not merely as a shared goal but as a negotiated endeavour involving mutual accountability. N1’s linguistic hedging to withhold direct blame exemplifies this communal accountability integral to nursing practice.

In example 6 (Table 2), the Shona hedge *pamwe* signals uncertainty; however, N2 uses it to downplay his doubt. A female colleague had brought blood samples for testing, and although N2 was responsible for conducting the tests, he was unsure which specific tests to run due to illegible handwriting on the tube. Despite his uncertainty, the male nurse hedges by stating *pamwe* ‘maybe it’s a very simple thing’, which serves both to mask his doubt and to avoid appearing unknowledgeable to his colleague. This usage aligns with the observation by Schau and Meierding (2018) that men are more likely to employ hedges to downplay doubt, as men often wish to project confidence and expertise, sometimes avoiding admissions of uncertainty.

## 5.2 Cognition Verbs in Health Discourse

Cognition verbs can be referred to as quality hedges. According to Brown and Levinson (1978), quality hedges may suggest that the speaker is not taking full responsibility for the truth of his utterance. Heng and Tan (2008) state that these hedges are used when a speaker does not know

whether his utterance is based on the truth or not and they are used to avoid asserting. Table 3 presents extract from the data illustrating the use of the cognition verb.

**Table 3. The Cognition Verb *ndofunga* ('I think') as a Phrasal Hedge in Shona Health Discourse**

Type	Form	Sentential Example	Function
Cognition verbs	7. <i>ndofunga</i> ('I think')	Pane toothpaste inogadzirwa nechi Aloe vera plant so, inodhura zvayo asi inoshanda.... <i>ndofunga</i> iyoyo inokwanisa kukubatsira (‘there is this toothpaste that is made from aloe vera plant, it is expensive but it works.....I think that one can help you’)	To indicate uncertainty.
	8. <i>Ndofunga</i> ('I think')	nekuti <b>ndofunga</b> zino munenge makutobviswa.Munenge makutobviswaka zino mukaona zvanetsa (‘ <b>i think</b> your tooth has to be removed. You will have to have your tooth removed, <b>isn't it?</b> ’)	To help mitigate the content of an utterance, thus making it less threatening to the listener.

In example 7 (Table 3), N1 was telling his colleague about a toothpaste which he thinks works hence he was recommending it to the patient but he then hedges in the middle of the sentence as evidenced in the use of the English hedge ‘**I think**’ because he is not certain that the toothpaste will work.. ‘I think’ which usually mitigates the proposition, covers the users from possible mistakes. As Preisler (1986, p. 104) remarks, hedges "signal non-commitment" and thus avoid conferring upon the speaker any undue responsibility for the contents of their statement. In this example N1 does not know whether the toothpaste will work for his patient or not therefore he hedges to evade the risk of commitment. This means that if the tooth paste does not work for his patient he will not be blamed as he had not fully committed himself to the proposition.

Similarly, in example 8 (Table 3), N1 employs the cognition verb *ndofunga* ‘I think’ to signal that the utterance reflects a personal and subjective perspective, rather than an objective truth. This mitigates the potentially threatening nature of the content. The patient, who had been involved in a fight, had loose front teeth. Upon examination, N1 observed that one tooth was particularly loose and likely required extraction. To soften the delivery of this potentially distressing news, the nurse hedges his assessment. By using the hedge, N1 refrains from fully committing to the prognosis, thereby leaving room for uncertainty and a possible revision. This usage aligns with Hyland’s (2005) assertion that hedging enables speakers to express caution and uncertainty, mitigating the risks of making definitive claims.

### 5.3 Inclusive Pronouns in Health Discourse

Inclusive pronouns include both the speaker and listener (or others) in the reference and examples of these in the data are shown in Table 4.

