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AUTHOR(S)	Natia Badridze, Maia Advadze, Nino Elisabedashvili, Irma Khachidze, Nana Nikolaishvili.
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A STUDY OF COMMUNICATIVE STRATEGIES AND TACTICS IN MEDICAL COLLEGIAL DISCOURSE

Natia Badridze
MD (Invited lecturer, Georgian National University SEU, Tbilisi, Georgia)

Maia Advadze
PhD (Dean of the Faculty of Medicine, Georgian National University SEU, Tbilisi, Georgia);

Nino Elisabedashvili
PhD (Vice Rector, Georgian National University SEU, Tbilisi, Georgia)

Irma Khachidze
PhD (Professor, Georgian National University SEU, Tbilisi, Georgia)

Nana Nikolaishvili
MD (Associated professor, Georgian National University SEU, Tbilisi, Georgia)

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ABSTRACT

The research deals with the study of communicative strategies and tactics in medical collegial discourse. The speech strategies of communicators have been studied based on audio recordings of dialogues between students/doctors and patients, and typical macro intentions of student-doctors ("support", "prohibition", "ignoring") were identified, according to this was suggested the classification of communication strategies and tactics: cognitive reframing, persuasive Communication strategy, motivational interviewing techniques, feedback tactics, information strategy. The analysis showed that the appropriateness of the selected approach depends on the context of the situation and affects the achievement of mutual understanding with the patient.

The problem of studying communicative strategies and tactics of professional discourse is widely presented in the research of foreign authors such as J. Heritage, D.W. Maynard, S. Fleischman, N. Ainsworth-Vaughn, et al. Communication between a doctor and a patient is at the center of researchers' attention as a phenomenon that acts as a multifaceted construct and is considered in modern linguistics from pragmalinguistic, dialogic, culturological, and sociolinguistic positions.

Reforms carried out in the healthcare system over the past years have led to the need to change the paradigm of doctor-patient communicative interaction models: the paternalistic model is replaced by a collegial model, which has led to the analysis of the effectiveness of the doctor-patient communication models, the study of the specifics of the linguistic implementation of their cognitive and speech strategies, comparing the results obtained and determining the reasons for the success or failure of specific speech strategies and tactics.

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Introduction.

The problem of organizing effective communication in the field of medicine is currently particularly relevant due to the crisis related to public trust in medical institutions and doctors, which is caused by various reasons: the skeptical attitude of the public to modern medicine formed by the media, the wide availability of medical and pseudo-medical literature, commercialization and bureaucratization of medicine.

The lack of trust leads to conflict between doctors and patients - they want to cooperate with disciplined patients who respect their authoritative opinion and obediently follow instructions. The latter are increasingly questioning the purpose of doctors, becoming more demanding of the professional and communication skills of doctors.

Until now, the issue of defining and differentiating discursive, cognitive, communicative, and pragmatic strategies remains relevant since the analysis of works devoted to the study of strategic features of medical discourse has shown significant discrepancies in the definition and classification of these concepts.

There is a lack of knowledge of the global strategies of medical discourse, which regulate the general background of communication between the doctor and the patient and determine the development of an authoritarian or collegial type of discourse.

There are no studies on the theory of collegial discourse, and only a few scientific works are devoted to the study of authoritarian discourse.

The research is based on the hypothesis that the medical collegial discourse of the doctor and the patient is carried out using cognitive, discursive, and speech strategies and tactics, which have specific characteristics, which allows us to classify them as collegial type strategies and tactics.

The choice of strategic speech techniques is determined by global and local goals.

Materials and Methods.

The object of the research is dialogic discourse in the professional field of communication (in the clinic).

The research deals with cognitive speech strategies and tactics specific for the collegial type of "doctor-patient" professional communication discourse.

The purpose of the study: to create a cognitive model of the collegial type of medical discourse by identifying, studying, and classifying their parameters, describing the structure and communicative-pragmatic functions, main and auxiliary speech strategies, focusing on solving the following tasks:

1) The concept of collegial medical discourse was specified, and its strategic, compositional, and genre characteristics have been determined;

2) The concept of speech strategy and speech tactics was specified, the existing typologies were differentiated, and the principles of dynamic analysis of collegial discourse strategies and tactics have been developed;

3) The cognitive, linguistic, and pragmatic features of the collegial type of discourse have been studied;

4) The classification of cognitive and communicative strategies and tactics of collegial discourse has been developed;

5) The objective material has been analyzed according to the developed classification.

