

ВТОРИННА НОМІНАЦІЯ В МЕДИЧНОМУ ДИСКУРСІ З ПОГЛЯДУ КОГНІТИВНО-КОМУНІКАТИВНИХ СТРАТЕГІЙ

Лариса ШУТАК, Галина НАВЧУК,

Буковинський державний медичний університет,
society@bsmu.edu.ua; navchuk.galina@bsmu.edu.ua

SECONDARY NOMINATION IN MEDICAL DISCOURSE FROM THE PERSPECTIVE OF COGNITIVE-COMMUNICATIVE STRATEGIES

Larysa SHUTAK, Halyna NAVCHUK,

Bukovynian State Medical University,
ORCID ID: 0000-0001-8038-4080; RESEARCHER ID: S-61-30-2016;
ORCID ID: 0000-0002-4624-1796; RESEARCHER ID: S-61-40-2016.

Лариса Шутак, Галина Навчук. Вторинна номінація в медичному дискурсі з погляду когнітивно-комунікативних стратегій. Вивчення медичного дискурсу є однією з ключових проблем когнітивно-комунікативної граматики, оскільки субмова медицини – з усіма її формами та засобами вираження та загальною вживання – є невід’ємною частиною будь-якої національної мови. Аналіз професійного мовлення в різноманітних комунікативних ситуаціях цікавить як українських мовознавців, так і дослідників інших слов’янських мов. **Мета наукової розвідки** – дослідити способи творення вторинних номінативних одиниць у медичному дискурсі та встановити їхні типи за різними ознаками. У статті узагальнено різні причини, що зумовлюють творення вторинних назв у сучасному мовознавстві, визначено роль і значення вторинної номінації у процесі поповнення лексики сучасної української мови. Виникнення вторинних номінацій зумовлюється як внутрішньомовними, так і позамовними чинниками. Створення таких назв обумовлене переважно змінами в суспільстві, які сприяють поглибленню знань про предмети та явища реального світу, принципом мовної економії при творенні нових слів, емоційно-експресивними факторами. Первинна номінація, заснована на предметно-чуттєвому сприйнятті, є узагальненням соціального досвіду і створенням концептуального рівня пізнання, вторинна номінація узагальнює мовний довід. Основними **методами дослідження** є: метод компонентного аналізу, метод моделювання, метод асоціативного експерименту та метод когнітивного аналізу. **Висновки.** Визначено роль вторинної номінації як текстової категорії, зокрема й у бінарних протиставленнях. З’ясовано, що метафоризація є найпродуктивнішим засобом творення вторинних назв у медичному дискурсі. Типовим способом творення вторинних назв осіб є суфіксація як давній і традиційний спосіб творення слів. Перевага вторинних суфіксальних назв перед офіційними іноземними термінами полягає в тому, що вони більш зрозумілі насамперед пацієнтам.

Ключові слова: вторинна номінація, дискурс слов’янські мови, креативність, метафоризація.

Introduction. The theory of nomination in any language studies the regularities of conceptualization and categorization of human experience, receives naming in certain language systems, reveals the principles of ordering verbalized concepts, correlation of knowledge and semantics of nominative units, general and partial in models of human language in different language.

In the latest linguistic research, the theory of nomination is focused on the study of the specifics of the secondary nomination.

The lexical organization of any language is characterized not only by the correlation of existing lexical and semantic units, but also by the ability to redefine them to nominate what is necessary for the speaker at a given time. Therefore, secondary names often appear in speech. Secondary nominations have not yet been registered in dictionaries, but are actively used in language practice.

The search for new means of transmitting information, the impact on the addressee requires some cognitive effort, and the very motivations of the speakers are the result of

their participation in the discourse and the addressee-oriented nature of communicative act. As O. O. Selivanova notes: “When creating any language unit or language pattern, the subject of the nomination is primarily focused on the possibility of its use in communication. It is the nominative activity of humans that manifests the purpose of language as a tool for transferring knowledge through communicative acts, the expression of knowledge in communication, text and discourse”¹.

Secondary nomination is a frequent object of modern linguistic research. There is no uniform definition of the concept due to the novelty of the object and the lack of research on the problem. V. M. Teliya proposes to designate already known in the language nominative units used in a new nominative function as secondary. V. G. Gak² emphasizes that secondary names reflect the process by which the same form can be adapted to perform new functions³.

