



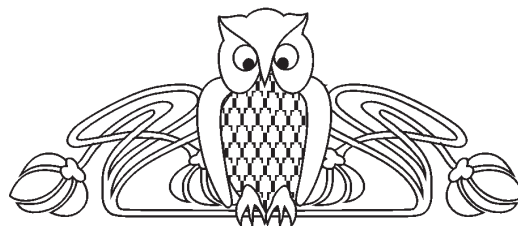
Известия Саратовского университета. Новая серия. Серия: Филология. Журналистика. 2021. Т. 21, вып. 2. С. 176–179  
*Izvestiya of Saratov University. Philology. Journalism*, 2021, vol. 21, iss. 2, pp. 176–179

Article

<https://doi.org/10.18500/1817-7115-2021-21-2-176-179>

## Communicative risks in the dyad ‘doctor – patient’

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**Abstract.** The article deals with the doctor’s communicative behavior and professional risks arising in the process of doctor – patient verbal communication. Obedience of linguistic and communicative norms proves to be the most essential factor in preventing a professionally ‘risky’ doctor – patient communication. In the process of investigation, speech tactics of doctor – patient communication, which can prevent possible professional risks, have been established.

**Keywords:** doctor – patient professional communication, communicative risks, speech behavior, communicative competence.

**For citation:** Barsukova M. I., Rodionova T. V. Communicative risks in the dyad ‘doctor – patient’. *Izvestiya of Saratov University. Philology. Journalism*, 2021, vol. 21, iss. 2, pp. 176–179. <https://doi.org/10.18500/1817-7115-2021-21-2-176-179>

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Научная статья

УДК 811.161.1’271:61

<https://doi.org/10.18500/1817-7115-2021-21-2-176-179>

**Коммуникативные риски в диаде «врач – пациент»**

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**Аннотация.** Статья посвящена коммуникативному поведению врача и профессиональным рискам, возникающим в процессе общения врача и пациента. Доказывается, что следование языковым и коммуникативным нормам является важнейшим фактором предупреждения профессионально «рискованного» общения между врачом и пациентом. В процессе исследования были выявлены речевые тактики общения врача и пациента, способные предупредить возможные профессиональные риски.

**Ключевые слова:** профессиональное общение врача и пациента, коммуникативные риски, речевое поведение, коммуникативная компетентность

**Для цитирования:** Barsukova M. I., Rodionova T. V. Communicative risks in the dyad ‘doctor – patient’ [Барсукова М. И., Родионова Т. В. Коммуникативные риски в диаде «врач – пациент»] // Известия Саратовского университета. Новая серия. Серия: Филология. Журналистика. 2021. Т. 21, вып. 2. С. 176–179. <https://doi.org/10.18500/1817-7115-2021-21-2-176-179>

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Institutional interaction between participants of the medical discourse is a necessary condition for proving an efficient medical aid [1]. The level of contemporary higher professional medical education, provision of the population with remedies and medical goods, technical equipment and facilities of in- and out-patient medical institutions, installation and application of new methods and technical devices for diagnosing and treatment of diseases are com-

pulsory conditions for rendering a qualitative medical aid [2]. However, it is absolutely obvious that communicative competence of a doctor and his/her adequate speech behavior are also quite significant factors for achievement of professional success [3, 4]. The existing health care system is characterized by quite a high degree of professional risks which are caused not only by peculiarities of the sphere of medical service and growth of commercial medi-



cine, but also by specific features of doctor – patient verbal communication [5].

The investigation has been aimed to study speech behavior of doctors from the viewpoint of obedience or disobedience of the generally accepted linguistic norms. The conducted research has been based on materials obtained from dictaphonic and hand-written records of speech of doctors of different specialties with patients of out-patient hospital departments of the city of Saratov. The total volume of the decoded records is 32 hours.

It is known that a high linguistic level of a doctor's personality greatly contributes to the patient's recovery because well-developed communicative skills of a medical specialist form life-affirmative precepts in the patient [6]. Addressing the doctor for medical consultation is often accompanied by the patient's upreadiness to speak about his sensations and to demonstrate his feelings, as well as by fear of uncertainty, anxiety and pain. The correctly initiated dialogue with the patient, an optimally chosen combination of tactics of acquaintance, contact establishment and maintenance of good-natured relations greatly contribute to doctor – patient successful communication [7]. Quite often, from the first seconds of communication, the doctor clearly understands that it is, in fact, impossible to initiate a productive conversation with the patient, and that it is necessary to direct his personal speech efforts onto formation of the patient's readiness to carry on a constructive (and sometimes rather uneasy) dialogue. That is why it is of utmost importance for the doctor to convince the patient that the planned medical procedure is painless and effective.

In such situations the doctor is obliged to undertake additional communicative efforts in order to establish a contact with the patient and to create in him a positive attitude to the curative process: *давайте помогу, не переживайте/ мы обязательно сможем Вам помочь, больно не будет/ не бойтесь, аккуратно сейчас всё сделаем/ не волнуйтесь/ садитесь поудобнее// Салфеточку держите*. The "you"-form of addressing to the patient accompanied by non-verbal speech tactics, and essential and appropriate gesticulation serve the purpose of a correct initiation of the doctor-patient dialogue.