**Table 4. Inclusive Pronouns in Shona (*ngati*, *ti*, *yedu*) as Hedging Devices in Nurse-Patient and Peer Interactions**

Type	Form	Sentential Example	Function
Inclusive pronouns	9. <i>ngati</i> (‘lets’)	Sister <b>ngati</b> vhare madhoo....mahwindoka? ‘Sister <b>lets</b> close the doors....oooh the windows, <b>isn’t it?</b> ’	Reducing the impact of the instruction.
	10. <i>ti</i> (‘we’)	mauya kunobviswa tube iya?..... <b>tinoda</b> kuti <b>ti</b> ichinje nhasi. <b>Tino</b> ichinja nhasi. ‘Today you came so that <b>we</b> remove the tube? <b>We</b> will change it today, today <b>we</b> will change it’	Removing or lessening the burden on the patient.
	11. <i>yedu</i> (‘our’)	right <b>tombod</b> zoseera tube <b>yedu</b> iya, <b>nhai?</b> ‘Right <b>we</b> are going to place <b>our</b> tube back, <b>isn’t it?</b> ’	To lighten the burden of the patient.

In example 9 (Table 4), the male nurse is speaking to a female colleague at the end of their shift as they prepare to leave. N2 uses the inclusive pronoun *ngati* (‘let’s’) when instructing his colleague to close the windows, thereby reducing the forcefulness of the directive. By employing this pronoun, N2 creates the impression that he is also participating in closing the windows, even though he is not actively involved. The addition of the tag *-ka?* ‘isn’t it?’ further softens the instruction, transforming it into a polite request. Rather than issuing a direct command such as “*Sister vharai mahwindo!*” ‘Sister, close the windows!’, N2 hedges his statement to protect both his own face and that of his interlocutor. Coates (1996) highlights that hedging serves the important function of protecting face needs, namely, the desire to be acknowledged and liked (positive face needs), as well as the need to have one’s personal autonomy respected (negative face needs). In this context, the exercise of politeness transcends gender distinctions.

Example 10 (Table 4) presents a scenario whereby the patient was voicing his concerns regarding the urinary tube (catheter) which was now causing him discomfort and wanted it removed. N1 responds in a positive way by assuring the patient that the tube was going to be changed. He says, *tinoichinja* ‘we will change it’. The inclusive pronoun *ti-* ‘we’ used by the male nurse throughout example 10 is representing the collective of nurses. The way it is used plays a hedging function of removing or lessening the burden on the patient.

The use of the pronoun *ti-* ('we') creates the impression that the nurses are reassuring the patient by conveying, "Do not worry; the problem is now in our hands, and we will ensure that you receive proper care." This reassurance helps the patient to relax and feel attended to. The knowledge that others are concerned about one's well-being during illness can facilitate a quicker recovery. N1's ability to respond flexibly and empathetically to the patient's anxieties demonstrates his readiness to provide support. Empathy has been identified by Street (1991) as a critical skill for healthcare professionals generally, and for nurses specifically. N1's demonstration of care aligns closely with the nursing profession, which is traditionally characterized as a 'caring' profession. This behaviour serves as evidence that men can be gentle and compassionate caregivers, just as women are.

The use of the inclusive pronoun in this example therefore works to prove that nursing is indeed a joint enterprise. As highlighted by the CoP approach (Holmes and Meyerhoff 1999), a joint enterprise involves a stated shared goal. Nurses share the goal of delivering care and health to the patient. By collaborating in the changing of the tube nurses will be fulfilling the goal of their practice. N1's confidence in using the inclusive pronoun *ti-* 'we' is motivated by the fact that he knew that he is going to get help from his colleagues in the process of removing the tube as evidenced in the example: *tinoda kuti tiichinje.....tinoichinja nhasi 'we want to change the tube...we will change it today'*.

In example 11 (Table 4), the male nurse uses the inclusive pronoun *yedu* 'our' to take off the problem from the patient. N1 had come to insert the urinary tube which had been causing pain to the patient. The inclusive pronoun mitigates the reality of the fact and gives an illusion that the problem has been shared. This is so because the use of *yedu* 'our' as in *tube yedu 'our tube'* makes it appear as if it is a shared burden when in actual essence the patient is the one who is undergoing the urinary catheter reinsertion. Such usage of the pronoun has an element of concern in it and it makes the patient feel relaxed. N1 emphasized the need to be compassionate and caring. N1 does it so that the patient diverts from seeing his condition as his own problem.

