

ISMGE 2020**II International Scientific and Practical Conference "Individual and Society in the
Modern Geopolitical Environment"****FEATURES OF WORKPLACE COMMUNICATION IN
CONTEMPORARY HEALTHCARE**

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Abstract

This article deals with the specific features of workplace communication in contemporary healthcare. We focus on the participants of communication in various professional and social levels. We propose a model of professional communication in healthcare. Its structure is not linear, but hierarchic, and it has a transactional nature with a complex system of inverse links. The actors can be differentiated according to their roles in the production chain, their professional and social statuses, and their influence on the choice of communication means and methods. We come to the conclusion that this model is potentially unstable and can cause conflicts of interest between the communication participants. The novelty of the research lies in defining the specific features of communication in healthcare. These features are defined by specific working conditions and professional duties of doctors and the psychological, emotional and physiological qualities of their patients and coworkers. We claim that communication in healthcare is not limited to professional activities. It also includes non-formal, "humane" component and it has a clear personal psychological and emotional streak in its expression. This is evidenced by the behavior and the speech of the communicators that feature high expressiveness, brevity, ultimate personification, and constant interleaving of the professional and the household discourse. We give some practical recommendations concerning the organization of workplace communication in healthcare that can be used in order to harmonize the relationships between all of the participants and avoid conflicts.

2357-1330 © 2020 Published by European Publisher.

Keywords: Healthcare, occupational relationships, professional communication, professional conduct, technology, workplace communication.



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1. Introduction

The study of specific features of workplace communication is a rather new direction of research. It contemplates several study vectors, the most relevant of which is the study of the participants of workplace relations on various professional, social and personal communication levels (Barruelo Gonzalez, 2010; Khokhoyeva, 2011; Korotitskaya & Muravetskiy, 2008).

Any workplace communication takes place during specific professional activities of individuals in a certain industrial, service or management context, including healthcare, therefore, in this article, the notions of the workplace and professional communication are treated as the general and the specific and are used interchangeably.

There are several definitions of professional communication in modern humanities. According to them, it is a kind of communication that is “characterized by supra-situational goals, common knowledge and perceptions of the communicators, and stereotypical communication contexts (Golovanova, 2013). Its main functions include providing for information exchange between the professionals in cognitive, labor, and creative activities the professional development leading to the formation of professional communities, characterized by certain patterns of reasoning, behavior, and interaction among the members of the community (Vorobyova, 2009). Besides, the works of contemporary researchers highlight the multi-level and multi-functional nature of professional communication that requires special research in order to formulate practice-oriented conclusions, aimed at optimizing the given area of activity.

2. Problem Statement

Nowadays, we can speak of several communication areas: household/everyday activities, business activities, academic activities, professional activities, creative activities (Sharkov, 2004). According to Sharkov (2004), the nature of communication in them differs in two key parameters: 1) “the information field of the discourse”, that is the content; 2) “information expression methods and means”, namely “Functional and stylistic features of linguistic devices used in certain communicative systems”.

3. Research Questions

We deem it necessary to add one more differentiation parameter to this list that would reflect the psychological interactions of individuals represented not only in speech but also in actors’ behavioral and emotional responses because we believe that it is a very complex aspect of professional communication. Fiction, journalist and semidocumentary stories can be used as the empiric material for the study of all the above-mentioned levels of workplace communication because they represent professional, social and psychological stereotypes of communicative behavior in bright and individualized manner. They deal with the professional discourse which is quite hard to record by any other means.

4. Purpose of the Study

The objective of our research is to define the specific features of workplace communication through the analysis of the content and the structural features of the communication in healthcare, as well as the typological features of communicators' speech behavior as exemplified in modern verbatim drama.

In this respect, we would like to point out that the basis of the workplace documentary dramas written in the verbatim mode is interviewing and polling real people of various professional backgrounds, during which they are telling about their life while touching some professional and personal issues.

These plays belong to non-fiction, and their authors and directors strive to represent the specific speech features typical of various subcultures and social statuses in order to preserve the content of communication and its stylistic, lexical and phonetic nuances, as well as the individual style of the respondents from the social group polled that have been recorded verbatim.

The communicative and speech activities of the characters from verbatim-drama show close connections between professional, social, cultural and interpersonal relationships. Plays like this clearly represent psychological and behavioral stereotypes in the psyche of the professional communication subjects and thus they can be used as the material for the analysis of the specific features of workplace communication. They provide for the illustration and the typological generalization of the specific features of professional communication in a certain area of activity, thus providing researchers with a highly verified material.

