COMET 2025

# Book of Abstracts

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POZnan

# Contents

# Welcome

On behalf of the Local Organising Committee, we are delighted to welcome you to Poznań for the 23rd International and Interdisciplinary Conference on Communication, Medicine and Ethics (COMET 2025).

The conference brings together academics, clinicians and students from across disciplines to share research, ideas and good practices as well as to develop new collaborations. We hope that all participants will find the conference programme of great relevance and interest to their research as well as enjoy our beautiful city. COMET 2025 is co-organised by Adam Mickiewicz University in Poznań and Poznań University of Medical Sciences. We hope you will join us for the featured lecture "Challenges in the management of chronically ill patients, with particular emphasis on pulmonary conditions", to be delivered by Professor Szczepan Cofta (Poznań University of Medical Sciences) on Wednesday (25th June at 9:30), as well as the plenary lectures to be delivered by:

- Professor Alison Pilnick (Manchester Metropolitan University, UK), an open lecture "Understanding the 'failure' of patient-centred care", Wednesday (25th June), 17:00, Congress and Didactic Centre of the Poznań University of Medical Sciences (ul. Przybyszewskiego 37A)
- Professor Jessica Nina Lester (Indiana University, Bloomington, USA), "Reflective interventionist conversation analysis: Connecting research and practice in clinician – patient interactional studies", Thursday (26th June), 12:15, Collegium Heliodori Święcicki (ul. Grunwaldzka 6)
- Professor Lars-Christer Hydén (Linköping University, Sweden), "Social interaction and communication involving people living with dementia", Friday (27th June), 9:30, Collegium Heliodori Święcicki (ul. Grunwaldzka 6).

Please, do not forget to download the latest version of the conference programme, available on the conference website https://comet2025.web.amu.edu.pl/programme/.

We would like to take this opportunity to thank the Plenary Speakers for sharing their expertise with us. We also want to express our gratitude to Professor Srikant Sarangi for his indispensable support and to the whole Scientific Committee for their time and support.

We are looking forward to a great conference!

The COMET 2025 Local Organising Committee: Joanna Pawelczyk, Elżbieta Paszyńska, Szczepan Cofta, Agnieszka Kiełkiewicz-Janowiak, Monika Urbaniak, Ewelina Chawłowska, Marta Karaźniewicz-Łada, Zuzanna Ślebioda, Agata Hauser, Magdalena Zabielska, Zuzanna Jechna, Bartłomiej Kruk, Joanna Bury, Agnieszka Bury-Galubińska, Joanna Kaczmarek-Górzyńska.

# Important information

Dear Colleagues,

A warm welcome to COMET 2025 in Poznań. This letter aims to minimise announcements of housekeeping matters during sessions. Please read it at your earliest convenience.

## Finding Places

The conference will take place in three locations where the four plenaries and all the presentations will be held in these buildings.

### DAY 1 (Wednesday 25th June)

1. The Congress and Didactic Centre of the Poznań University of Medical Sciences
   ul. Przybyszewskiego 37A
   60-356 Poznań

   Registration/Help Desk opens at 7:30.

2. The Medical Biology Centre of the Poznań University of Medical Sciences
   ul. Rokietnicka 8
   60-806 Poznań

**POSTER SESSION**

If you are a poster presenter, please make sure that your poster is mounted by the afternoon of 25th June. You have been allocated a space (with your name pinned to the board). You can obtain the necessary materials from the Registration/Help Desk when registering. The plenary poster session, during which all poster presenters will have 2–3 minutes to introduce their presentations, will start at 18:15.

**WELCOME RECEPTION**

The COMET Welcome Reception will start at 19:15 and it will feature a special event – two artists from the Musical Theater (Anna Lasota and Patrick Kośnicki) are scheduled to perform a repertoire filled with musical songs.

**DAY 2 and 3**

1. Collegium Heliodori Święcicki
   ul. Grunwaldzka 6
   60-780 Poznań

Registration/Help Desk opens at 8:30 on DAY 2 and at 9:00 on DAY 3.

**COMET Open Forum**

The COMET Open Forum is scheduled as the final session in the programme on DAY 3. It is primarily an audience-driven Q-A discussion session where participants are free to share their reflections about COMET 2025 and make suggestions about future COMET events. This is also an opportunity to take stock of emergent themes and research challenges in the interdisciplinary field of communication, medicine and ethics.

