



LINGUOCULTURAL AND LINGUOPRAGMATIC FEATURES OF PROFESSIONAL FOREIGN LANGUAGE COMMUNICATION IN THE MEDICAL SPHERE IN THE CONDITIONS OF INTERNATIONAL ACADEMIC MOBILITY

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Abstract

In the context of intensifying globalization processes and growing international academic mobility, the problem of effective professional foreign language communication in the medical field is of particular importance. The article is devoted to the analysis of linguocultural and linguopragmatic features of professional communication in the medical field that arise in a cross-cultural environment. The need to develop professional foreign language communicative competence in medical students participating in academic exchange programs is substantiated.

Keywords: Professional foreign language communication, medical field, linguacultural features, linguapragmatic features, academic mobility, intercultural communication.

Introduction

International academic mobility has become an integral part of modern medical education. Students and young specialists actively participate in exchange programs, internships and research projects abroad. Effective professional communication in a foreign language requires not only knowledge of specialized vocabulary, but also an understanding of cultural norms and pragmatic features of communication in the medical field [3].

The development of intercultural communicative competence is especially significant, encompassing the ability to adjust to various communication styles, recognize distinctions in verbal and non-verbal interaction patterns, and formulate



discourse with consideration for the cultural norms and expectations of the interlocutor [6]. In medical practice, these skills are critically important, since errors in intercultural understanding can lead to a breakdown in the therapeutic relationship between doctor and patient, a decrease in the quality of medical care, and even legal consequences [17].

Research shows that effective foreign language training for medical professionals should be based on the integration of linguistic, pragmatic and cultural components [29, 12]. This involves the use of authentic materials, modeling professional communication scenarios, developing skills in intercultural reflection and critical understanding of norms of behavior in the international professional community [19].

Thus, successful academic mobility and professional development in the medical field abroad are directly related to the level of development of students' and young specialists' complex intercultural and professional communication competence.

The communicative behavior of medical professionals is influenced by national cultural traditions. For example, in English-language medical practice, the emphasis is on partnerships between the doctor and the patient, which involve the patient's active involvement in the decision-making process, demonstration of empathy, and support for autonomy [11, 28]. In a number of Asian countries, a hierarchical model of interaction prevails, in which the doctor acts as an unconditional authority, and the patient takes a passive role, awaiting orders and instructions [14].

In addition, culture influences expectations regarding directness or indirectness of communication. In high-context cultures (e.g., Japan, China), health professionals tend to communicate information in a veiled manner to avoid the patient losing "face" [8]. In low-context cultures (e.g., USA, Germany), directness and clarity of communication are valued.

Cultural differences are evident in forms of address, ways of expressing sympathy, and strategies for delivering bad news [2]. For example, in the English-language tradition, the practice of using "evasive" expressions when communicating negative information (e.g., "*We have some concerns about your condition*") is accepted, while in German culture, a more direct form of conveying medical facts is preferred [32].



The expression of empathy also varies: in some cultures, a physician's emotional openness is perceived as a sign of professionalism and caring (e.g., in the United States), while in others it is perceived as a sign of weakness or a violation of professional distance (e.g., in some Scandinavian countries) [4].

Lack of knowledge of speech ethics and pragmatic strategies can lead to serious communication failures: for example, a patient may perceive excessive formality or lack of emotional support as the doctor's indifference, which will negatively affect the level of trust and the effectiveness of therapy [10].

In addition to aspects of ethics and communication structure, language adaptation plays an important role - simplification of medical terms, use of accessible explanations, paraphrasing and checking the patient's understanding of the information heard [26]. These practices help to reduce barriers, especially in intercultural communication, where differences in the perception of medical concepts can be significant.

Medical communication requires precision of wording, maintaining a balance between the use of professional terminology and the accessibility of presentation for the patient. Linguopragmatic features are manifested in the choice and implementation of such speech acts as information, advice, instruction, expression of sympathy and recommendations. Effective communication involves taking into account the expectations and norms of politeness accepted in a particular culture [30].

For example, in the English-speaking tradition, strategies for polite instruction are modal constructions ("*You might want to consider...*"), whereas in a number of Asian cultures it is preferable to use more indirect forms of address, avoiding direct instructions [13]. When consulting, the physician should also take into account the degree of acceptable frankness: in high-context cultures, patients may expect a more veiled discussion of unpleasant topics, whereas in low-context cultures, openness and clarity are valued [8].

Pragmatic adaptation of terminology plays a special role: medical concepts are often rephrased into forms more understandable to the patient without loss of precision [25]. The skills of simplification, clarification and restatement are a necessary part of effective professional communication.



Non-verbal means of communication - gestures, facial expressions, eye contact, body position, distance between interlocutors - play an important role in medical communication and have a pronounced cultural specificity [8, 15].

For example, eye contact in Western cultures (USA, UK) is considered a sign of sincerity and attention, while in some Asian cultures a direct gaze may be perceived as a challenge or a sign of disrespect [18]. Tactile interaction (e.g., shaking hands, touching the shoulder) is also assessed differently: while in American culture a light touch may be perceived as support, in a number of Muslim cultures it may be considered a violation of personal boundaries.

