



SOME FEATURES OF PEDIATRIC DISCOURSE

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Abstract: The conducted analysis showed some differences between the pediatrician's discourse and the discourse of an "adult" doctor, namely: the use of diminutive suffixes, gestures, and game techniques. Based on the study of conversation scripts, the features of pediatric discourse were established, including personalization and dialogicity. It was revealed that a pediatrician must have developed lexical skills and speech abilities, verbal thinking, and be able to use communication tactics and strategies to establish and maintain contacts with a child and his parents.

Keywords: pediatric discourse, communication, frame, term, medical term, strategy, tactics.

INTRODUCTION

The object of study of one of the modern areas of terminology science – communicative terminology – is discourse, “which is a verbally mediated activity in a special sphere in which the development of a professional linguistic personality takes place” [4, p. 40]. Discourse is defined as a communicative interaction/event consisting of three stages: the use of language, the transfer of ideas and interaction in social situations [2, p. 10]. The term discourse is also understood as “the dynamic process of linguistic activity itself, included in the social context and the result of this activity, that is, the text” [3, p. 767]. The Linguistic Encyclopedic Dictionary also interprets discourse as “a coherent text in conjunction with extralinguistic (pragmatic, sociocultural, psychological, etc.) factors.”



MATERIALS AND METHODS

We adhere to the opinion of L. V. Tsurikova, according to which “the most adequate unit of discourse today is considered to be a discursive (speech) event, considered as a set of communicatively significant pragmatically coherent speech acts aimed at achieving a common communicative goal” [3, p. 100]. The development of science and technology, the growth of contacts in the scientific field have expanded the boundaries of the study of discourse in general and medical discourse in particular. Medical discourse can be called interdisciplinary, since medicine is in constant connection with the knowledge of the discourses of such sciences as psychology, jurisprudence, physics, chemistry, computer diagnostics, biology, philosophy, economics, astronautics, etc.

RESULTS AND DISCUSSION

Medical discourse is the subject of works by many scientists [4], who offer various classifications of communicative strategies and tactics, proving that an important factor in successful treatment is effective communicative interaction in the process of providing medical care. In other words, “medical discourse is a set of verbal and non-verbal structures that have certain pragmatic features and function in the medical environment to implement the functions of treatment and prevention” [2]. An analysis of the works showed that medical discourse has such features as social orientation, the relationship between extra- and intralinguistic factors, a special role of the addressee and the addresser, as well as taking into account communication in the study of discourse.

Pediatric discourse is a text/speech of a pediatrician on medical topics in the course of his professional activity. In the course of discourse analysis, one can get an idea of the doctor’s behavior, his speech-thinking, terminology, and the peculiarities of using special lexical units. The profession of “pediatrician” is one of the most difficult and responsible. This is due to interaction with the smallest, most vulnerable and sensitive patients – children of different ages, from babies who cannot yet speak or clearly express their



opinions, to teenagers, in whose development the pediatrician plays an important role, providing conditions for the normal development of the child.

The peculiarity of the pediatrician's work is that he communicates with children who are often afraid of medical workers, since the doctor is associated with pain, fear, anxiety and other negative feelings and emotions. In this regard, the pediatrician needs to create a special positive-emotional communicative environment, on which the effectiveness of treatment depends. In pediatrics, communication between the doctor and the small patient and his parents / legal representatives is of great importance; a communicative space arises between all participants in the communication, which will consist of terms, professionalisms, words of general literary language. The content of this space includes vocabulary that characterizes and reflects the following types of pediatrician activities: diagnosis, treatment of the disease and provision of conditions for further harmonious physical and neuropsychic development of the patient. The purpose of communication between the doctor and the child/parent is to provide qualified assistance to the child.

During the research it was revealed that extralinguistic characteristics of pediatric discourse influence the choice of means and methods of communication. Let us turn to them.

1. The work of a pediatrician is based on the knowledge obtained at the university. Students of the pediatric faculty, along with studying methods of diagnosis and treatment, general issues of medicine, gain knowledge about the features of the course of physiological and pathological processes in a child, manifestations of the disease, treatment tactics depending on age and gender characteristics, the ability to conduct a conversation with a child / parent.
2. The need to take into account the attitude of parents to the health of the child. Parents do not always want to treat according to the doctor's recommendations, they do not harden the child, do not engage in prevention and are against vaccination. Therefore, a pediatrician often has to deal with complications of diseases associated with self-medication.



3. Difficulty communicating with children, for example, when small children cannot speak, describe how they feel, ask, show their attitude to the examination. Many are afraid of doctors, cry, close themselves off.
4. Unprofessional assessment of the situation by parents, problems interacting with them.
5. The need to take into account the mental characteristics of the child. The use of modern technical devices that can lead to a delay in the psycho-emotional and mental development of the child.

The main participant in pediatric discourse is the pediatrician, who can simultaneously be considered as a linguistic personality, representing “a set of human abilities and characteristics that determine the creation and perception of speech works (texts) that differ in the degree of structural and linguistic complexity, depth and accuracy of reflection of reality, as well as a certain purposefulness” [3].

One cannot but agree with T. V. Neduruyeva and L. E. Pavlova that communication between a pediatrician and a child/parent is a multi-stage and multifaceted process that includes the following types of communicative interaction:

- interaction regarding care of a newborn, assessment of physical and mental development;
- interaction regarding vaccination;
- interaction regarding collecting anamnesis in case of illness;
- interaction regarding diagnosis and treatment of a child;
- interaction regarding the implementation of preventive measures [3].

CONCLUSION

In pediatrician↔child↔parent communication, the “extended consent” strategy is often used, which can be implemented in the following tactics: persuasion, information, explanation. Based on the above, we can conclude that the communication of a pediatrician is characterized by bidirectionality, that is, it is addressed simultaneously to both the child (patient) and the adult (parent/legal representative). The pediatrician simultaneously



operates with everyday and scientific knowledge, which is reflected in his speech, which contains colloquial vocabulary, elements of children's/adolescent vocabulary, scientific and professional terms. This makes pediatric discourse special, representing a synthesis of colloquial and professional speech, characterized by illocutionary modality.

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