The purpose of the article is to study the ways of creating secondary nominative units in the Ukrainian

¹ Selivanova E. Kognitivnaya onomasiologiya [Cognitive onomasiology], Kiev: Phytocenter, 2000, P. 182 [in Russian].

² Teliya V. Vtorychnaia nomyntsya i ee vydu. Yazukovaia nomyntsya. Tipu naymenovanyi [Secondary nomination and its types. Language nomination. Types of appellations], Moscow: Nauka, 1997, P. 129 [in Russian].

³ Gak V. K typpolohyy yazukovukh nomyntsyi [To the typology of linguistic nominations], Language Nomination: General Issues, Moscow: Nauka, 1997, P. 243 [in Russian].

medical discourse, and to establish their types by various attributes.

The emergence of secondary nominations in medical discourse. Greek and Latin terminology laid the foundation of medicine, and is sometimes incomprehensible to some professionals, in particular the patients suffering from various phobias, fear of a severe illness. Thus in modern Ukrainian medical discourse secondary names, motivated by special terms or created on the basis of commonly used vocabulary, are becoming more frequent.

The emergence of secondary nominations is determined by both intralingual and extralingual factors, the complexity of medical terminology, especially clinical, being the main one. Medical terms are mostly loan words, of two- or multi-component structure, which makes them particularly difficult to pronounce and, consequently, memorize. Extralingual factors include psycho-emotional (psychological stress of a person during complex examinations) and temporal factors (the need to give a command as quickly as possible during emergency care, surgery).

O. S. Kubriakova distinguishes three main ways of nomination in language: nomination by means of word and phrase (lexical nomination), nomination by means of sentence (prepositional nomination); nomination by means of text (discursive nomination). The most typical ways of creating secondary names in medical discourse are lexical and discursive nominations. Often a known word acquires a new meaning, for instance: *nervy*, *eng.* nerves – nervous diseases, *travma*, *eng.* trauma – traumatology, *truba*, *eng.* tube – putting a patient on ventilators, *retsdyvist*, *eng.* felon) – a patient with a recurrent disease, etc. The lexemes emerged as a consequence of the secondary nominative process, which separates a meaning in the semantic structure of the already existing word, with that meaning becoming an individual lexeme through absolutization.

Secondary names as an object of cognitive-communicative observations. Recently Slavic linguists have reported that the secondary lexical nomination is the result of the natural development of language due to the cognitive and cognitive-communicative needs of humans in their socio-historical practices.

The need to promote medical knowledge is subject to changes in the basic competencies of medicine, and, accordingly, a change in the model of communication in the situation of *specialist – specialist*, *specialist – non-specialist*. Undoubtedly, medical terminology is the backbone of the language of medical personnel, and performs informative, epistemological and orienting functions⁴, but secondary names are becoming more frequent in the conversation of medical staff with colleagues and patients, as an attempt to simplify communication in common and uncommon situations, as well as to bring the doctor closer to the patient, to make their dialogue understandable and accessible, to avoid communication barriers.

The use of secondary nominations is possible in a variety of communicative situations, including *doctor – doctor*, *doctor – junior medical staff*, *doctor – patient*, *patient – doctor*, *doctor – patient's relatives*, and the first two situations require knowledge and use of foreign medical terminology, the others require active dialogue without

perfect knowledge of medical terminology by one of the parties.

Methods. In the article methods are used such as: method of component analysis were used to characterize the components of secondary nominations, the modeling method – to create models of metaphorical and metonymic terminological units. The work's methodology was formed under the influence of theory of metaphorical modeling which was created in the USA in the 20th century. Formed metaphorical and metonymic terminological models reflect the features of thinking and perception of specialists. These models are marked by national specifics.

The associative experiment method has made it possible to explore ways of creation secondary nomination units in medical discourse, to establish their types. This method is aimed at the professional activities of doctors. The associative experiment method made it possible to differentiate the types of secondary nominations in different professionally communicative situations.

The method of cognitive analysis of the word semantics is used to study the cognitive processes underlying the nomination of new objects and phenomena, for the analysis of secondary names in *statu nascendi* (at the moment of creation) in the realm of medical terminology.

To explore the semantic-structural features and frequency of use of secondary nominations, two forms of questionnaires were prepared – Questionnaire 1 and Questionnaire 2. The questionnaires made it possible to distinguish between secondary units in two communicative situations: *doctor-doctor* and *doctor-patient*. Exploring the specifics of medical discourse ten typical most frequent nominative formulas were identified.