#### 5.4 If-Clauses in Health Discourse

If- clauses act as hedged phrases because of the way they are used in the conversations. In Shona these are marked by *Kana... 'If'*. The clauses in the table below were found to be functioning to mitigate the content of the message, soften an order, to show concern for the feeling of others, and to lessen the impact of a statement as shown in Table 5.

**Table. 5 If-Clauses Marked by *kana* ('if') as Sentential Hedges in Clinical Recommendations**

Type	Form	Sentential Example	Function
If-clauses	12. <i>kana</i> ... ('if')	BP yavo inoda kuramba ichichekwa pakriniki... <b>kana</b> kairi paweek, <b>kana</b> mada kuti Monday neThursday, Monday neThursday.....mukaona ichiramba yakakwira munouya navo kunouku. 'His BP needs to be checked continuously at your local clinic... <b>maybe</b> twice a week. <b>If</b> you want to go with him Mondays and Thursdays, Mondays and Thursdays it's up to you...If you find that it is still high you can come back with him to the hospital'.	To soften an order. By inserting the <i>if</i> -clause, the statement ceases to be face-threatening as it now implies an alternative.
	13. <i>kana</i> - ('If')	<b>Kana</b> mada kuuya henyu kunoukumunouya <b>henyu</b> nekuti uko <b>kunozogona</b> kukudhurirai. ' <b>If</b> you want to come back here you <b>can</b> come, because that place <b>might</b> be expensive for you'.	To soften disagreeing turns.

In example 12 (Table 5), N1 communicates to the patient the importance of regularly monitoring blood pressure (BP). Given that high blood pressure poses significant risks including stroke, heart failure, kidney disease, and potentially death, the nurse instructs both the patient and the accompanying person to ensure that BP is checked consistently. The use of the *if*-clause by the male nurse serves to soften this directive. By framing the statement with an *if*-clause, the utterance ceases to be face-threatening, as it implies an alternative rather than a direct order. The phrase *Kana mada* 'If you want...' grants the patient and his companion the autonomy to choose when to visit the clinic for BP monitoring, thus mitigating imposition. The male nurse employs this hedged phrase precisely to avoid exerting undue pressure.

Beyond avoiding imposition, the *if*-clause also conveys the nurse's concern, as evidenced in the statement: "*Mukaona ichiramba yakakwira munouya navo kunouku.*" 'If you find that it is still high, you can come back with him to the hospital.' This indicates the nurse's willingness to assist further if necessary. The hedged *if*-clauses therefore function to soften the utterance while simultaneously expressing care and empathy, providing evidence that men, too, can exhibit politeness in their speech.

In example 13 (Table 5), the male nurse similarly uses an *if*-clause to mitigate what could otherwise be a face-threatening statement. N3 refers his patient to a private doctor but has already judged that the patient may not be able to afford the cost. To soften this judgment, he employs a hedged phrase that conveys sympathy and reduces potential offense: "*Kana muchida kudzoka henyu kunouku munodzoka nekuti kunozo-gon-a kukudhurirai.*" 'If you want to come back here, you can, because it might be expensive for you there.'

This use aligns with Athanasiadou and Irvine's (1997) assertion that if-clauses are employed to soften disagreeing turns.

### 5.5 Enclitics in Health Discourse

Enclitics are unstressed words or morphemes that attach to the end of a preceding word for pronunciation or grammatical reasons. Examples of enclitics from the data are shown in Table 6.

