



Speech Acts in Multimodal Governance: A Linguistic Landscape Analysis of Regulatory Signage at Prof. Ngoerah Hospital, Bali

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Abstract*

This study investigates regulatory signage at Prof. Dr. I.G.N.G. Ngoerah Denpasar hospital as a multimodal Linguistic Landscape (LL) that communicates institutional identity, authority, and behavioural norms in public space. LL research in Indonesia has largely focused on tourism, transportation hubs, and cultural sites, hospital environments remain underexplored despite their semiotic richness and governance function. The research aims to describe and interpret the multimodal composition of regulatory signs related to waste disposal. It also explains their communicative functions using LL, multimodality, and speech act theory. The study employs a qualitative approach based on documentation and descriptive analysis. Data were collected through field photography of signage within the hospital environment. The those were analysed using multimodal frameworks and pragmatic models. The analysis reveals three semiotic components—image, colour, and text—working cohesively to construct meaning. Institutional logo elements encode ideological values, colour palettes convey psychological reassurance and authority, while verbal constructions alternate between expressive acts (“thank you for disposing of waste properly”) and directive acts (“maintain cleanliness”). Findings indicate that signage serves as multimodal governance rather than mere instruction. Signs strategically balance visual authority and linguistic politeness to shape public behaviour. It supports theoretical claims that LL functions as discourse in place. The study concludes that hospital signage operates as a dynamic communicative system, integrating symbolic identity, persuasive emotion, and directive force to regulate conduct. These insights extend LL scholarship to healthcare contexts and demonstrate the relevance of speech act analysis in multimodal public communication.

1. Introduction

Linguistic Landscape (LL) has become an increasingly influential field within applied linguistics. Foregrounding the study of language as it is materially and symbolically embedded in public space. Rather than restricting itself to grammatical structures or spoken interaction, LL examines written language namely iconography and semiotic resources displayed in urban environments construct social meaning, regulate public experience, and index institutional and cultural ideologies. Nash (in Aini et al., 2023) notes that LL situates language within spatial and

temporal contexts. That emphasis multilingual visibility and citizen interpretation. Through this lens, LL can be seen as a methodological bridge linking semiotics, sociolinguistics, geography, and discourse studies. It treats signage as not only as communicative text, but also as ideological artefact that shapes behaviour, identity, and public order.

Public spaces such as roads, transit terminals, commercial areas, governmental premises, and institutional buildings become critical research sites where LL scholars analyse language circulation that reflects demographic composition, power hierarchies, and societal values. Landry and Bourhis (in Aini et al., 2023) conceptualize LL as language use in public spaces that forms territorial and ethnic profiles of cities. Widiyanto (in Aini et al., 2023) complements the view by arguing that LL must also examine interpretive competence among users as signage comprehension mediates social interaction. Accordingly, LL research encompasses not only linguistic representation, but also public engagement mechanisms. The approach aligns LL with various disciplines including tourism, governance, economics, and cultural studies. It enables a deepened understanding of language visibility that mediates human movement, social belonging, and institutional instruction.

Previous LL scholarship has explored multilingual informational functions in tourism areas, museum environments, and transportation nodes. Wulansari (2019), for instance, reveals that the multilingual signage landscape in Bali reflects economic motivations, tourist accommodation, and regional identity policy. English and Chinese dominate visible communication, while Balinese language appears selectively on street names under provincial regulation. Widiyanto (2019) demonstrates that museum settings such as Radya Pustaka in Surakarta deploy Indonesian, English, Javanese, and Javanese script to balance national identity, tourism orientation, and heritage preservation. Meanwhile, Aini et al. (2023) analyse LL in Surabaya Pasarturi Station, highlighting monolingual, bilingual, and multilingual forms functioning as orientational, prohibition, and commercial devices. Across these studies, LL emerges as a descriptive representation of language and as an operational mechanism for institutional messaging in public space. However, these works also expose a gap that healthcare institutions remain under-examined despite their semiotic density and regulatory communication demands.