5. Research Methods

Currently, there are no specialized linguistic and/or literature studies analyzing the features of workplace communication based on contemporary drama, which makes this research relevant.

We employed the comprehensive analysis of the content, functional and stylistic language devices, behavioral and emotional responses of the actors in professional communication in healthcare based on the verbatim occupational docudramas.

6. Findings

6.1. Features of workplace communication in healthcare: contentive, psychological and emotional aspects

Doc.Top. The Diary of a Provincial Physician by Ye. Isayeva was recognized as the Best Play of 2006 by *Moskovskiy Komsomolets*, got prizes at the *Na Pomostach* festival (Poland, Olsztyn) in 2007 and the *Novaya Drama* festival (Москва) in 2006. V. Pankov directed a film based on the play (2012). The play is about an Astrakhan surgeon named Andrey Gerner, whose memories of the beginning of his professional life were recorded and edited by Isayeva (2006). What is relevant to our research is that the protagonist represents a certain professional group with its specific problems and linguistic features recorded in the text, which provides for the analysis of the real communication in healthcare. That being said, the workplace orientation of the play does not abate dealing with family and household, social and philosophical problems, even though it might seem initially that the protagonist is completely immersed in his professional healthcare issues.

The poster for the play tells us that there are three characters: The Surgeon, the Woman, and the Man. However, the protagonist is only one, the surgeon Andrey Georgiyevich, who is telling about his life and his job. The Man and the Woman do not have any names. The author's remark says: "They play all of the surgeon's relations" (hereinafter the text is quoted from *Isayeva Ye. V. Doc.Top* <http://www.isaeva.ru/plays/doctor.html>), i.e. they can be either other medical staff or the patients depending on the situation. Thus, we see the protagonist, a doctor, employed in healthcare, surrounded by colleagues and patients.

The title of the play, on one hand, highlights the reality of the story: the "doc" part comes from documentary theatre, while the "top" part can be read as "tor" in Russian so that the whole thing makes up a "doctor". This meaning is further strengthened by the subheading, *The Diary of a Provincial Physician*. It also activates the literary (Bulgakovean) tradition in the reader. Both meanings complement each other, making the reader/spectator understand that the play is about a doctor and the daily occupational routine in a provincial hospital recorded verbatim.

Thus, *Doc.Top. The Diary of a Provincial Physician* is a title with a double meaning. The author is playing with the reader by choosing a title with more than one possible interpretation. It allows the readers to identify themselves because the author of the *Doc.Top.: the Diary of a Provincial Physician* assumes that there can be either potential patients and medical staff among the audience. It is therefore that the spectators are offered to wear white coats. This performativity creates a real situation, allows spectators to "try on" a doctor's lifestyle, enter the area of their professional communication.

The social and professional aspect of the play is amplified through the inclusion of professional dialogs between the Man and the Woman. However, the social and professional in the play does not eclipse the individual. The surgeon Andrey Georgiyevich tells about himself, his life, his personal worries, and the reader sees the inner world of a reflecting and suffering character who is trying to find the way out in complicated situations and to be worthy of his high professional calling.

Thus, intrapersonal communication is clearly represented in a healthcare drama. According to Gnatyuk (2012), intrapersonal communication is always connected to the searching of the meaning of life, self-scrutiny, self-appraisal and self-actualization attempts of a person.

Due to the special responsibility typical of a doctor's job, autocommunication is burdened with the thoughts on professional conduct and thus is highly dramatic (Madzhayeva, 2015).

The specific features of the healthcare system are reflected in the seven internal subheadings in the play. Three of them are directly connected to the professional activities of the doctor: *Kamyzyak and Gigli-Olivecrona*, *Every Surgeon has His Own Cemetery*, *Drunk as a Surgeon*. The subheading *Kamyzyak and Gigli Olivecrona* unites two semantically disparate things: the placename of a small village and the name of a medical instrument. The story told by the surgeon shows that working without necessary medicines and equipment is a horrible reality of Russian healthcare: Kamyzyak is a typical area center. The situation and the conditions at the local hospital are very familiar (the lack of necessary medication, instruments, and specialists, the low qualification of the staff, etc). It is deemed normal and does not surprise the protagonist. The Gigli-Olivecrona saw, or, to be precise, its rusty fragment, symbolized the poverty of the local hospital and the nerve of the doctor trying to save a patient's life in defiance of the situation. The professional communication between the doctor and the nurse is an example

of the internal cross-level communication that shows typical problems (lack of instruments) of the local hospital. It might seem that the conflict between the protagonist and the nurse is inevitable due to the difference in qualification, but the Surgeon concentrates on the most important task, saving the patient's life, which signifies that he satisfies the requirements of professional conduct.