Results and discussion

Questionnaire 1. Communicative situation doctor – doctor

For a thorough study of the typology of secondary names, we conducted a questionnaire of healthcare professionals.

The questionnaire was conducted in three clinical hospitals: Chernivtsi Regional Clinical Hospital (Ukraine), Storozhynets Central District Hospital (Ukraine), Chernivtsi City Dental Clinic (Ukraine).

A total of 60 doctors (100%) were interviewed, including 25 doctors with a work experience of 5 to 10 years (41.7%), 20 doctors with a work experience of 10 to 20 years (33.3%) and 15 doctors with more than 20 years of experience (25%).

All respondents answered the following questions:

1. *What secondary names, that is unofficial substitutes for medical terms, do you use in a communicative situation doctor – doctor?*

2. *Do you often use such constructions (yes (occasionally, often) / no?*

3. *What secondary names, i.e. unofficial substitutes for medical terms, do you use in the communicative situation doctor – patient?*

4. *Do you often use such constructions (yes (occasionally, often) / no?*

According to the questions, two forms of the questionnaire were used.

The analysis of the respondents' answers made it possible to draw the following conclusions.

Questionnaire 1

⁴ Majaeva S. Terymyu v medytsynskom dyskurse [Terms in medical discourse], Bulletin of the Chelyabinsk State University. Philology. Art criticism, Chelyabinsk, 2011, Issue. 60, P. 93 [in Russian].

Communicative situation *doctor – doctor*

About 90% of respondents (54 doctors of various specialties) gave the affirmative answer to the questions:

1. *What secondary names, i.e. unofficial substitutes for medical terms, do you use in a communicative situation doctor – doctor?*

2. *Do you often use such constructions (yes (occasionally, often)) / no?*

And only six doctors (10%) answered “no”. Among those who answered “yes”, 34 respondents (62.9%) added “often” and 20 of them (37.1%) – “occasionally”. It is worth noting that secondary nominations are used by doctors of different ages and a clear age-dependent gradation has not been observed, although more often secondary names are used by doctors with longer work experience, which we associate with the acquisition of professional skills, mastering not only medical terminology, but also unofficial substitutes for terms (Table 1). The study found that the most commonly used secondary nominations are words of command in situations where an immediate response is required (Table 2). Among the secondary names that are often used by health professionals, we can identify the following:

1. *Zapustyty/vidpustyty patsienta* (eng. to start / release a patient).

2. *Kaminnia* (eng. dental tartar (in the speech of dentists)).

3. *Kynuty tysk* (eng. to drop blood pressure).

4. *Odynychka* (eng. central incisor), *dviyka* (eng. lateral incisor), etc. (in the speech of dentists).

5. *Patsient zamyhotiv* (eng. the patient began to gleam).

6. *Posadyty na trubu* (eng. to connect to the tube).

7. *Koloty* (eng. to pierce) / *krapaty* (eng. to drip the patient).

8. *Proshchupuvaty* (eng. to feel) / *vidtynaty, vidrizaty* (eng. to cut off).

9. *Rozmochyty patsienta* (eng. to wet the patient).

10. *Stuknuty sertse* (eng. to strike the heart).

Discussion. The communicative direction of medical discourse is based on two types: discrete and non-discrete. Discrete medical discourse is a type of institutional discourse that involves interruption in the process of its verbal expression due to the specific circumstances of communication. Such circumstances in the professional activity of a doctor are communication with the patient, regulated by traditional schemes of the diagnostic process. Therefore, the discourse of “*doctor-patient*” dialogues can only be discrete, taking into consideration its inter-professional nature and asymmetry of communicative interaction. Non-discrete medical discourse is a discourse of partners, which is reflected in the communicative situation “*doctor-doctor*”, where there is communication between representatives of one speech category, united by the cohesion of the profession. These are dialogues of doctors on professional topics directly related to the daily problems of the treatment process.

Ways of creating secondary names in medical discourse. Secondary names used in medical discourse are formed in different ways. The most frequent of them are *metaphorization, metonymization* and *suffixation*.

Metaphorization. The most productive and universal

means of creating secondary nominations in medical discourse are metaphorical transferences. J. Lakoff emphasized the importance of metaphor: “it is the main mechanism by which not only abstract concepts are aware, but also creates an opportunity to think abstractly”⁵.

Metaphorization in the discourse is an indirect set of cognitive-communicative strategies for the popularization of pragmatically developed scientific knowledge⁶ that is there appears a communicative-cognitive structure, which is considered secondary in the scientific discourse. In modern medical discourse, as well as in the Ukrainian one, metaphors vary according to the nature of co-occurrence with other words, associative features, connotative meaning, etc.