The materials of the study have demonstrated that doctors of different specialties regularly [8] use the tactics of the patient's thought formation: *нужно обязательно лечиться/ лечиться нужно постоянно/ желательнее лечиться только у специалиста/ которому Вы доверяете/ который знает о Ваших проблемах*. Rendering the maximally required medical aid to the patient for his maintaining a full-fledged life quality (and this is a manifestation of communicative success) may, in fact, be achieved by applying this speech behavior tactics in both diagnosing and recommending strategies. Doctors may be supposed to choose this tactics for applying it in this or that strategy, depending on their specialty. For example, it has been registered that doctors-traumatologists use

this communicative tactics only for realization of diagnosing strategy, and doctors-stomatologists – only for realization of treating strategy. Physicians of other specialties (general practitioners, gynecologists, manual therapists, otorhinolaryngologists) have been noted to use the tactics of the patient's thought formation for realization of both diagnosing and recommending strategies. Application of this tactics for realization of treating strategy in speech of doctors of different specialties has not been registered in the materials of our research.

The use of the tactics of explanation in the process of communication between a doctor and a patient has proved to be quite effective. The patient wants to know (and it is really important for him) what the doctor is planning to do, and how he is going to do it. The awareness of the procedure to be performed helps the patient to get rid of his fear of uncertainty. It should be pointed out that a similar tactics is also used by professionals engaged in the sphere of service (masters of manicure and pedicure, hairdressers, visagists and massagists), where interactions in the regimen "man – man" are aimed at "moving to the best result" with the maximum comfort. This tactics may be realized in different ways. The materials of our study demonstrate that application of the explaining tactics and its realization in the "we-joint" form prove to be efficient not only in creation of a good-natured atmosphere of a doctor – patient cooperation, but also in minimizing and prevention of possible risks in professional communication (Doctor: *Сюда поближе// Не бойтесь/ мы только немножко пройдемся зеркальцем/ и посмотрим на общее состояние// Вот такой щёткой почистим// Если не очистится/ то более абразивной//*).

It should be noted that application of explaining tactics in certain situations is characterized by combination with convincing tactics which, as a rule, is realized by means of phrases wit modality of obligation: *к своему здоровью надо относиться серьёзно, но прежде всего вы должны помочь сами себе*. The doctor's desire that the patient should strictly follow the prescribed recommendations, and formation of the patient's awareness of the fact that the administered medication is really of great importance, are realized in the tactics of convincing and, more rarely, in the tactics of threatening. Although the doctor uses "we-communication" form in the meaning of "we-joint" form, he lays the responsibility on the patient and in such a manner obtains the patient's approval for mutual cooperation and provides the patient's guaranteed obedience to follow the required administrations: *мы сделаем для Вас всё/ что в наших силах/ но без вас нам не справиться//*. Since only the entire complex of tactic steps will make it possible for the doctor to count on full and exact patient's obedience to accomplish the prescribed medical procedures for achievement of good therapeutic results, the doctor may disapprove half-measures and insist on complete fulfillment of his recommendations by the patient.



These communicative tactics may not be realized in a strictly pronounced manner: *Можно покапать трехпроцентную перекись// а то пойдёте купаться/ можно глухой из душа выйти//*. To our opinion, the ways of realization of these tactics greatly depend not only upon peculiarities of the doctor's speech manner and his linguistic preferences, but also upon the patient's physiological, psychological, emotional and social characteristics which should by all means be regarded by the doctor with the purpose of excluding probable risks of his communicative behavior. A friendly tone and a particularly delicate character of conversation, an appropriate use of the spectrum of euphemistic means – are the key to successful communication [9]. A timely spoken joke, which is capable not only to reduce tension but also to create long-term good-natured relations, serves the same purpose. Such forms of speech behavior, when after completing diagnosing and recommending strategies the doctor finishes the conversation with a phrase which evokes a smile on the patient's face, have been registered in the materials of our investigation:

Doctor: *А на работе высота есть?//*

Patient: *Да нет// Второй этаж/ не высота/ я думаю//*

Doctor: *Ну вот// А говорите высоты боитесь//* (the doctor and the patient are both smiling; the doctor fills in the medical card and gives it to the patient).

Finishing the earlier started dialogue in such a way leaves the patient assured in a positive result of his visit to the doctor and makes it possible for the patient to experience a psychological comfort. An appropriately spoken compliment serves the same purpose:

Doctor: *здесь/* (he carefully examines the oral cavity supporting the cheek with his hand and the instrument) *так/ угу/ так/ очень красивый зубик получился/ красавчик просто//*.

It is worth mentioning that a compliment in combination with the “we-joint” form (*Давайте посмотрим/ что у нас*), discursives (*угу, так*) and a number of extralinguistic and non-verbal means significantly contribute to minimizing of tension in the process of doctor – patient communication, and to creation of the patient's assurance in the properly carried out treatment.