A professional medical proverb states that “Every Surgeon has His Own Cemetery”. It uses associations to represent the issues of external communication in healthcare and asserts the inevitability of fatal casualties. Understanding this can lead to professional hardening or internal conflicts. Andrey Grigoryevich's sympathy to the patient is represented in his attempt to operate the dying oncology patient. In spite of all doctor's efforts, the patient dies during the operation. It causes a deep emotional trauma in the doctor that is overcome through the emotional support of a colleague:

THE SURGEON. *I am standing here in this black blood. And I want to die. I don't know what could happen to me, were it not for the anesthetist, a very good man. Experienced. Hearty. There. He poured me a glass of ethanol. And I downed it.*

THE ANESTHETIST. *Andrey, please, your main motivation was to save the man. Besides, you saved him from the horrible death of suffocation. It's just instant - the blood left the brain - instant death. There. Calm down.*

It is not just a friend's support. We believe that this situation is an example of the unofficial horizontal interaction between the colleagues. Moreover, this excerpt is representative of the character's values, traditional for healthcare staff: both doctors hold a person's life and health of the primary importance, both are capable of compassion, mercy, both are ready to carry out their duties, follow the rules of conduct for doctors, interact efficiently.

The subheading Drunk as a Surgeon is reminiscent of the famous idiom Drunk as a Lord, i.e. really drunk. The folklore proverb tells us that lords did not work and had the time and the money to drink hard; the doctor, on the other hand, cannot be a drunkard, especially a surgeon. However, in this story, the Surgeon confesses that he himself reinvented this expression because drinking helps him forget his job-related problems.

The rest of the stories told by the protagonist of the play have headings that do not use any medical vocabulary: The Force of Attraction, The Philosophical Story, The Happiness, The Disaster, but they also refer directly to the everyday healthcare routine.

The Force of Attraction reflects the connection between the personal and the professional in character's life: his professional development goes along with the personal. A young intern becomes a doctor and performs the first difficult delivery in his life in a rural hospital and at the same time he finds out that he himself becomes a father. He accepts his calling and is not bothered by the poor equipment of the hospital, the lack of narrow specialists or the indifference of the colleagues towards patients.

The Philosophic Story deals with the struggle of life and death in which a simple provincial physician is a mediator. He saves people's lives notwithstanding the seemingly compelling circumstances without seeing himself as an unusual or outstanding person. The surgeon sincerely admires the skills of his colleagues and their readiness to save people.

The Disaster is about the bosses' officialism, coworkers' indifference, and non-professionalism. A bright example of the latter is the part in which the midwife makes her patient deliver a baby while standing.

As the only surgeon in a provincial hospital, he has to solve professional problems, such as diagnosis, selecting treatment strategy, performing operative treatment in extreme conditions, and it is thus that we do not usually see him talking to his patients. Professional and everyday conversations between colleagues are represented through the protagonist's perceptions. He avoids direct evaluations and conflicts because he tries to dedicate all of his time to the treatment of the patients. We can see the Surgeon's bewilderment with the incompetence of the medical personnel, he 'ignores' the coworkers that are not sympathetic to patients' suffering, 'mocks' the bosses' officialism, 'admires' the professional skills of his colleagues, their being ready to help, he is 'grateful' for the professional and emotional support he gets.

The protagonist of Ye. Isayeva is surprisingly loyal to his destiny. He is competent, abides by the rules of conduct for doctors, he conscientious, even-tempered, optimistic, capable of self-reflection and mercy. These qualities allow him to see clearly the problems of modern healthcare in general and in the provinces of Russia in particular. He is disappointed with the fact that the lack of necessary medications, equipment, and narrow specialists, along with the poor conditions in the hospital buildings, etc. hamper performing his professional duties. The play, on one hand, shows the inner world of a reflecting and suffering doctor-protagonist who is trying to find a way out of difficult situations, and on the other hand, it shows the realia of Russia familiar to the readers, which makes his ideas sound as social criticism.

Besides, the Surgeon is almost killed by his usual patients, cops (we assume that the play can be interpreted as if he actually does die). In the finale, this situation is contrasted emotionally with an everyday professional conversation: doctors waste their time by playing a word game with names of diseases. This game with names of diseases highlights the participants' association with medicine, their competence as doctors. However, the author remarks that "*It goes on - forever, playing words...*" which gives the situation a tragic taste: provincial hospitals are still poor, patients suffer from the same diseases and nobody cares about the dying Surgeon. The tragic quality of the ending is amplified by the circular plot structure: in the end, the situation shows in the beginning of the Surgeon's career is repeated. A new employee meets the boss who doesn't want a doctor, but a preference player that would play with him.