The distance between doctor and patient varies according to cultural norms: in Latin American countries, the communication distance is usually shorter than in Northern Europe, which requires health professionals to be flexible in adapting their non-verbal behavior [23].

In addition, facial expressions and gestures accompanying speech are also subject to cultural differences. For example, expressions of distress or support can range from overt expressions of emotion to more subtle non-verbal cues, requiring particular sensitivity on the part of the healthcare professional [7].

Medical students undergoing internships abroad as part of academic mobility programs face a number of challenges that directly affect the effectiveness of their professional interactions.

Even with a high level of foreign language proficiency, students may have difficulty understanding specific medical terminology, jargon, abbreviations, and idiomatic expressions used in real clinical practice [27]. Often, such barriers lead to communication errors, decreased self-confidence, and stress, which in turn affects the quality of interactions with patients and colleagues.

In addition, differences in communication pragmatics (e.g., ways of expressing doubts or requesting clarification) can hinder effective professional information exchange [13]

Students may misinterpret culturally conditioned behavior patterns in patients or colleagues. For example, showing respect or demonstrating emotional involvement may be perceived differently across cultures: in some societies, minimal expression of emotion is considered a norm of professionalism, while in others it is a sign of indifference [1].



Lack of knowledge of speech ethics standards and ignorance of the peculiarities of addressing senior colleagues or patients in different cultures can lead to unintentional communication errors and even conflict situations [3].

Medical practices, standards of patient care, diagnostic and treatment protocols can vary significantly across countries [9]. This creates additional cognitive load for students who not only have to learn new medical approaches but also adjust their communication behavior to the expectations of their host country.

For example, in English-speaking countries, the emphasis is often on shared decision-making, whereas in other health care systems, the physician may take a more directive position, requiring the student to be flexible in communication strategies [5].

Nonverbal communication - facial expressions, gestures, distance, intonation - can vary significantly across cultures and be a source of misunderstanding [8, 15].

For example, avoiding eye contact may be perceived by a student as a sign of mistrust or reserve, whereas in some cultures it is a sign of respect. Similarly, the use of certain gestures may have a positive meaning in one culture and an offensive one in another [24].

Misinterpretation of nonverbal cues makes it difficult to establish a therapeutic alliance with the patient and to interact effectively within the team. One of the key areas for improving professional foreign language communication is the development of specialized educational programs that integrate the teaching of linguacultural and linguapragmatic competence in the context of medical activities. Such programs should include modules on medical terminology, intercultural communication, features of speech etiquette in the medical field, and practical aspects of interaction with patients from different cultural groups [6, 3].

Modern approaches to course development are oriented towards the concept of developing intercultural competence, which includes not only knowledge of the language, but also the ability to adapt speech behavior depending on the cultural context of communication [6]. It is especially important to pay attention to teaching the pragmatic aspects of language: ways of expressing politeness, sympathy, conveying bad news, which is critical in medical communication [13].

To develop sustainable communication skills, it is advisable to actively use practical training methods, such as simulation exercises, role-playing games, case studies and analysis of real clinical situations.



Simulation methods allow students to practice professional scenarios in a controlled environment, developing not only the linguistic but also the behavioral component of communication [21]. Role-playing games facilitate the development of various communication strategies and allow adaptation to unexpected situations that may arise in the real practice of international medical interaction.

The use of case studies makes it possible to analyze real examples of intercultural misunderstandings in medical practice and learn effective strategies for overcoming them [16].

Participation in intercultural projects and academic exchange programs plays an important role in developing practical intercultural competence. Such projects may include joint study courses, research projects, internships, and clinical practices in international teams.

Intercultural programs provide students with the opportunity to directly immerse themselves in different cultural and professional contexts, promoting the development of flexibility of thinking, empathy, tolerance, and the ability to interact effectively in a multicultural medical environment [22].

Integrated programs are considered particularly effective, in which, along with professional training, systematic attention is paid to intercultural learning, reflection on experience, and the development of cultural adaptation skills [31].

Linguocultural and linguopragmatic features of professional foreign language communication are the most important factors for successful interaction in the medical field in the context of international academic mobility. Effective mastery of not only specialized medical vocabulary, but also pragmatic communication strategies (for example, the ability to express sympathy, communicate bad news, or adapt the communication style to the patient's expectations) significantly improves the quality of medical care and contributes to the formation of trusting relationships between the medical worker and the patient [3, 27].

Taking into account cultural differences in communication models and norms of politeness helps to minimize the risks of intercultural misunderstandings, which is especially important in a multicultural clinical environment [1]. Developing intercultural competence in medical students through educational programs, practical training, and academic exchanges contributes to their professional growth, expands their communicative repertoire, and increases their adaptive abilities in various cultural contexts [6, 31].



Moreover, strengthening professional intercultural communication skills creates the basis for effective international cooperation in the field of health care, which is of particular importance in the context of globalization and the increasing interconnection of national health care systems [33]. Knowledge exchange, joint research projects, and transnational initiatives in the field of medical education become successful only if there is a high level of intercultural awareness and communicative flexibility of the participants.

Thus, the targeted development of linguacultural and linguapragmatic competence is an integral part of the training of a new generation of medical specialists capable of working effectively in a globalized professional environment.

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