Hospitals occupy distinct communicative ecologies because their signage performs instructional, persuasive, and disciplinary roles concurrently. As public access spaces governed by safety, order, and hygiene, hospitals depend heavily on visibility of rules to maintain patient comfort and institutional control. Yet unlike tourism or cultural heritage sites, hospital-based LL has rarely been foregrounded in Indonesian scholarship. The omission is significant because language in medical spaces does not merely direct behaviour. It embodies institutional voice, asserts authority, and encourages compliance through multimodal design. The Prof. Dr. I.G.N.G. Ngoyerah hospital in Denpasar—formerly RSUP Sanglah—presents an exemplary case in which high mobility of patients and visitors necessitates structured linguistic regulation. Given its role as a national referral centre, handling diverse services including cancer, cardiac, paediatric, medical tourism, and aesthetic care, its signage constitutes a system of public communication that warrants linguistic scrutiny.

To analytically ground such investigation, the study draws upon Scollon and Scollon's (2003) theory of place semiotics and indexicality. It contends that signage not only informs, but indexes identity and hegemonic meanings within spatial environments. Their framework explains signs that embody ethnic identity, geopolitical preference systems, and state governance through

hierarchised placement such as top-line versus bottom-line text privilege. Scollon and Scollon further differentiate official signage regulated by state law—such as Hong Kong or Quebec signage regimes—from non-official signage installed by private actors which carry flexibility, but also reflect economic motives. The theoretical grounding enables LL analysis to uncover not only textual content, but also institutional control, symbolic authority, and ideological encoding inherent in multimodal hospital signage.

Additionally, multimodality offers explanatory depth on concerning signage orchestrates visual, linguistic, and colour resources to construct persuasive meaning. Mulyawan (2023) categorizes LL sign modes into combinations of text, imagery, and colour in which each forming patterned semiotic configurations. These patterns provide analytical openings for identifying non-linguistic elements that support pragmatic intent. Kallen (in Gorter & Cenoz, 2023) expands the view by framing LL as a structured discourse embodying speech act intention. Cenoz and Gorter (2008) further illustrate apparently innocuous signage, such as “Are you thirsty?” which functions as an indirect request to purchase a drink. Thus, LL is not passively descriptive. It performs action. Pandemic signage, such as “Wear a mask” or “Keep distance,” exemplifies directive function in public health spaces.

Speech act theory strengthens the interpretive reading by enabling analysis of illocutionary force embedded in signage. Levinson (2017) emphasizes that utterances enact actions in the real world. Austin’s typology—locution, illocution, and perlocution—highlights the different levels at which signage meaning operates: literal instruction, institutional intention, and behavioural effects. Searle’s refinement of illocutionary types—assertive, directive, commissive, expressive, and declarative—indicates the communicative force of signage language. In hospital spaces, directive and expressive speech acts are frequently mobilized: e.g., instructional imperatives prescribing conduct, or gratitude expressions that soften regulatory force. Together, these theoretical systems illuminate institutional messages which mobilize both authority and politeness strategies through multimodal forms.

Based on these scholarly considerations, the present research investigates Prof. Ngoerah hospital’s regulatory signage, specifically signs instructing waste disposal. Two questions guide the inquiry: (1) What semiotic modes constitute the signage? and (2) How do these multimodal forms function communicatively? To answer these questions, LL analysis is operationalized through multimodal and speech act perspectives to uncover both surface structure and communicative intention. The approach offers methodological and conceptual novelty by analysing hospital signage through the combined lenses used in tourism, cultural, and transit LL studies, but applied to a health governance context.