# Programme

It is possible that there may have been some last-minute changes and cancellations after we went into press. We will make necessary announcements during plenary sessions.

**ORAL and PANEL PRESENTATIONS:**

They should last 20 minutes and are followed by a 10-minute Q&A session.

**WORK-IN-PROGRESS PRESENTATIONS:**

Please bear in mind that your presentation should not exceed 15 minutes, leaving 15 minutes for discussion.

**CHAIRING OF SESSIONS**

Chairs have been allocated for each session consisting of two to four papers. This does not apply to panels, where the coordinators act as chairs. The main function of the chairs is to ensure strict time-keeping. A folder with necessary instructions is available in each room. Please do not remove the folder.

**CHANGING ROOMS**

There will be a 5-minute break after each 30-minute talk to ensure smooth room change.

**UPLOADING PRESENTATIONS**

We also recommend loading your presentations onto computers at the latest during the refreshment break before your session.

**BOOK OF ABSTRACTS**

The index of presenters will help you locate the individual abstracts which are organised alphabetically.

## Technical Support

Should you have any specific audio-visual and technical requests or requirements, please contact the local organising committee. It is crucial for the smooth operation of the sessions that all equipment is properly arranged. While we will do our best to accommodate last-minute requests, we cannot guarantee that all needs can be met on short notice.

## Lunches

Lunch will be served in the Congress and Didactic Centre of the Poznań University of Medical Sciences and Collegium Heliodori Święcicki. If you have specific dietary requirements and have already indicated this on your registration form, please refer to the catering staff during lunch breaks.

## Refreshment Breaks

Morning and afternoon tea/coffee will be served during the designated breaks in the programme. A modest selection of refreshments will be available throughout the day.

## Conference Dinner

The conference dinner (separate registration) will be hosted on Thursday (26th June) at 20:30 in Port Sołacz restaurant, which can be reached by bus (line 164, direction Puszkina) or tram (line 11, direction Piątkowska).

Conference dinner location:

Port Sołacz
ul. Litewska 22
60-605 Poznań
https://portsolacz.pl/en/strona-glowna-en/

The COMET Participants can also join a special event Ceremony of Presenting of the Grand Golden Seal of the City of Poznań to the Poznań University of Medical Sciences, commencing at 19:00 in the Adam Mickiewicz University Aula (ul. Wieniawskiego 1) and featuring a concert surprise.

## Publication Opportunities

All paper and poster presenters are encouraged to submit their contributions for consideration to the journal *Communication & Medicine* (https://utppublishing.com/journal/commed). More details, including the deadline for submission, will be shared during the COMET Open Forum on 27th June 2025. If a sufficient number of accepted submissions is reached, a special issue will be designated to comprise COMET 2025 presentations. Alternatively, accepted individual manuscripts will appear in regular issues.

## The COMET Society and the COMET Network

If you are not already familiar with The COMET Society and The COMET Network, do visit the journal homepage for further details (https://utppublishing.com/journals/commed/about-comet-society), including benefits such as discounted journal subscription and conference participation fees. For any queries, contact the COMET Society/Network coordinator, Simone Bacchini (comet@utorontopress.com).

## Internet Access

**DAY 1**

The Congress and Didactic Centre of the Poznań University of Medical Sciences

**Network:** konferencja
**Password:** CKDUMP2010

**DAY 2 and 3**

Collegium Heliodori Święcicki

The **eduroam network** may be accessed using the full academic e-mail address as the username and the password used to access the academic.

## Feedback Forms

Please take a moment to fill in the feedback form, which will be e-mailed to you shortly after the conference. Your response will help us to plan future COMET events.

## Useful Websites, Emails and Telephone Numbers

Conference-related enquiries: comet2025@amu.edu.pl

For essential information about transportation, accommodation and local attractions in Poznań, please visit our dedicated page: https://comet2025.web.amu.edu.pl/

Poznań tourism: https://www.poznan.pl/mim/turystyka/en/

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## Sponsorships

The City of Poznań
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We are pleased to announce that the University of Toronto Press (UTP) has generously funded three bursaries to support researchers from the Global South.

The COMET 2025 Participants are entitled to a 30% discount on UTP books. The code “COMET2025” is applicable for all UTP books via the website (https://utppublishing.com/) and will be active for the week of the conference, from June 23–30, 2025.