**Table 6. Enclitics *-wo* and *-ka* as Politeness Markers in the Shona Nurses' Discourse**

10	Form	Sentential Example	Function
	14. <i>-woka</i> (‘please’)	magen’a batsiraiwoka vanhu vakagara muOPD umo vakangowanda wanda. Panenge pasina munhu munongo kavhira kavhirawo, <b>handizvo here?</b> ‘guys please help the patients in the OPD they are too many, in sections where there is no nurse just help, isn’t that so?’	To mitigate his suggestion so as to avoid imposition
Enclitics	15. <i>-wo</i> (‘please’)	ndipeiwo chigunwe chenyu <b>tioné.</b> ‘ <b>C</b> an you give me your finger, let’s see.’	To hedge a request for politeness reasons
	16. <i>‘ka</i> (‘please’)	endai henyu papharmacy <b>ka</b> ?...pane panopihwa mushonga apa.....endai henyu nepanze, apo pane pepa rakanyorwa kuti mushonga. ‘You may go by the pharmacy, <b>isn’t</b> ? Where you can get your medication...you may go outside...there where there is a paper written medication’.	Not imposing but giving the patient a choice

In example 14 (Table 6), the male nurse addresses student nurses who are sitting idle instead of attending to patients. He employs the enclitic *-ka*, meaning ‘please,’ to mitigate his suggestion and thereby avoid imposing. A suggestion functions as a proposal that can be either accepted or rejected. N1 politely requests his colleagues’ assistance, as seen in *batsiraiwoka* ‘please help’. He further softens his suggestion by attaching the tag *handizvo here?* ‘isn’t it?’, as if seeking confirmation or agreement from his colleagues. This reflects the nature of suggestions, which are open to acceptance or rejection. However, because nurses share the common goal of ensuring patient care, N1’s suggestion for the student nurses to assist in understaffed sections is aligned with their collective responsibility. As a collaborative practice, nursing requires cooperation to ensure patients are attended to promptly. This aligns with the Community of Practice (CoP) framework, which emphasizes a joint enterprise within a community, where members work toward a shared goal. In nursing, this shared goal is the health and well-being of patients.

In example 15 (Table 6), N3 speaks to a patient exhibiting symptoms of malaria. To conduct a rapid diagnostic test, he needs to prick the patient’s finger to obtain a blood sample. When requesting the patient’s finger, the male nurse uses the enclitic *-wo* to hedge the request. Holmes and Major (2003) argue that a direct request may be perceived as impolite in the nursing context, for example, a direct command like *ndipei chigunwe chenyu!* ‘give me your finger!’ would be considered inappropriate. Instead, employing softening and hedging devices makes the instruction less direct and more acceptable. This behaviour reflects the politeness expectations inherent in nursing practice.

In example 16 (Table 6), the combination of the politeness marker *henyu* ‘may’ and the enclitic *-ka* produces a polite utterance. Although N1 is instructing the patient, the use of the enclitic *-ka* conveys an impression of offering the patient a choice rather than imposing an order. Thus, the enclitic is strategically employed to achieve politeness.

### 5.6 Tag Questions in Health Discourse

Tag questions are appendages that are put at the end of the sentence, and they come in form of a question. Examples of the use of tag questions in the data are presented in Table 7.

**Table 7. Shona Tag Questions (*nhai?* *handiti?* *handitika?*) as Hedging Strategies in Face-Threatening Acts**

Type	Form	Sentential Example	Function
Tag questions	17. <i>nhai</i> (‘isn’t’)	Ichari yaani iyi? Ichari yaani?...ndeyenyu?ha-a madziirwa manje, <b>nhai?</b> ‘Whose wrapper is this? Whose wrapper?...It’s yours?you are now warm now you are forgetting, <b>isn’t?</b> ’	To soften a direct face-threatening statement.
	18. <i>-nhai</i> (‘isn’t that so?’)	e-eee tauraiwo zvinopera kuti vamwe vapinde, <b>nhai?</b> ‘Eh finish talking so that others can come in, <b>isn’t that so?</b> ’	to lessen the impact of a command
	19. <i>handitika</i> (‘isn’t it?’)	bag riye ngarirambe riripo rirege kubva, <b>handitika?</b> ‘That bag should stay there don’t remove it, <b>isn’t it?</b> ’	uttered in a low tone, to soften an order