The research thus contributes to LL scholarship by extending empirical scope to healthcare environments. It is an arena where communication is integral, institutional compliance is critical, and semiotic authority is pronounced. By identifying the multimodal composition of signage and describing expressive and directive forces that operate, the study deepens theoretical understanding of LL as public discourse and institutional practice. Beyond descriptive mapping, it advances the view that signage is strategically designed to engineer compliance, enact care ethics, and construct hospital identity. The findings therefore hold conceptual relevance for applied linguistics, semiotics, public communication, and health humanities, offering insights into everyday language which visually and pragmatically shapes human conduct in clinical spaces.

2. Research Methods

The study employs a qualitative research approach designed to describe, interpret, and explain semiotic phenomena observed in the public environment of Prof. Dr. I.G.N.G. Ngoerah hospital Denpasar. Qualitative method is appropriate because the study aims to explore meaning embedded in visual communication rather than quantify patterns statistically. The analysis is grounded in Linguistic Landscape (LL) theory, multimodality, and speech act theory. Those enable examination of language not merely as written text, but as a socially anchored communicative act. In accordance with LL methodology as articulated by Scollon and Scollon (2003), language in public space is treated as discourse situated in place; hence, the research design seeks to document and analyse linguistic artefacts that carry institutional voice and regulatory functions.

The data source comprises regulatory signs displayed within the hospital environment. These signs include textual, visual, and colour-based components associated with waste disposal instructions. Consistent with LL research conventions, public signage is viewed as a primary data medium. It reflects institutional messaging, authority, and behavioural expectations. Data collection was conducted throughout the hospital area to ensure environmental representativeness. The scope of the fieldwork encompassed all hospital zones containing relevant signage. Although the focus was narrowed to waste-disposal regulation signs to maintain analytical specificity and depth. Limiting the dataset aligns with qualitative sampling logic, which privileges richness and interpretive saturation rather than numerical volume.

Data were obtained using a documentation method specifically photographic capture. It is a standard technique in LL research because it preserves semiotic detail in site for later analysis (Widiyanto, 2019; Aini et al., 2023). Images were collected during a systematic observation session on 27 November 2023. Each photographed sign was then catalogued, labelled, and classified according to typology, mode composition, and spatial placement. Classification procedures followed multimodal sign taxonomy developed by Mulyawan (2023) by distinguishing signs according to their combinations of text, imagery, and colour. Sign placement and indexical interpretation were analysed using place semiotics as articulated in Scollon and Scollon (2003). It underscores signage that embodies institutional authority through spatial positioning and linguistic prioritization.

Analysis proceeded through descriptive interpretation and involving sequential reading of signs to determine multimodal composition and pragmatic function. First, each sign was decomposed into semiotic elements—lexical forms, syntactic structures, colour symbolism, iconography, and visual directionality. Second, the researcher examined illocutionary force embedded within texts, drawing upon speech act models introduced by Austin and elaborated by Searle, as discussed in Levinson (2017). Directive and expressive acts were identified to interpret the institutional intent encoded in signage. Finally, interpretive synthesis was conducted to evaluate the hospital that uses LL elements to enact regulatory communication. The step aligns with Kallen's pragmatics-based view of LL cited in Gorter and Cenoz (2023) which conceptualizes signage as discourse conveying institutional expectations. By following these analytical stages, the methodology enabled a systematic uncovering of regulatory signage that visually and linguistically structures behavioural norms within a healthcare institution.

3. Results and Discussion

The analysis of regulatory signage at Prof. Dr. I.G.N.G. Ngoerah hospital reveals a multimodal system of communication that integrates visual symbolism, chromatic meaning, lexical structure, and pragmatic force. The signage examined on directives related to waste disposal which functioning as institutional instruments communicating behavioural expectations in a public health domain. Figure 1 illustrates the complexity through three semiotic elements—image, colour, and written text. The image mode consists of the hospital logo, an icon of a person disposing of trash, and an arrow indicating the placement of the trash bin. The logo is not merely decorative, but carries institutional identity which historically associated with Sanglah General Hospital. Official documents from the Indonesian Ministry of Health interpret its components symbolically: the Garuda Wisnu image represents Balinese cultural identity, divine protection, ethical orientation, and noble purpose, the green cross symbolizes service and medical mission, the circle extracts meaning of unified institutional determination, while the blue signifies security and tranquillity. These embedded semiotic layers situate the signage as a carrier of institutional values rather than simply instruction. The disposal icon conveys behavioural guidance whereas the surrounding circle mirrors symbolic commitment to cleanliness (Madewa, 1978) and making the ideological foundation of the sign explicit.