## Acknowledgements

We would like to express our gratitude to the following people who formed the international review panel for all submissions:

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Zuzanna Jechna
Bartłomiej Kruk
Joanna Bury
Agnieszka Bury-Galubińska
Joanna Kaczmarek-Górzyńska

## COMET Founding Advisor:

Srikant Sarangi

# Featured lecture

Wednesday 25th June 2025, 9:30-10:30, the Congress and Didactic Centre of the Poznań University of Medical Sciences, ul. Przybyszewskiego 37A, Room A

## FEATURED LECTURE

# Challenges in the management of chronically ill patients, with particular emphasis on pulmonary conditions

**Szczepan Cofta**
Poznań University of Medical Sciences, Poland

Providing a diagnosis and treatment, including care, for patients in the advanced stages of chronic disorders seems to be an important challenge for contemporary management in all healthcare systems.

The specific mission that concerns medical professionals is to achieve three aims:

- healing the sick person or at least attempting to effectively influence the evolution of the disease;
- weakening the painful symptoms that accompany it, especially in the advanced phase;
- providing care to the sick person while addressing all their human expectations.

In the scope of my interest, these problems concern, for example, patients with advanced respiratory failure. This condition occurs when lung function is significantly destroyed, for example in chronic obstructive pulmonary disease, pulmonary fibrosis or cystic fibrosis. The medical management of these patients is associated with many challenges but also doubts.

The facts are as follows:

- large medical capabilities of fairly efficient medical care systems in countries with efficient medical care;
- experiencing significant progress in the context of providing relief from suffering;
- a shortage of care options.

Of course, there are doubts regarding the presence of dehumanizing factors in modern medicine; the problem of so-called unwanted patients; shortages of care options; and doubts about futile therapy.

The challenge is to find a balance between the three pillars of medical treatment: therapy, providing relief from suffering and care. Undertaking treatment and care is an expression of the most important human values.

# Plenary lectures

Wednesday 25th June 2025, 17:00-18:00, the Congress and Didactic Centre of
the Poznań University of Medical Sciences, ul. Przybyszewskiego 37A, Room A

## PLENARY LECTURE 1

# Understanding the ‘failure’ of patient-centred care

**Alison Pilnick**
Manchester Metropolitan University, UK

Patient-centred care (PCC) is typically framed as a means to guard against the problem of medical paternalism, exemplified in historical attitudes of ‘doctor knows best’. In this sense PCC is often regarded as a moral imperative. However, systematic reviews of the adoption of PCC in healthcare settings do not find any consistent improvement in health behaviours or outcomes as a result. Rather than raising more fundamental questions about the approach, these findings are generally interpreted as pointing to the need for more or ‘better’ staff training. As a result, empirical research is often focused on the extent to which practice does or does not live up to checklists of PCC criteria, though these checklists are many and varied, and can produce conflicting results.

Patient autonomy is generally foregrounded in conceptualisations of PCC, to be actualised through the exercising of choice and control. But examining healthcare interaction in practice using conversation analysis shows that when professionals attempt to enact these underpinnings, it often results in the sidelining of medical expertise that patients want or need. Drawing on a large corpus of audio and video recorded healthcare interactions collected over 25 years from a wide range of practice settings, I will argue that in rightly problematising unbridled medical authority, PCC has inadvertently also problematised medical expertise. The end result is that patients can feel abandoned to make decisions they feel unqualified to make, or even that care standards may not be met. Understanding this helps to explain why PCC has not produced the hoped-for improvement in health outcomes. It also shows the importance of analyses of healthcare interaction for healthcare policy. The broad moral principles of a values-based approach may be attractive to policy makers but may also create intractable interactional dilemmas for practitioners who have to talk these policies into being.

Thursday 26th June 2025, 12:15-13:15, Collegium Heliodori Święcicki,
ul. Grunwaldzka 6, Aula

## PLENARY LECTURE 2

# Reflective interventionist conversation analysis: Connecting research and practice in clinician – patient interactional studies

**Jessica Nina Lester**
Indiana University, Bloomington, USA

In this talk, I introduce Reflective Interventionist Conversation Analysis (RICA) as a methodological approach designed to prioritise participatory and collaborative practices across all phases of research focused on clinician – patient interactions. RICA moves beyond traditional approaches to conversation analysis by foregrounding a reflective, interventionist ethos that actively involves research participants – not just as knowledgeable participants but as co-producers of knowledge. This co-production spans the entire research process, from study conception to analysis and dissemination, enhancing the practical relevance of research outcomes. To illustrate the potential of RICA, I present findings from two distinct studies conducted in paediatric medical contexts in the United States. These studies demonstrate how clinician participants participated in shaping research priorities, interpreting conversational data and contextualizing findings to meet the needs of their practice-based environments. Through foregrounding participant expertise, RICA-informed studies not only draw out actionable insights but also ensure that findings are relevant to clinical practice and patient experience. Broadly, then, in this talk I argue for engaging in an analysis of clinician – patient interactions that centres a commitment to aligning research outcomes with local needs.