6) The effectiveness of collegial discourse has been evaluated.

7) Recommendations for the use of collegial type of discourse in clinical communication have been developed.

Research material: recordings of 9 authentic dialogues between students/physicians and patients, totaling more than 400 minutes. The conditions of collection, use, and presentation of study material have been approved by the ethics committee.

The main research methods are descriptive, linguistic observation and interpretation, discourse analysis, sociolinguistic methods of participant observation and participant survey.

The scientific novelty of the work lies in the fact that, for the first time, it examines the cognitive model of the collegial type of discourse between the doctor and the patient, which can become a part of both the professional and the general discourse theory.

Results.

The study of strategies and tactics of medical discourse was carried out on the example of collegial discourse, which helped us to understand and clarify several essential features of medical discourse. The definition of collegial discourse was proposed for the first time in the research.

In the scope of the research a dynamic analysis of the dialogue between the doctor and the patient based on the principles of linguosynergetics has been developed, the tactics and strategic means, as well as the points of bifurcation of the dialogues and the ways of their resolution have been determined.

The theoretical significance of the research lies in the initiation of a cognitive model of the "doctor-patient" communication style, through the analysis of the collegial type of medical discourse, as well as in the determination of linguistic, pragmalinguistic, and communicative characteristics of speech strategies.

The classification of communicative strategies characteristic of the collegial type of discourse in the existing research expands the understanding of the system of communicative strategies in general and medical discourse strategies in particular. The obtained results will contribute to the further development of the theory of communication in the field of professional discourse, as well as the study of the speech behavior of the doctor and the patient.

The practical value of the work lies in the possibility of developing special educational courses in medical collegial discourse using the obtained results.

Discussion.

Medical discourse is a multidimensional communicative phenomenon. It has universal discursive characteristics, such as dynamism, dialogism, sociability, integrity, discreteness, and intentionality. It also includes specific features, for example, personality, linguotherapy, suggestibility, and ritualization.

Medical discourse is an inseparable element of the system of institutional discourses and has universal and specific discursive features.

The universal characteristics of discourse are formality of communication, sustainability of the global community, standard and ritual communication in typical situations, high degree of professional competence of one of the communicators.

A specific characteristic of the discourse is the personal nature of the medical discourse, which results from the need to establish an atmosphere of trust and ensure compliance.

Identifying different communication goals in medical discourse allows us to divide them into cognitive, discursive, and communicative parts.

Cognitive goals are aimed at achieving compliance between doctor and patient.

Discursive goals are subordinated to the professional tasks of medical discourse and are united by the general principle of "problem-solution".

Communication goals are determined by the desire of communicators to improve communication effectiveness.

General ideas or concepts about the means of achieving goals are called strategies.

Strategy is a decision about what type of behavior and action should be chosen in each situation, as well as predicting the development of dialogue and determining ways to achieve local and global goals of the discourse.

In our research, the term communicative strategy is understood as the process of constructing dialogue in a specific situation by choosing the optimal type of speech behavior, which is aimed at achieving the goal, conditioned by the social context and a certain psychological mood.

This task is achieved with the help of communicative tactics, including one or more communicative moves, with the help of which the speaker can change his/her speech actions, taking into account success/failure.

The main characteristics of communication strategies and tactics are social context, control, planning, prediction, flexibility, dynamics, and efficiency.

The main strategies of the medical collegial discourse are cognitive and discursive.

The cognitive strategy aims to transform the picture of the patient's world, thus ensuring compliance between the doctor and the patient and the patient's recovery.

The discursive strategy is related to the professional activity of the doctor aimed at discovering, identifying, and solving the problem with which the patient applied to the medical institution.

Thus, the discourse of the doctor and the patient is considered from the standpoint of achieving different goals: cognitive, discursive, and communicative.