Figure 1

The colour mode in Figure 1 reflects deliberate semiotic activation. Blue functions as the background, white as the colour of graphic illustrations and expressive text, and black signifies formality and authority through institutional labelling. The palette encodes psychological meaning: blue conveys trust and calmness and it aligns the instruction with reassurance; black indexes institutional authority—the phrase *Instalasi Kebersihan dan Kesehatan Lingkungan* appears in black as marking its formality as issuer; and white evokes cleanliness and simplicity which aligning with desired behavioural outcome. The textual mode includes noun phrases and clauses, such as the institutional label and the clause *terima kasih sudah membuang sampah*. The latter comprises subject and predicate components. Through its expressive gratitude, the clause functions as indirect regulation that implicitly presupposing compliance yet positively reinforcing it. Thus, the visual grammar demonstrates cohesion between lexical content, colour symbolist, and pragmatics.



Figure 2

Figure 2 presents a different multimodal configuration: colour–image–text arranged with stronger directive tone. Again, blue operates as the trans-cultural foundation associated with clarity and purity (Lambert & Zanin, 2020), while white frames text and imagery. The verbal element is a verb phrase *jagalah kebersihan*—a short imperative construction with heightened directive force. Despite brevity, its illocutionary strength is reinforced through the accompanying icon of a person disposing of trash. It creates behavioural compliance visually unavoidable. Compared with Figure 1, the sign foregrounds directive intent more explicitly by omitting expressive politeness markers and strengthening institutional authority. Functionally, it indicates differentiated communication strategies where signage alternates between soft persuasion and firm command to shape audience behaviour.



Figure 3

Figures 3 (above) and figure 4 (below) demonstrate simpler multimodal combinations that composed only of colour and text. In Figure 6, green serves as the base and white the written mode. Green carries associative value with naturalness and environmental health. It reinforces the ecological dimension of the message. The signage displays two verbal constructions: a gratitude clause and the institutional noun phrase. The prominent enlargement of *terima kasih* highlights affective acknowledgement and making gratitude the informational centre, while institutional identity occupies secondary position. This discursive hierarchy suggests that appreciation is strategically foregrounded to stimulate voluntary compliance across hospital spaces without specifying bin placement. Meanwhile, Figure 7—white background and black text—indexes purity and formality (Xing, 2009). Its text integrates a softened imperative expressed through *jagalah kebersihan*, in which the suffix *-lah* mitigates command force (Hasan & Sugono, 2002), accompanied by a clause presupposing compliance—*terima kasih anda membuang sampah pada*

tempatnya. The rhetorical sequencing demonstrates that linguistic politeness markers regulate social action while preserving institutional authority.