(1) *Switch on the accordion for lungs ventilation.*

(2) *During today's surgery the turtle has been used.*

(3) *Put on the ears and listen to the patient's lungs.*

(4) *Sometimes the jars are used in cases of pneumonia.*

Secondary neologisms that are formed on the basis of the attributive (adjective) metaphor are not so commonly used in everyday medical speech. These are mostly two-component names that perform a conceptual function, providing a metaphorical conceptual relation between the subject of evaluation and its object. The peculiarity of the adjective metaphor lies in the fact that, in the process of metaphor formation the adjective loses its independence and becomes subordinate to the noun, which determines its functionality and is transformed into a way of meanings determination. Compare: *tsikavyi khvoryi / netsikavyi khvoryi*, eng. interesting case / uninteresting case – talking about the course of a disease and the methods of treatment; *vazhkyi khvoryi / nevazhkyi khvoryi*, eng. seriously ill / mild patient – meaning the complexity or the severity of a disease; *hostryi zhyvit / nehostryi zhyvit*, eng. acute abdomen / non acute abdomen, *tverdyi zhyvit / miakyyi zhyvit*, eng. firm abdomen / soft abdomen – acute surgical pathology; *brudna operatsiyna*, eng. dirty operating room – operating room for patients with purulent diseases; *chysta operatsiyna*, eng. clean operating room – operating room for patients that undergo planned surgical interventions (5-6).

(5) *A seriously ill patient came to our department.*

(6) *The clean operating room is equipped with new facilities.*

These are mainly the usual secondary nominations, but in the everyday communication of the medical workers there are also emotional and evaluative attributive metaphors, mostly the names of diseases and procedures, such as: *zhovta khvoroba*, eng. yellow disease – yellow skin is typical for a disease of any etiology; *zolota khvoroba*, eng. golden disease – coetaneous tuberculosis; *rozheve oko*, eng. pink eye – hemorrhagic measles (7).

(7) *Golden disease is not widespread in Ukraine.*

Secondary nominations, created on the basis of verbal (predicate) metaphors, are the most common in the medical discourse. According to N. D. Arutyunova, metaphorical potential is primarily inherent in descriptive verbs, especially in those which meaning indicates the human modus operandi and verbal predicates that have a narrow circle of objects and quite clearly implicate the subject of comparison. Secondary nominations, one-component and two-component ones, refer to the processes involved in the

⁵ Lakoff G. The Contemporary Theory of Metaphor, Metaphor and Thought Second edition. Ortony A., eds. New York: Cambridge University Press, 1993, P. 202–251 [in English].

⁶ Utkina T. Metafora v nauchno-populiarnom medytsynskom dyskursie [Metaphor in the popular science medical discourse], abstract dis. scientist. degree of cand. filol. sciences, Perm, 2006, P. 26 [in Russian].

medication administration, the implementation of various procedures during the first aid, treatment and surgical interventions. They represent a cognitive-communicative metaphor, indicating human *modus operandi*. For example, *vidpustyty patsienta*, *eng.* to release a patient – to let the patient die as a fatal case; *zavantazhyty patsienta*, *eng.* to insert a patient – to administer psychotropic medication; *zavesty khvoroho*, *eng.* to start a patient – to restore sinus (normal) rhythm after cardiac arrest; *zniaty z aparata*, *eng.* to remove a patient – to switch off the artificial lung ventilation apparatus; *perelyty patsienta*, *eng.* to infuse a patient – to administer too many intravenous fluids; *posadyty na trubu*, *eng.* to put on a pipe – to transfer the patient to the artificial pulmonary ventilation; *rozmochyty babusiu*, *eng.* to wet the granny – to relieve urinary retention after surgery; *smyknyty za stravohid*, *eng.* to pull the esophagus – to conduct (medical or diagnostic) intra-esophageal EPS; *patsient zamyhotiv*, *eng.* the patient began to flash – the paroxysmal atrial tachycardia has developed; *zakolysaty khvoroho*, *eng.* to lull a sick person – to induce a general anesthesia; *kynuty zond*, *eng.* to throw a probe – to probe the patient; *ozhyvyty patsienta*, *eng.* to reanimate a patient – to revive a patient; *hrity ruky*, *eng.* to warm one's hands – to perform a surgical operation; *zapysaty plivku*, *eng.* to record a tape – to perform electrocardiogram; *kynuty tysk*, *eng.* to drop pressure – the blood pressure has suddenly decreased; *strilnuv tysk*, *eng.* pressure had popped – the blood pressure has suddenly increased, and other expressions.