In example 17 in Table 7, N1 addresses patients seated on the bench after noticing that one of them had dropped her wrapper. He proceeds to ask whose wrapper it was, and upon identifying the owner, the male nurse makes the declarative statement “*ha-a madziirwa manje*” ‘you have become too comfortable’. This statement constitutes a direct face-threatening act; however, N1 hedges it by attaching the tag *nhai?* ‘isn’t it?’. Without this tag, the statement

would likely be perceived as insulting and thus more face-threatening. The tag serves to soften the directness of the statement (Holmes, 1995). As Riekkinen (2010) observes, when individuals hedge their utterances to avoid sounding too direct or rude, they are engaging in what is termed ‘face work.’ N1’s use of this hedge in the example effectively mitigates the potential verbal affront to the patient.

The male nurse’s choice to hedge may be understood as a micro-level or personal motivation. Although, as a man, he could have issued a straightforward statement such as *madziirwa manje* ‘you have become too comfortable now’ without mitigation, he opts to hedge, thereby reducing the impact of a direct face-threatening statement. This example challenges common stereotypes about male speech by illustrating that such assumptions should be contested within Communities of Practice for more accurate generalizations.

In example 18 (Table 7), N3 addresses a colleague who was delaying a patient in the consultation room. Approaching the door, he utters what could be considered a face-threatening statement, which is softened by the enclitic *-wo* and the tag *nhai?* ‘isn’t it?’. Without these linguistic mitigators, the statement “*e-eetaurai zvinopera kuti vamwe vapinde!*” ‘finish talking so that others can get in!’ would be read as a direct command. By adding the tag, the utterance becomes a softened directive: “finish talking so that others can get in, isn’t it?” The use of the tag here lessens the impact of the command, which is significant because nurses are expected to foster a harmonious working environment. As noted by McDowell (2008), maintaining harmony within the nursing team is a crucial aspect of the ward environment.

Another observation from the same example is the evident relationship of solidarity between the nurses. N3 is able to joke with his colleague by saying *taurai zvinopera* ‘finish talking’, reflecting a sense of closeness and familiarity. As members of a community of practice, nurses share common experiences—for instance, they are aware that conversations in consultation rooms can sometimes be prolonged, thereby disadvantaging other patients waiting on the bench. By using the phrase *taurai zvinopera*, N3 likely anticipated that his colleague would understand the implied meaning based on their shared experiences. To mitigate any potential negative interpretation, he hedges his statement to ensure it is not perceived as a harsh command. Nurses are expected to maintain solidarity and foster collaborative relationships with their co-workers (Marquis & Huston, 1998; Murray & DiCroce, 1997). This expectation underpins N3’s use of the tag in this context.

In example 19 (Table 7), the male nurse issues an order using the tag *musabvise, handitika?* ‘do not remove, isn’t it’ to soften the directive. The tag functions as a mitigator, especially as it is delivered in a low tone. N3 is speaking to his patient, to whom he had

connected a urinary bag, and is instructing both the patient and an attendant not to remove the bag. When asked why he used the tag in this manner, N3 explained that his motivation was politeness, referencing Prince et al. (1982). He stated that since he was addressing an elderly person, issuing a direct command felt inappropriate, as he has been culturally conditioned to treat elders with respect and politeness. This behaviour aligns with the discourse expectations within nursing, where nurses are expected to be gentle, polite, and nurturing. Thus, politeness is an essential attribute for nurses in their professional practice.

### 5.7 Politeness Markers in Health Discourse

Data from the research also exposed some politeness markers that function as hedge forms in Shona. These forms are specific to Shona, illustrating that what constitutes a hedge in one language may differ significantly from what is recognised as a hedge in another. Examples are shown in Table 8.

**Table 8. Politeness Lexemes (*henyu*, *hako*, *tione*) as Lexical Hedges in Nurse-Patient Interactions**

Type	Form	Sentential Example	Function
Politeness devices	20. <i>henyu</i>	Huyai <b>henyu</b> tione. 'you <b>may</b> come'	To soften a command.
	21. <i>tione</i>	chiitai <b>tione</b> vanhu vaende. 'Hurry up let's see so that people can go'	To mitigate a command.
	22. <i>hako</i>	Horaiti enda <b>hako</b> unopihwa mushonga. 'Alright you <b>may</b> go and get your medication'	To soften directive.