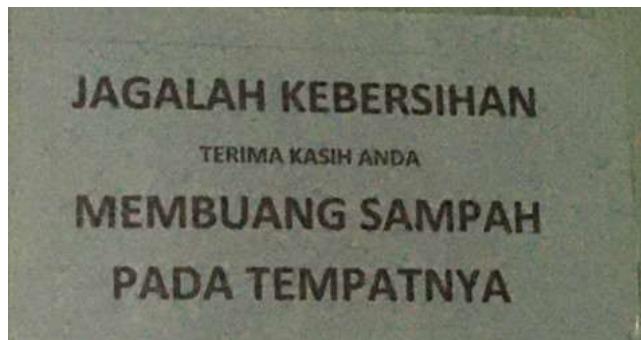


Figure 4

Across all analysed signs, the communicative function corresponds to Austin's speech act taxonomy and Searle's illocutionary classification. Figures 1 and 3 primarily deploy expressive speech acts—thanking readers for compliant behaviour. Pragmatically, these utterances presuppose fulfilment of action and encourage continued adherence through positive reinforcement, generating psychological comfort, and perceived appreciation. Conversely, Figures 2 and 4 employ directive speech acts as explicit commands, compelling the public to dispose of waste responsibly, and signalling institutional enforcement capacity. The alternation between directive and expressive acts indicates a dual regulatory strategy—persuasion through politeness and behavioural enforcement through imperative framing. The findings confirm that hospital signage is not merely informational. It is ideologically structured multimodal discourse performing both behavioural regulation and institutional identity projection. Through the interplay of chromatic symbolism, iconography, syntactic construction, and speech act performance, Prof. Ngoerah hospital constructs visibility of authority, ethical responsibility, and environmental stewardship. It also demonstrates the value of speech act analysis in LL studies.

The findings of the study demonstrate that regulatory signage in Prof. Dr. I.G.N.G. Ngoerah hospital is not a simple textual warning. It operates as institutionally constructed multimodal discourse designed to regulate behaviour through layered semiotic resources. The relational integration of image, colour, and written language reflects on what Scollon and Scollon (2003) identify as *discourse in place*—the idea that language becomes meaningfully operative only when situated materially within its environment. In Figure 1, the hospital logo, disposal icon, and directional arrow communicate not only the expected behaviour—disposing of trash properly—but also affirm institutional identity, mission, and cultural anchoring. The Ministry of Health's description of Sanglah hospital's emblem indicates that each visual component symbolically projects values of divine guardianship, noble duties, unity, and tranquillity. These symbolic attributes transform a routine instruction into a socio-culturally embedded message. Here, the signage transcends behavioural instruction and it simultaneously functions as ethical discourse that positions cleanliness as not merely compliance but a moral and communal responsibility.

Colour usage throughout the signage further reinforces institutional and behavioural aims. Blue's semantic association with trust and purity, white's association with simplicity, and black's connotation of formality (Xing, 2009; Lambert & Zanin, 2020) demonstrate that chromatic selection is neither aesthetic nor random, but deliberate persuasion. Through its dynamism, colour becomes pragmatic force. It leads the reader's psychological response toward compliance. It aligns with multimodal theorization by Mulyawan (2023), who argues that combinations of

colour, text, and imagery amplify interpretive depth. In the hospital context, blue's calmness tempers coercive force of regulation, while black legitimizes authority, and white reifies behavioural expectation as value-based rather than merely rule-based. Consequently, the signage can be read as a carefully staged communicative encounter: its colour palette slightly retrieves affect, aligns perception, and reinforces institutional stance before the written directive is cognitively processed.

The interaction between lexical structure and iconographic signs illustrates an important dimension of persuasive encoding. Imperative expressions such as *jagalah kebersihan* communicate obligation while allowing variation in pragmatic pressure. The suffix *-lah* softens command construction (Hasan & Sugono, 2002), signalling politeness and maintaining face relations. However, imagery accompanying the text reinstates directive strength through visual inevitability: a person disposing of trash at a bin presents the act not as optional but normatively prescribed. In Figures 1 and 3, this dual mechanism is replaced by expressive speech acts such as *terima kasih sudah membuang sampah pada tempatnya*. It implies that compliance has occurred and recognition is deserved. These different formulations exemplify on what Cenoz and Gorter (2008) describe as indirect performativity—where signs imply requests without explicitly issuing them. Thus, linguistic politeness and visual reinforcement become tools through which institutional authority maintains influence while avoiding overt force. It is an approach that aligns with societal norms of hospitality and respect.