Such secondary names perform the function of forming communicative units in the everyday speech of doctors and medical attendants. They are formed because of sufficient names absence in the complicated medical terminology.

Among the one-word secondary nominations it is worthwhile to distinguish those in which the peculiarities of the action of one object are transferred to the action of another one. For example, *koloty*, *eng.* to pierce – to perform intramuscular injection, the metaphorical name arose by analogy with the sensation that exists during the injection; *krapaty*, *eng.* to drip – to administer intravenous drip, the metaphorical name is formed by functional similarity; *stuknyty*, *eng.* to strike – to carry out electrical therapy (cardioversion) with the defibrillator, the metaphorical name arose due to the similarity of action; *strelnuty*, *eng.* to shoot – to apply a defibrillator, the metaphorical name is formed due to the operational similarity.

Such secondary names are used mainly in non-discrete medical discourse, in a communicative situation between doctors or between a doctor and laboratory or medical assistants, which is primarily related to the need to save time during urgent medical orders, examinations, rounds, surgical interventions and others. In an emergency, when the doctor needs to immediately assist the patient it is easier and quicker to say:

(8) “*The patient began to flash, his pressure dropped, strike him and put on pipe*”, than “*The patient developed a paroxysm of tachysystolic atrial fibrillation, accompanied by hemodynamic instability, which led to electropulse therapy followed by intubation and transfer to a ventilator*”.

The specificity of discrete medical discourse, in particular in the situation of *doctor – patient, doctor – relatives of the patient*, is the asymmetric speech component, because it is the discourse of unequal partners. The doctor uses medical terminology perfectly. During the

dialogue between the doctor and the patient (relatives of the patient) quite significant fragments of monologue speech are possible in its structure. Considering that the communication between a doctor and a patient must first and foremost be clear, accessible, relevant and convincing for the patient, there are secondary names in the doctor's speech as understandable to the patient substitutes for complex medical terms of foreign origin, namely: *peresadka* (*eng.* organ replacement) instead of transplantation, *proshchupuvaty* (*eng.* to feel) instead of palpate, *vidtynaty*, *vidrizaty* (*eng.* cutting off) instead of amputating, *vzhyvlyuvaty*, (*eng.* embedding) instead of implanting, *polipshennia* (*eng.* improvement) instead of remission, *tryvalist dii* (*eng.* action duration) instead of prolongation, *prychyna* (*eng.* cause) instead of etiology, *visnovok* (*eng.* conclusion) instead of epicrisis, *vhodzhennia* (*eng.* entry) instead of penetration, *prosverliuvannia* (*eng.* drilling) instead of perforation, etc. (9-12).

(9) *The patient needs an organ replacement.*

(10) *The patient's pulse is not felt.*

(11) *The leg should be cut off due to gangrene.*

(12) *In such a situation, it is difficult to embed the implant.*

J. Ortega y Gasset (1990, p. 69) emphasized the communicative orientation of metaphorical nominations: metaphor “is necessary for us to make an object accessible to our thought”.

Metonymic secondary names. In medical discourse, the forms of the pronoun “we” acquire special importance. The use of this pronoun brings the doctor closer to the patient, makes his speech soft, convincing, understandable (13-15).

(13) “*How do we feel?*”

(14) “*How are we doing?*”

(15) “*What's new with us?*” Meaning: “*How are you feeling? What are the complaints?*”.

When reporting their problems, patients use metonymic phrases such as:

(16) “*I was contorted!*” instead of “*There was unbearable pain in the bones or muscles*”;

(17) “*My back was writhed, shot*”) instead of “*I had very sore back*”;

(18) “*Doctor, you know – I have a heart condition!*”;

(19) “*Don't bother me, I have an anxiety issue!*”;

(20) “*I have a stomach condition!*”;

(21) “*I have a liver disease!*”.

Such metonymic communicative constructions make the patient's speech more emotional and vivid.