Therefore, we think that the content of professional communication in healthcare is not limited to job-related issues only. The characters discuss not only their professional problems but also their life events and world views at the intrapersonal, interpersonal and group levels. It is largely due to the specific features of healthcare because it is not just about medicines, diseases, physical suffering, and treatment methods. It is also about humanity and life in general (Gerasimenko, 2009; Shamne & Shishkina, 2018; Zhura, 2016). A doctor is not a robot programmed to blindly and impersonally fulfill their duties according to the professional rules of conduct. A doctor is an individual with their own problems, someone who is dreaming, suffering, philosophizing, ironic, talented, strong and resisting the circumstances.

6.2. Professionally-marked and “household” strategies of the character’s communicative behavior

When defining the specific features of professional speech, researchers use the following parameters to characterize it: professionally comprehended domain, instruments, professional appraisal of work quality, professionally-marked strategies of communicative behavior, professional self-representation (Baylinson, 2009). It is important that every professional domain requires using its own professionally-marked strategies. According to Issers (2008), communicative strategies can be divided into two classes: the primary ones (cognitive) and secondary ones (pragmatic, dialog, rhetoric). The primary communicative strategies deal with achieving the goal of the communication and they are most often implemented when specialists talk to clients. The secondary ones deal with finding the best methods to solve the problem and thus they are used when professionals talk to each other.

According to researchers, everyone who “exists in a language space (Karasik, 2002), i.e. In communication and behavior stereotypes reflected in the language, in the meanings of linguistic units” is a carrier of linguistic consciousness, and thus a linguistic persona, which, according to Karaulov (2010), is a set of a person's abilities and parameters that govern their creation of texts. He also questions the acceptability of viewing a fictional character as a linguistic persona and claims that the texts created by a character can help expose a “complex fictional image” based on the spiritual realm of this persona. One of the key elements of studying a character's linguistic persona is the study of their lexicon because the spiritual is “objectified in speech actions, linguistic behavior, and texts” (Rebrina & Malushko, 2017).

During the analysis of the professionally comprehended domain as one of the aspects of professional communication reflected in the play, we deemed typologically important the use of non-professional names for healthcare-specific situations:

THE SURGEON. Went to wash again. Well, I washed. I came to the table. At this very instant, the nurse sneezes and wipes her nose with her hand. (The Woman does it). Then I say: “Have you been a surgical nurse for a long time?”

Neutral professional names are mostly represented by terms used in healthcare: *insurance policy, medicine, antibiotic, endoscope, levingoscope, brain hyperventilation, etc.* Emotionally-marked units used by professional physicians in their conversations are represented in the play with some jargonisms: *So, I rinsed the guts with antiseptics. Then, without changing - I only put the gloves on after I washed my hands - I close holes in those guts with at least one row of stitches.* The other example is the use of diminutives: *Shall we take him to the intensive care on the hand framey? Some tiny clot appeared from somewhere unknown, went to the pulmonary artery - instant death.*

One of the key features of professional speech is mentioning the professional appraisal of the quality of work. The protagonist appraises his coworkers and defines whether they are professional or incompetent.

The analysis of professional communication shows that the protagonist uses professionally-marked communicative behavior strategies aimed at other communicators (colleagues and patients). He frequently uses auxiliary communicative strategies in order to find the best method of achieving the goal of communication: *Well, I say, Mikhalych, do whatever you like, use any of your magic tricks, put the*

pipe in it - I am going to stitch the holes now. In this context, we have the protagonist addressing both specialists (colleagues) and spectators who are not professional healthcare personnel.

Professional self-presentation defining the position of the character as relating to other specialists or patients is implemented in the following examples: 1) *I save, that is. Somehow, I managed to raise his pressure up to 70-80;* 2) *To cut the long story short, I've been jumping over him for three days. When I got him out of the critical condition, he became carriageable and I moved him there, to CDH.*

The study of lexical features showed that in one context both colloquial and professional vocabulary is used: *Economic injection of novocaine. Controlling the pressure - 70-80. He bansters, full-conscious...; Made up a stump. I decided not to bustle about with the second leg. I put the splint on, the plaster, ...there is one cremasteric reflex, shows up in fear. I was sitting and I thought he would die, and that would be the pen for me. Because transfusing the wrong blood type is the worst that can happen.*

The examples above show that various layers of vocabulary (such as professional terms and colloquialisms) are used in the same sentences, which characterizes the protagonist as a healthcare professional trying to adapt the nuances of his job for outsiders, i.e. the audience. He uses common and even vernacular words that are clear to everybody. The expressive capacities of these words must be noted as well: they help expose the emotions of the protagonist and serve the compensatory psychological function. Our data show that over 80% of all word usages in the text are neutral, 3-5% are colloquial and vernacular, and 3-4% are professional.