These goals define a set of strategies:

1) cognitive strategies - cognitive reframing - submission, compromise;

2) there are specific discursive strategies of medical discourse, which are called strategies of "diagnosis", "treatment" and "recommendation".

The choice of communication strategies depends on several variables, for example, the environment of collegial discourse interaction, the psychotype of the doctor and the patient, the parameters of sociability, and the competencies of the participants.

The implementation of the main strategies is ensured by a set of auxiliary communication strategies, which are divided into:

1) pragmatically - according to the methods of implementation of intentions;

2) dialogically - according to the methods of organizing dialogue interaction;

3) rhetorically - according to the methods of optimal impact on the addressee.

The actions of the speaker(s) are a system in which global and local strategies have the property of self-similarity and are considered as phases of global/local purposeful action, the transitions of which represent bifurcation points of the discourse, when the speaker chooses, in his opinion, the most effective strategy of the discourse type in a specific situation and tactics that allow him to adapt to the updated context and perform tactical actions to implement the global strategy.

To solve this problem, the present study proposes a discourse analysis, considering the dynamics of strategies and tactics (medical consultation in a medical institution).

Dynamic dialogue analysis includes the following steps:

1. Description of the contextual model of the event.

2. Preliminary information, which forms the main line of the discourse and includes the cognitive presuppositions of the participants of the discourse, and the interests and goals of each communicator.

3. Determination of phases of global (cognitive) strategies for each participant's part of speech: prospective, dynamic, and resulting phases.

4. Determination of bifurcation points and analysis of communicative factors.

5. Analysis of local (discourse, communication) strategies and tactics, assessment of their success at each stage.

6. Analysis of the effectiveness of the cognitive strategies of the participants in communication and determination of the final state of the discourse.

The bifurcation point of discourse is understood as a critical moment in the development of communication when the speaker chooses one of two or more types of speech behavior, which leads to a qualitative transformation of the discourse and its further development from one option to the next bifurcation point.

The factors for the emergence of bifurcation points in the dialogue are the circumstances of the communicative interaction of people, which led to the need to adjust the discourse, to change the intention, modus, or content. These are a violation of the rules of cooperative communication, taboo or inappropriate topics, the communicator's desire to achieve the communicative goal with minimal effort, and conflict of expectations.

Collegial type of discourse is a kind of communication between subjects with equal or unequal status, in which participants use speech to influence each other in the cognitive sphere, through an open exchange of information, to jointly reach a compromise and define ways to solve a problem.

This type of discourse is an embodiment of coordinative relations, where communicators are bound by equal cooperative/collegial rather than subordinating relations.

In the interaction of subjects with unequal status, the difference in their status is not manifested in speech and does not influence the choice of a specific decision.

Discourse participants show respect for the opinion of the opponent, try to identify and take into account the expectations of the relationship, and avoid rigid directiveness in speech.

Signs of a collegial type of discourse are the subjective-subjective nature of communication, the absence of monopoly in certain speech acts, weakening of formal communication achieved by mutual agreement.

The use of persuasive and argumentative speech acts and action-causing sentences, the use of speech strategies that indicate general activity.

Speech acts of collegial type of discourse are proposal, argument, advice, warning, recommendation, narrative, etc.

Linguistic indicators of the equality of collegial type of discourse are speech constructions of "joint action", asking for the patient's permission to perform common actions or encouragement, and use of casual, simple vocabulary to create an "atmosphere of intragroup identity".

The classification of the main and auxiliary strategies and tactics of the collegial type of discourse is developed for the first time in the research.

The use of a collegial type of communicative strategy is largely determined by the extra-linguistic goal of medical discourse - to ensure the compliant behavior of the patient, which is manifested in the conscious and accurate implementation of the doctor's recommendations, for the effectiveness of the treatment.

In a collegial type of discourse, the methods of the doctor's influence on the patient's behavior are focused on the essence of the problem, the effect of therapeutic mechanisms, and the importance of the exact fulfillment of the prescription.

It is also important for the patient to freely choose the ways to solve the problem suggested by the specialist. The patient must be able to accept or refuse without risking communicative sanctions (accusation, condemnation, reprimand, ridicule, etc.).

Various combinations of the listed goals and tasks contribute to the achievement of the cognitive goal of collegial discourse - compromise.