Euphemisms and the creation of secondary nominative units

Euphemisms are common means of forming secondary names used in a *physician-patient* communication situation. Their purpose is to mitigate the painful reality for the patient, to “encode” common medical terms with secondary names, even to hide the truth to some extent, cf.: *novoutvorennia* (*eng.* tumour) instead of *rak* (*eng.* cancer); *sertsevyi napad* (*eng.* heart attack) instead of *hostra sertseva nedostatnist* (*Eng.* acute heart failure); *bronhit z astmatychnym komponentom* (*eng.* bronchitis with asthmatic component) instead of *astma* (*eng.* asthma); *himiia* (*eng.* chemistry) instead of *himioterapiia* (*eng.* chemotherapy); *sertsevyi napad* (*eng.* heart attack) instead of *tromboz koronarnykh arteriy* (*eng.* coronary artery thrombosis); *pidvyshchenyi tysk* (*eng.* high blood pressure) instead of *hipertoniia* (*eng.* hypertension), etc. The

difference between these names is insignificant, and sometimes they are even identical, but patients perceive secondary nominations much easier.

If the communication in the communicative situation *doctor – patient* has a psychotherapeutic character, the dialogue *doctor – patient* becomes more emotional. For the patient, in addition to professional qualities, the doctor's ability to convey the necessary information in an accessible and clear way is important. Such communication should be effective, with minimal use of complex and incomprehensible to the patient medical terminology, but at the same time appropriate and convincing.

Suffixation. A typical way to create secondary names of people is suffixation. Suffix derivatives are used to name doctors according to various features, cf.: *medyk / medychka* (eng. medical man / woman) – a worker (employee) of the medical field; *klinityst* (eng. clinician) – one who works in the clinic; *ochnyk* (eng. eye-doctor) – a doctor who studies and treats diseases of the eye and visual system; *vushnyk, vukho-horlo-nis* (eng. ENT specialist) – a doctor who studies diseases of the ear, throat, nose and develops methods of treatment; *zubnyk* (eng. dentist) – a doctor who studies and treats diseases of the oral cavity, teeth, jaws, face. Such derivatives are productive, as the terminational manner of derivation of people's names in the Ukrainian language has a long tradition. The advantage of secondary suffix names over official foreign terms is that first of all they are more understandable to patients, cf.: *eye-doctor* and *ophthalmologist*; *ENT specialist* and *otolaryngologist*; *dentist* and *stomatologist*.

Шутак Лариса – кандидат філологічних наук, доцент кафедри суспільних наук та українознавства Буковинського державного медичного університету, автор близько 160 праць наукового, навчально-методичного та публіцистичного характеру, з яких 1 монографія, 5 розділів до двох колективних монографій, 7 навчальних та навчально-методичних посібників з грифом МОН та

МОЗ України, 1 національний підручник. Коло наукових інтересів: категоріальна граматики української мови, порівняльне мовознавство, українська медична термінологія, лінгвопсихологія, українознавство в системі вищої освіти.

Shutak Larisa – Candidate of Philology, Associate Professor of Department of Social sciences and Ukrainian Studies of Bukovinian State Medical University; she is the author of about 160 scientific, educational and critical publications, including 1 monograph, 5 sections in 2 monographs, 7 educational and teaching issues, which was approved by the Ministry of Education of Ukraine and the Ministry of Health of Ukraine, 1 national textbook. Research interests: Ukrainian, linguistics and cultural studies, problems of the research of Ukrainian medical terminology, the national language education in universities, categorial Ukrainian grammar.

Навчук Галина – кандидат філологічних наук, доцент кафедри суспільних наук та українознавства Буковинського державного медичного університету, автор близько 140 праць наукового, навчально-методичного та публіцистичного характеру, з яких 1 монографія, 5 розділів до двох колективних монографій, 7 навчальних та навчально-методичних посібників з грифом МОН та МОЗ України, 1 національний підручник. Коло наукових інтересів: українознавство в системі вищої освіти, проблеми впорядкування української медичної термінології, культура мовлення медичного працівника, національно-мовне виховання у ВНЗ, категоріальна граматики української мови.

Navchuk Halyna – Candidate of Philology, Associate Professor of Department of Social Sciences and Ukrainian Studies of Bukovinian State Medical University; she is the author of about 140 scientific, educational and critical publications, including 1 monograph, 5 sections in 2 monographs, 7 educational and teaching issues, which was approved by the Ministry of Education of Ukraine and the Ministry of Health of Ukraine, 1 national textbook. Research interests: Ukrainian, linguistic and cultural studies, problems of the research of Ukrainian medical terminology, the national language education in universities, categorial Ukrainian grammar.

Received: 15.10.2022

Advance Access Published: December, 2022

© L. Shutak, H. Navchuk, 2022