In example 20 in Table 8, N2 calls a patient who is next in line to be attended to. He uses the politeness marker *henyu* 'may' to soften the command, thereby making the statement polite. Without this marker, the statement would be interpreted as the command *huyai* 'come!', which the addressee might perceive as harsh and face-threatening. Although men's language is often stereotyped as direct and full of commands, in this example, the male nurse does not display that behaviour.

Example 21 (Table 8) illustrates a mitigated command. N1 directs his colleagues in the Outpatients Department to serve patients more quickly, but he reduces the forcefulness of his command by incorporating the politeness marker *tione* ('let us see'), which renders the command less threatening. The use of *tione*, which is inclusive, further softens the impact of the directive. N1 is the senior nurse in the department, and the nurses he was working with on this occasion were younger, most of whom were student nurses. Although he could have issued

a direct command given his seniority, he chooses to hedge his directive to avoid committing a face-threatening act. This linguistic strategy helps to foster a harmonious working environment. As McDowell (2008) notes, maintaining harmony within the nursing team is a critical aspect of the nursing environment.

Example 22 (Table 8) demonstrates that the male nurse was addressing a younger patient, as indicated by the use of *ha-+-ko*. Despite the patient's younger age, N1 maintains politeness in his speech. The politeness marker *hako* 'you may' in the example serves to soften the statement, making it more courteous. This contrasts with a more direct instruction such as *enda unopihwa mushonga* 'go and get your medication', which lacks any mitigating language. Although the nurse could have issued a straightforward directive due to the patient's younger age, he deliberately softens the command by employing a politeness marker. This behaviour contradicts the findings from Schau and Meierding (2018) that men tend to use hedges primarily when interacting with individuals of higher status, but not with those of equal or lower status. Therefore, N1's use of hedging can be better understood within the context of nursing practice, where politeness is essential due to the nature of the work, which involves care for vulnerable and ill individuals.

## 6. Discussion

This study has demonstrated that hedging constitutes a central, multifunctional discursive strategy within the communicative practices of Shona-speaking male nurses. Drawing on Hyland's (1998) framework and situated within the *Community of Practice* (CoP) model (Eckert & McConnell-Ginet, 2003; Lave & Wenger, 1991), the analysis reveals that hedging is not a peripheral linguistic feature but a socially embedded, context-sensitive means of negotiating epistemic stance, interpersonal alignment, and professional identity in a gendered clinical space.

The data show that inflectional hedges, particularly those formed through the modal verb roots *-gon-* ('can'/'could') and *-fanirw-* ('should'), were the most prominent. These modulate propositional force, expressing epistemic uncertainty, tentativeness, or moral obligation. For example, the use of *-gon-* in "*It could be something else*" functions to withhold definitive judgment in situations of clinical ambiguity, aligning with Hyland's (2005) assertion that modal hedging enables the speaker to navigate between assertiveness and deference in knowledge claims. Similarly, *-fanirw-* allows the speaker to express normative guidance without imposing authority.

Beyond the modal system, the study uncovers morphologically encoded politeness strategies unique to Shona, notably enclitics such as *-wo* and *-ka*. These forms, which lack direct equivalents in English, function pragmatically to soften the force of directives and index deference or solidarity. Their efficacy lies not in fixed semantic value, but in pragmatic activation within specific contexts—reflecting Markkanen and Schröder’s (1997) claim that hedging is determined by usage rather than form.

In addition, lexical hedges such as *pamwe* (‘maybe’), phrasal cognition verbs like *ndofunga* (‘I think’), and syntactic constructions including *kana...* (‘if...’) clauses were deployed to signal uncertainty, express personal stance, or offer indirect suggestions. These are comparable to canonical English hedge forms but acquire specific cultural and pragmatic salience in Shona discourse. For instance, *ndofunga* (‘I think’) enables the nurse to offer a medically informed yet non-authoritative hypothesis, thereby maintaining professional caution and patient rapport (Salager-Meyer, 2000; García, 2021).