This goal determines the existence of a communicative strategy for a coordinated decision, which belongs to the main strategies of the collegial type of discourse. Pragmatic strategies supporting collegial discourse include informative and persuasive strategies.

The basic conditions of a collegial type of discourse, such as the search/establishment of common presuppositions and the recognition of the value of the opponent's opinion, determine the following characteristics of dialogue strategies:

• absence of restrictions on the use of certain speech acts (every participant can offer, advise, ask a question, explain);

• taking the communicative initiative in dialogue is carried out by turning on verbal or non-verbal reaction signals to the speaker's words or by continuing the interlocutor's reply (unison dialogue);

• rhetorical strategies of collegial discourse include strategies of attention and emotional impact control, implemented with the help of attention actualization, emotional tuning, legitimization of feelings, and distraction tactics.

Conclusion.

The dynamic analysis of the collegial discourse between the doctor and the patient made it possible to conclude that the choice of persuasive and rhetorical tactics at bifurcation points such as refusal of treatment or patient resistance leads to the harmonization of the discourse, without the use of means of communicative pressure or aggression on the behavior of the interlocutor, which destroys relations between communicators.

The downside of using collegial discourse strategies is the long time spent on medical consultation, the risks of inappropriate behavior of the "requesting" patient, and the mutual transfer of responsibility for the treatment outcome.

At the end of the research, the results of the collegial discourse are summarized.

It was determined that the doctor's speech is variable, depends on the context, and correlates with the following variables: doctor's psychotype - patient's psychotype - communicative situation - bifurcation point - collegial type of discourse.

Bifurcation points include the patient's refusal to receive treatment or follow recommendations, the message of independent actions (self-diagnosis, self-treatment), the patient's statement about an alternative opinion, resistance, and disagreement with the doctor.

It is noted that the choice of collegial discourse is influenced by the age of the doctor: middle-aged and young doctors more often use collegial communication with patients.

It turned out that the preference for a certain type of communication with the doctor depends on the patient's characteristics. The success of the interaction between the doctor and the patient can be seen in the following ratios:

collegial type of discourse - "non-directive doctor" / "merciful doctor" - "obedient patient / educated patient / demanding patient";

collegial type discourse - cooperative-actualizing type of the doctor's personality - cooperative-actualizing/conflicting type of the patient's personality.

As a result of the analysis of the dialogue between the doctor and the patient, a cognitive model of medical collegial discourse has been compiled:

participant types: "non-directive doctor" / "compassionate doctor" "obedient patient/educated patient/demanding patient";

psychotype of the doctor - cooperative/actualizing type;

psychotype of the patient - cooperatively actualizing/conflicting.

Initial interview: survey, examination, recommendations, patient instruction, control of patient activity.

Cognitive goal (global): transformation of the image of the world and the behavior of the patient.

Local goals:

- reaching a compromise;
- search for common positions;
- formation of compliance

Bifurcation points:

Expressing an alternative opinion, a message of independent actions (self-treatment, self-diagnosis), doubting the doctor's professionalism, expressing distrust of the doctor, refusing treatment.

Main strategies:

Cognitive reframing to achieve consensus.

Assistive Speech Strategies:

- pragmatic (informative and persuasive);
- rhetorical (attention control and emotional tuning strategy);
- dialogic (implicit dialogue flow and topic management).

Speech tactics:

Suggestion, motivation, alternative, argument, explanation, response regulation tactics, feedback request, emotional tuning and legitimization of feelings, attention control, distraction tactics, speech encouragement tactics, and unison dialogue.

Efficiency:

- successful implementation of the "educated patient" model;
- there are risks of non-productive communication when dealing with an "obedient patient" who waits for clear instructions from the doctor;
- compliance risks with a "demanding" patient.

Communicants' freedom of action may lead to avoidance of responsibility for the outcome of treatment.

The results of the research led us to the conclusion that the collegial model of communication, which includes collegial discourse strategies, is currently being used in medical discourse.

Research perspectives are clarification of the existing classification of strategies, creation of a similar classification of strategies and tactics of the patient, study, and creation of peculiarities of speech of the doctor and the patient.

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