The features of word-formation in the speech of the protagonist are also connected with its inevitable expressiveness and evaluativity. For example, the protagonist often uses colloquial noun suffixes: *bolnichka (little hospital), razvalyushka (little junk), devchyonka (little girl), soznanka (little consciousness), kutuzka (little prison), razvlekukha (little entertainment), anesteziistka (woman-anesthetist), etc.* This leads to travesty: something complicated and scary becomes more familiar and usual. To this end, the author also uses personal pronouns and particles extensively: *I, me, he, him, we: When I graduated from the institute, I was assigned to Kaluga and went there. I was exiled to such a village, the place called Boryatino; He was a specialist womanizer in this village. He had quite a harem. And he was hard to find, etc.*

One of the typical features of the protagonist's speech is the active use of colloquial particles, such as *nu* (well) and *vot* (so, then, etc) For example: *Well, let's remember; Well, what? Well, I went there; Well, I somehow managed to raise his pressure up to 70-80; Well, then; Well, put him on the table; With the very worry, the very horror of the young doctor; Then she, like, made it all, etc.*

The character often uses various verbs. Our data show that the most frequent are the form of the following verbs: *finish, exile, go, get, end up, wait, tried, asked.* The protagonist uses impersonal you forms to describe his own actions: *What about me: you finish the institute and become an intern for a year.*

There are very few participles in the play, and occasional adverbial participles are very expressive and colloquial: *vypuchiv glaza (goggle-eyed).*

The analysis of the syntax used by Andrey Georgiyevich shows that he mostly uses constructions typical of everyday language. Thus, the unpreparedness, the associative and emotional nature of his speech is highlighted by the frequent use of parceling: *Well, then. What. Surgeon, indeed. I went. I came.*

So, it's a big room - like a dissecting room. Concrete floor. There's an old lady - the midwife. She is wearing a black oilcloth apron, like butcher's A white hat on her head, but a knitted one or Well, then. I run there and get into the "ambulance". We come there. A plowed-up balk. There is a tractor and in the furrow a man. I go to the man. One of his legs is almost missing - just some pulp. The other one is the same - pointing to Arzamas. Well, what a mess. Parceling is used in the most expressive moments in the play, it highlights the emotional state of the character.

The play features the frequent use of simple sentences. Coordination is more common in compound sentences than subordination, which is also typical of colloquial speech. The use of vernacular syntax in the text is explained by its high expressiveness and the economy of linguistic means.

The speech features recorded reflect the need for subjective representation of a professional. Moreover, the analysis of the linguistic persona of the protagonist shows that he is more inclined to the personal discourse type because his speech often features colloquialisms and expressiveness (Malushko et al., 2016). The connection with the institutional (medical) discourse in the character's speech is manifested through the use of professional terms, which are typical of the speech of healthcare personnel. That being said, the protagonist is an outstanding linguistic persona, because his speech combines the elements of the "high" and the "low" linguistic culture.

7. Conclusion

We can identify several specific features of professional communication in modern healthcare. As a subtype of workplace communication, medical communication has all of its attributes (Malushko et al., 2016). The doctor's specific labor conditions and psychological and physiological features of the addressees of his messages (both patients and coworkers) reflect some specific features of communicators' behavior manifested on the intrapersonal, interpersonal and group levels of communication (Murugova, 2017).

The model of professional communication in healthcare is not linear, but hierarchic, and it has a transactional nature with a complex system of inverse links. The actors can be differentiated according to their roles in the production chain, their professional and social statuses, and their influence on the choice of communication means and methods. This model can potentially lead to a communicative failure for one of the parties and provoke the conflict of interests between the communication participants. Unfortunately, these collisions occur more and more often in contemporary medical practice.

Communication in healthcare is not limited to professional activities. It also includes a non-formal, "humane" component, and it has a clear personal psychological and emotional streak in its expression. This is evidenced by the behavior and the speech of the communicators that feature high expressiveness, brevity, ultimate personification, and constant interleaving of the professional and the household discourse. On one hand, such situations humanize workplace relations in healthcare. On the other hand, they can cause workplace and personal conflicts stretching outside the scope of workplace relations. Therefore, workplace communication in healthcare must be organized so that it could harmonize the relationships between all of the communication subjects with the help of the dialog communication model and the rules of professional conduct in healthcare.

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