Furthermore, the spatial distribution and communicative hierarchy visible in the signage reflect Scollon and Scollon's (2003) observations on indexicality and positional semiotics. In Figure 3, the enlarged *terima kasih* prioritizes gratitude over the institutional issuer's name. It also indicates positive affect that is the primary interpersonal engagement strategy. It aligns with research on compliance psychology in suggesting that individuals are more responsive to institutional instruction when approached with appreciation rather than command. Meanwhile, directive-oriented signs (Figures 2 and 4) soften expressive gratitude in favour of visually reinforced or syntactically foregrounded imperatives. The strategic alternation suggests that the hospital deploys multimodal variation to regulate behaviour across different interaction contexts—exerting pressure where compliance risk may be high and invoking gratitude where behavioural adherence is assumed. Thus, signage is not uniform but responsive, fulfilling communicative adaptability necessary for effective behavioural governance.

From a speech act perspective, the signs reveal institutional negotiation between expressive and directive functions. According to Austin's tripartite framework and Searle's taxation of illocutionary types (Levinson, 2017), *terima kasih* constitutes an expressive act that asserts institutional stance while rehearsing reader identity as compliant actor. Meanwhile, imperatives such as *jagalah kebersihan* act as directive illocutions compelling action. The coexistence of these acts in different signage samples indicates intentional diversification of communicative force. Expressive acts cultivate solidarity by acknowledging behaviour which may not yet have occurred—thereby projecting trust in the community. Directive acts assert hierarchy and task compliance. Together, these constructs demonstrate an institutional balancing act between persuasive communication and mandatory regulation. The multimodal configurations visible in the signs provide evidence that institutional voice is not static; rather, it is strategically modulated to accommodate politeness norms, authority assertion, and environmental stewardship.

Taken collectively, these patterns affirm that hospital signage constitutes a form of multimodal governance that integrates visual identity, semiotic ideology, discourse pragmatics, and indexical order to achieve behavioural control. Rather than treating language merely as a means of transmitting instructions, the hospital constructs its regulatory signage as affectively layered and symbolically rich artefacts. It demonstrates the analytic value of linguistic landscape methodology and uncovers public communication that is institutionalized and meaning that is socially engineered through semiotic design. By operationalizing both expressive and directives, Prof. Ngoerah hospital projects its role not only as service provider, but as ethical actor shaping public practice. Therefore, the signs serve dual purposes—environmental cleanliness and social compliance—positioning hospital space as regulated terrain where communication performs governance. These findings reinforce the claim that linguistic landscapes are active sites of ideological and pragmatic inscription (Gorter & Cenoz, 2023), validating LL's capacity to illuminate institutions that make meaning visible, persuasive, and normative in everyday environments.

4. Novelties

Articles The research advances Linguistic Landscape (LL) scholarship by situating a healthcare institution as a semiotically rich public space—an empirical domain largely overlooked in Indonesian LL studies. Whereas previous research has concentrated on tourism settings, heritage centres, rail stations, and commercial zones (Wulansari, 2019; Widiyanto, 2019; Aini et al., 2023), this study reveals that hospitals constitute uniquely regulated communicative environments. The signage functions not only as informational artefact, but as ethical representation of institutional identity. The inclusion of the hospital emblem—whose components symbolise unity, divine guardianship, service ethos, and tranquillity—demonstrates that regulatory messages are interwoven with ideological layers (Madewa, 1978). The reframing positions signage as symbolic infrastructure through which institutional authority, cultural rootedness, and public health responsibility are made visible. By extending LL inquiry to the healthcare domain, the study provides theoretical scaffolding for understanding material text, colour, and iconography that intersect with policy discourse to manage behaviour in environments of vulnerability and high mobility.