Friday 27th June 2025, 9:30-10:30, Collegium Heliodori Święcicki
ul. Grunwaldzka 6, Aula

## PLENARY LECTURE 3

# Social interaction and communication involving people living with dementia

**Lars-Christer Hydén**
Linköping University, Sweden

This lecture will present an overview of research about the interactional and communicative challenges resulting from dementia disorders, from the early phases to advanced dementia, and how these challenges can be met in order for persons living with dementia to be active participants.

Everyday interaction between people is based on social norms but also on each participant having access to certain cognitive and linguistic skills. People living with dementia have access to fewer skills in engaging with other people due to the deterioration of cognitive and linguistic functions caused by the disorder. Thus, social interaction will be challenged as both the participants living with dementia as well as other participants face interactional and communicative troubles that need to be solved jointly. Social interaction and communication become increasingly dependent on the cognitively healthy participants who must organize interaction in such a way that the participants living with dementia can participate with their remaining abilities (often referred to as scaffolding). Over time the person living with dementia will have access to increasingly fewer cognitive and linguistic skills. This makes it necessary to reorganize interaction and communication as the importance of spoken language for communication diminishes. Instead, interaction and communication will become increasingly body-centered. Embodied guiding, staging, and intercorporeal interaction will eventually become central practices in making it possible for people living with advanced dementia to be recognized as collaborative participants in their everyday life.

# Panels

## PANEL 1

# Interprofessional communication in pharmacy

**Coordinator: Marta Karaźniewicz-Łada**
Poznań University of Medical Sciences

### Panel synopsis

In many countries, pharmacists not only ensure the availability of medicines, but also act as partners to doctors and other medical professions in direct patient care. They are a part of the interdisciplinary health care team, where they serve as drug specialists. Clinical pharmacists on hospital wards solve medication-related problems, which reduce patient length of stay and direct hospitalization costs [1].

Until recently, a pharmacist in Poland was perceived as a person dispensing medicines and its role in the patient health care was limited. It was caused by deficiencies in pharmacy curriculum, which should be adjusted to fulfill present and future requirements of the modern pharmacy profession. In 2009/10 at Poznań University of Medical Sciences, the Doctor of Pharmacy (PharmD) Program was implemented to the 6-year Pharmacy curriculum for foreign students. The program focused on modern education of pharmacists in clinical aspects of a medical profession. We presented results on the survey prepared among PharmD students who assessed the program. In addition, we determined the attitudes and expectations of doctors towards the idea of creating interdisciplinary teams with clinical pharmacists and indicated the tasks that can be implemented as a part of mutual cooperation between these two medical professions.

Recently, we can observe the growing activity of pharmacists in Poland. They implement a number of projects in cooperation with local governments, including patient education, promotion of responsible self-medication and participation in the optimization of pharmacotherapy. The pilot project of the drug review showed a significant impact of pharmacists on improving the quality of pharmacological treatment.

The increasing competences and services provided by pharmacists show that pharmacists can be partners to other medical professions in providing individualized patient care and patients would greatly benefit from such cooperation.

## References

K. Dalton, S. Byrne. Role of pharmacist in reducing healthcare costs: current insights. Integrated Pharmacy Research and Practice, 2017:6 37–46.