And on the contrary, the doctor's unpreparedness to create a favourable atmosphere of the conversation and his unwillingness to assure the patient in the appropriately chosen therapeutic tactics result not only in the occurrence of professional communicative risks but may even lead to a conflict situation.

Let us analyze a fragment of the dialogue between a doctor-stomatologist and a patient, which has been carried on during the primary dental examination. The doctor is a woman of 35 years old; the patient, a girl aged 22, has come to consult the dentist with the complaint of a broken tooth.

Doctor: (after examination of the oral cavity, she is silently choosing instruments)

Patient: *Что с зубом?// Что Вы собираетесь делать?//*

Doctor: *Я не знаю/ что я буду делать// Сейчас вскроем/ посмотрим//*

Patient: *Сколько времени это займет?// Я работаю и учусь ещё//*

Doctor: *Будешь ходить ко мне столько/ сколько потребуется// За один день мы здесь не управимся//* (she is silently working with the broken tooth for some period of time, then she moves away from the patient) *Я не могу попасть в канал/ вставай/ пойдём на консультацию к хирургу//*

Patient: *Отдайте мне мои снимки/ я пойду к другому врачу//* (she tries to stand up from the dental chair).

Doctor: *Сядьте/ я вам хоть временную пломбу поставлю//*

Patient: *Я к Вам в кресло больше не сяду//* (she stands up).

This dialogue clearly demonstrates the doctor's authoritarian manner of conversing with the patient, her obvious unwillingness (or, perhaps, incapability?) of creating an atmosphere of trust and productive communication. The lack of explaining tactics (the doctor explained neither the clinical picture of the case nor the necessary manipulations to be performed) and mixture of “you-singular” and “you-plural or polite” forms (*будешь ходить* – singular, *сядьте* – plural or polite) intensify the patient's negative reaction and, as a consequence, lead to a conflict situation. The outcome of the conflict has been left “outside the scene” but it is not difficult to prognose its possible variants. The patient's impression of her visit to the dentist is as follows: “She [the doctor] explained nothing to me at all! She did not tell me what she was planning to do. In the [medical] college we were taught to talk with the patient and to explain to him all required medical procedures and their purposes!” The doctor's instruction given in a categorical form, and the rude order expressed in a sentence, which is imperative by purpose and exclamatory by intonation (the semantic core of which is an imperative form of the verb) greatly contribute to creation of an additional communicative risk.

Many physicians, in accordance to their speech habits, rather actively use the words with a diminutive meaning and neglect the timeliness of their usage. Such stylistic “preference” may not, probably, create serious communicative risks, but it may, in fact, cause the doctor's failure to achieve the desired purpose. For instance, the use of the suffix *-очк-* in the words *щёточка, салфеточка* (see the above given examples) is justified; the semantic load of these words is correlated with the general intention of the doctor's rejoinder. But if the doctor addressing an adult well-built man, says: «*Спиночкой ко мне*», the patient will rather think that the doctor (although he tries to be polite and nice in the process of communication), in fact, appears to be polite just formally and incapable to find an individual and most appropriate style of carrying on a conversation with the patient [10].



Following the ethical rules and normatives of communication represents the index of a high level of communicative competence. Any disobedience or violation of these norms inevitably results in the occurrence of professional communicative risks [11], and surmounting of their consequences will make the doctor to spend additionally much more of his speech efforts. The use of tactics of explanation, convincing and the patient's thought formation will help the doctor to minimize the risks of professional doctor – patient communication. Euphemisms (*сейчас мы об этом пока говорить не будем, и потом/ когда мы увидим все в динамике/ мы вернемся к этому вопросу, Вы напрасно переживаете за эти показатели*), periphrases (*я не думаю/ что вы на ночь много всего съедаете, в темное время суток*), litotes (*не в полном порядке, не много раз*), existing in the speech arsenal of a doctor of high communicative culture, are good means of realization of these tactics.

Communicative risks may also occur due to objective extralinguistic factors, such as an indistinct pronunciation of the doctor, the tempo or volume of his speech which may not correspond to the situation or to the patient's peculiar features. And on the contrary, the careful consideration of the patient's physiological, psychological and emotional condition from the extralinguistic viewpoint, as well as slow and distinct pronunciation and uttering of the words especially important or difficult for the patient's understanding (*Ту-ре-о-и-дум/ Вам ставили такой диагноз?*) demonstrate the doctor's respect to the patient and serve as a means of maintaining harmonic doctor – patient communication.

So, it may be concluded that professional communicative risks appear to be associated with and conditioned by specificity of doctor – patient verbal communication, and that they may occur due to various factors. These risks may be surmounted and prevented by means of mastering communicative competence and culture of medical specialists, and their capability to solve current communicative tasks with the help of linguistic means.

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Поступила в редакцию 18.12.2020, после рецензирования 19.01.2021, принята к публикации 10.02.2021  
Received 18.12.2020, revised 19.01.2021, accepted 10.02.2021