A second novelty lies in the discovery of multimodal orchestration operates as dual-governance strategy through speech act performance. While LL research has acknowledged multimodality, the present findings empirically demonstrate expressive and directive speech acts that alternate within different signage samples to construct affective and regulative balance. Signs of *terima kasih* enact presupposed compliance and performing expressive illocution while cultivating reader identity as socially responsible actor. Conversely, signs dominated by *jagalah kebersihan* or strong imperative configuration function as directive illocutions commanding action. The study shows that the alternation is systematically intensified through chromatic persuasion—blue signalling calmness, black invoking authority, and white indexing purity (Xing, 2009; Lambert & Zanin, 2020). The multimodal matching of lexical politeness strategies and visual reassurance substantiates Cenoz and Gorter's (2008) concept of indirect performativity. Signage constructs behaviour not by direct coercion, but by mobilizing psychological alignment. The identification of speech act alternation embedded in multimodal design offers methodological novelty by bridging LL with pragmatic analysis in institutional settings.

The study contributes analytical innovation by demonstrating Scollon and Scollon's (2003) indexicality principles that manifest in micro-hierarchies of text arrangement within hospital signage. The enlargement of *terima kasih* in certain signs signals communicative

prioritization—gratitude precedes institutional naming, thereby redefining regulatory authority through face-saving and public engagement. Meanwhile, directive-oriented signs suppress expressive elements and amplify behaviour-shaping rhetoric while reflecting situational adaptability rather than uniform institutional voice. It reveals that signage is not static, but dynamically curated to accommodate compliance contexts across hospital spaces. Such findings refine theoretical interpretations of place semiotics by showing that micro-structural formatting, order of information, and visual prominence constitute ideological techniques of governance. Thus, the research provides conceptual extensions for multimodal LL studies which illustrates hospital signage that operates as multimodal governance framework where symbolic identity, directive intention, and communicative politeness co-exist as engineered discourse.

5. Conclusion

The findings of the study affirm that regulatory signage at Prof. Dr. I.G.N.G. Ngoerah hospital constitutes a sophisticated Linguistic Landscape (LL) where communicative intention is materialised through multimodal orchestration. Signage is not merely textual instruction, but an engineered semiotic artefact integrating institutional identity, chromatic persuasion, visual iconography, and pragmatic strategies. Through the repetition of emblematic imagery—such as the hospital logo embodying unity, moral duty, and protective meaning—regulatory text becomes anchored in ideological grounds. It demonstrates institutions that embed symbolic values within behavioural messages. The variation of colour modes, notably blue signalling calm and trust, black indexing authority, and white representing order and purity, reveals that hospital communication includes psychological calibration rather than simple informational conveyance. Linguistically, the alternation between directive imperatives such as *jagalah kebersihan* and expressive utterances such as *terima kasih sudah membuang sampah pada tempatnya* demonstrates intentional speech act modulation. It enables the institution to manage compliance by balancing authoritative force and interpersonal politeness. These mechanisms illustrate the conceptual utility of speech act theory in LL analysis: signage functions simultaneously as directive and expressive modality and strategically shaping public conduct through linguistic and visual alignment.

Beyond documenting multimodal structure, the research contributes to current LL theory by extending empirical scope to healthcare settings—spaces largely overlooked within Indonesian scholarship despite high semiotic density and behavioural governance demands. Analysis reveals that signage creates multimodal governance where behavioural norms are shaped through carefully staged semiotic environments. Scollon and Scollon's (2003) indexicality theory is corroborated in micro-hierarchies of text composition where emphasis placement, sequencing, and font priority serve as pragmatic cues shaping reader interpretation. It suggests that public institutions adapt their communicative voice according to situational need—employing expressive politeness to reinforce solidarity in generic space while intensifying directive force in high-risk contexts. Thus, hospital signage must be understood not as static object, but as dynamic discursive instrument that performs institutional identity, authority, and responsibility. The study, therefore, advances the theoretical and methodological discussion of LL by demonstrating multimodal regulatory discourse that enacts governance and ethical positioning. Future research should explore comparative LL analysis across healthcare institutions, multilingual signage in clinical tourism settings, and perlocutionary reception among hospital visitors to deepen understanding of meaning-making, compliance psychology, and

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