**Presenters: Natalia Bolewska, Katarzyna Derwich, Franciszek Główka, Marta Karaźniewicz-Łada, Agnieszka Neumann-Podczaska, Jacek Wachowiak, Katarzyna Wieczorowska-Tobis**

# PharmD Program as a platform for modern interprofessional cooperation in pharmacotherapy

**Franciszek Główka, Marta Karaźniewicz-Łada**
Poznań University of Medical Sciences

Doctor of Pharmacy (PharmD) Program within the 6-year Pharmacy curriculum focused on modern education of pharmacists in clinical aspects of a medical profession was implemented at Poznań University of Medical Sciences in 2009/10 for foreign students. The program comprise practical courses in clinical units, where MD practitioners as well hospital pharmacists prepared students to position of clinical pharmacists. According to survey prepared among PharmD students in 2012, the program represents a modern approach to the education of pharmacists focused on the clinical aspects of pharmacy and is well assessed by the students of this program [1]. Other studies from 2015 investigated attitudes of doctors, pharmacists and nurses toward cooperation between representatives of the medical professions. Most of the surveyed doctors (60%) and nurses (82%) believe they do not work together with hospital pharmacist so far, although there are interested in such cooperation (88% and 50%, respectively). Pharmacists disagree with this opinion – 60% declare they interact with doctors, 70% with nursing staff. They are also ready to develop professional relationships with these specialists (90%).

**Conclusion:** Implementation of PharmD curriculum for teaching program of polish pharmacy in real way would improve better cooperation between doctors and pharmacists.

## References

Kratiuk K.: Comparison of Pharmacy Education in North America, Poland, and Evaluation of the PUMS PharmD Program. Master thesis, 2013. PUMS

Anczykowska A.: Perspectives of pharmacists’ participation in therapeutic teams in polish hospitals. Master thesis 2015. PUMS.

# Current needs and perspectives of interprofessional cooperation of clinical pharmacists and physicians in Poland

**Marta Karaźniewicz-Łada, Franciszek Główka, Natalia Bolewska,**
**Jacek Wachowiak, Katarzyna Derwich**
Poznań University of Medical Sciences

The role of a clinical pharmacist in the Polish healthcare system is not clearly defined. Most clinical pharmacy specialists are employed in hospital pharmacies and their contribution to the patient care team is limited. To effectively provide safe and effective pharmacotherapy, multidisciplinary collaboration is crucial due to the complexity and variety of diseases that must be managed in hospital units. Several studies from other countries highlighted the expanding role of clinical pharmacists in oncology care [1].

The purpose of this study was to determine the attitudes, expectations and experiences of physicians in collaboration with a clinical pharmacist.

For the study, a self-administered questionnaire was completed by physicians from the Department of Pediatric Oncology, Hematology and Transplantology at Poznań University of Medical Science. The majority of responders declared that they are aware of the positive aspects of cooperation between a doctor and a clinical pharmacist, but had no experience in such practice. 57% of responders agreed that a clinical pharmacist would be helpful in a wide range of activities including counseling on drug therapy, therapeutic drug monitoring and managing drug interactions. Others responders indicated selected services. All physicians are convinced that patients would benefit from their cooperation with clinical pharmacists.

In conclusion, the study discovered that most physicians endorse the introduction of clinical pharmacist in their Department and believe that physicians and pharmacists can collaborate on many tasks focused on patient care to improve quality and safety of the treatment.

## References

Holle L.M., Segal E.M., Jeffers K.D. The Expanding Role of the Oncology Pharmacist. Pharmacy. 2020;8(3):130.

# Interprofessional communication in pharmacy; current status and future

**Agnieszka Neumann-Podczaska**[1,2], **Katarzyna Wieczorowska-Tobis**[1]
[1] Poznań University of Medical Sciences;
[2] University of Economics and Human Sciences in Warsaw

The role of the pharmacist in Poland has recently undergone significant changes. The Law on the Pharmaceutical Profession introduced a definition of drug review as a health service performed by a pharmacist as a representative of an independent medical profession.

The piloting of drug reviews has shown that pharmacists in Poland play an important role as pharmacotherapy experts and partners of the physician in the pharmacotherapy process. Public attention has redirected thinking about the pharmacy profession from its executive role to that of a partner in the treatment process. The results of the drug review pilot project showed the significant impact of pharmacists on improving the quality of drug treatment by reducing the incidence of adverse drug interactions and incorrect drug treatment. Also noteworthy is the very positive reception of the new role of the pharmacist by patients and doctors. The result of these activities is the increasing activity of pharmacists in Poland, who take action independently or in cooperation with NGOs to educate patients, promote responsible self-medication and optimize pharmacotherapy.

Recently, the Polish Society of Pharmaceutical Care has carried out a number of projects in cooperation with local governments in Poland – the result of this cooperation is an improvement in the quality of pharmacological treatment for many elderly people, with particular emphasis on those in long-term care institutions, and the development of an interprofessional communication model with other members of therapeutic teams.