Tag questions such as *nhai? handiti? handitika?* (‘isnt it?’) emerged as powerful tools for mitigating face-threatening acts, fostering alignment, and transforming potentially coercive statements into collaborative utterances. Their use reflects Holmes’s (1995) notion of “positive politeness,” which aims to reduce social distance and signal mutual understanding. In this way, hedging performs not only epistemic but relational work.

What becomes especially evident is that hedge forms are functionally fluid. A single form, such as *-gon-*, may function to indicate uncertainty in one context, mitigate a command in another, and hedge a suggestion elsewhere. This supports Weatherall’s (2002) observation that hedges defy rigid taxonomisation and must be interpreted in relation to their communicative context. Likewise, multiple forms; enclitics, modal verbs, politeness markers can serve overlapping pragmatic goals. This multi-functionality underscores the adaptable and interactional strategic nature of hedging in clinical discourse.

Crucially, the deployment of hedging strategies among male nurses is shaped by the discursive norms of their professional Community of Practice. The CoP model foregrounds the importance of mutual engagement, shared goals, and a collectively negotiated repertoire of communicative practices (Wenger, 1998). Within the nursing CoP characterised by care, empathy, and collaboration, hedging enables practitioners to align linguistically with the values of their professional group. For male nurses operating within a feminised domain, hedging offers a means of discursive assimilation, allowing them to participate fully in the communicative culture of nursing without invoking stereotypically masculine patterns of directness or authority (Coates, 2013; Holmes & Schnurr, 2006; McDowell, 2008).

Hedging also fulfils important affective and relational functions. It allows nurses to communicate sensitive information in non-threatening ways, to acknowledge uncertainty without undermining credibility, and to maintain rapport with both patients and colleagues. These communicative goals are particularly critical in healthcare settings, where relational dynamics directly impact care outcomes. As Safwat and Faiq (2018) and Chen and Guo (2024) observe, hedging enhances interactional harmony and patient satisfaction by mitigating power asymmetries and creating space for negotiation.

Ultimately, this study positions hedging not merely as a linguistic phenomenon, but as a communicative index of professional socialisation, relational sensitivity, and cultural alignment. It reflects how language is shaped by institutional expectations, sociocultural norms, and gendered positioning. For educators, policy makers, and clinicians, these findings affirm the need to incorporate hedging awareness and training into clinical communication curricula and workplace guidelines. Doing so ensures that healthcare professionals are equipped not only to convey information accurately, but to do so in ways that are socially responsive, ethically sound, and professionally attuned.

## **7. Conclusion**

From the evidence given in this paper, it can be noted that hedging is a universal discursive resource that is used in communication in health for the benefit of both the nurses and the patients. Hedges in the Shona language manifest in similar ways with English, except a few types where they manifest differently (politeness markers). They are used for various pragmatic reasons by the male nurses in the study. Categorically, as evidenced from the results, the male nurses' motivation to hedge is realised both at the micro level (personal) as well as macro-level (institutional). This means that the male nurses' utilization of hedges is both a result of the inherent attributes that these nurses possess, as well as the discourse expectations of their Practice. This means that linguistic behaviour is governed by ones Community of Practice thereby making the Community of practice approach a worth framework to understand language use in context.

Be that as it may, the researchers conclude that hedging is a valuable linguistic feature that professionals in health need to learn about and incorporate in their communication with patients and even other health care professionals. It largely reduces risk, makes claims less direct and more importantly increases politeness among various other benefits.

The findings of this study have implications for clinical communication training. Courses on communication strategies such as hedging can be incorporated into nursing

education manuals to help nurses know the value of communicating with empathy and respect in their practice. Results of this study can also inform institutional communication guidelines. Hospital policies highlighting hedging as a legitimate and context-sensitive strategy can be implemented. Institutions can incorporate these insights into standard practice to ensure respectful and effective nurse-patient interactions.

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