## PANEL 2

# The body in the psychotherapy room: Interactional perspectives

**Coordinators: Joanna Pawelczyk[1], Bernadetta Janusz[2]**
[1]Adam Mickiewicz University;
[2]Jagiellonian University Medical College

### Panel synopsis

Body is the site of meaning construction and “the locus of experience” (Bamberg 2011: 15) and in the psychotherapy work, patients’ narratives and disclosures are conveyed via verbal means as well as bodily practices. According to White (2018: 138) both imaginary and physical bodies “have a presence-absence, which is more or less apparent, dormant, or active, session to session, moment to moment, more or less conscious or unconscious”. Importantly, the therapeutic alliance as the fundamental principle of all psychotherapies also entails the dynamics of how the body is experienced and oriented to by participants in the therapeutic interaction. The salience of the body in the psychotherapeutic work, however, has not received so far sufficient attention in the interactional research on psychotherapy. In particular, the ways in which the body is interactionally responded to and/or recognized or overlooked in the naturally occurring institutional conversations requires research attention.

The aim of the panel is to examine how the body is oriented to, regarded and/or disregarded in psychotherapy and other similar helping profession formats from the interactional research perspectives using methods such as, among others, conversation analysis, membership categorization analysis, discursive psychology and Interpersonal Process Recall.

More specifically, in this panel we seek to address the following questions/issues:

2. How does the interactional (non-)recognition of the body in psychotherapy/ counseling emerge?
3. In what interactional contexts is the body recognized/addressed? (versus not recognized/not addressed)?
4. What are the local referential contexts of psychotherapy talk in which the body of the participants are addressed?

5. What are the professional practices of addressing the body in psychotherapy/counseling?
6. How is the body interactionally erased in psychotherapy/counseling?
7. What is the contribution of different interactional methodologies to the description of embodied psychotherapy interactions?
8. In what ways is the "interactional tension" that emerges as a result of bodily performance addressed and/or negotiated in psychotherapy?

**References**

Bamberg, Michael. 2011. Who am I? Narration and its contribution to self and identity. *Theory & Psychology*, 21(1), 3–24. https://doi.org/10.1177/0959354309355852

White, Kate. 2018. Talking Bodies: How do we Integrate Working with the Body in Psychotherapy from an Attachment and Relational Perspective? (The Bowlby Centre Monograph Series). Taylor and Francis. Kindle Edition.

**Presenters: Elena Faccio, Bernadetta Janusz, Joanna Pawelczyk**

# Therapeutic talk about the body as a dispreferred activity

**Bernadetta Janusz**
Jagiellonian University Medical College

Perception of the body of the co-interactant can be, at the same time, a strong and yet inexpressable experience. This particular unsayability is related to interactional etiquette (see Goffman 1963): norms that control the gaze, displays of attention to, and commenting on the other's body. Compliments about the other's body can be possible or expected in certain situations. Still, in different contexts – psychotherapy would be one of them – they are, in most cases, dispreferred. Expressing attention or observations regarding what is seen as unfavorable or curious in the other's body is, to our understanding, dispreferred in most contexts.

Our research focuses on the therapeutic talk in which the participant's body is overtly mentioned or commented upon. The data comes from family- and couple therapy sessions, which we have video recorded. We aim to observe how the talk about the body emerges and is interactionally responded to by family and couple therapy session participants.

We argue that subjective experiences related to the interactants' bodies constitute a risk for further interaction. Such risks can involve, e.g., immediate, nonverbalized bodily responses or a change of the topic. In some, yet rare instances, the talk about the body becomes possible. Our analysis focuses on these particular instances in which talking about the body (usually the patient) becomes possible. We argue that analytical focus on such trajectories of talk about the body should also be part of psychotherapy research.

## References

Goffman, E. 1963. Behavior in public places. Notes on the social organization of gatherings. New York: The Free Press.

# Interactional (in)visibility in couple therapy: Multimodal conversation analysis of bodily and (non-)verbal actions

**Joanna Pawelczyk**
Adam Mickiewicz University

Interactants' bodily actions can indicate their "response to what is happening in the interaction at hand" (Peräkylä et al. 2023: 2). In psychotherapy there are many both implicit and explicit ways in which the body becomes a resource to be drawn on in the therapeutic work.

In this study, focusing on bodily and (non-)verbal practices, we ask the question what makes patients interactionally invisible in couple therapy, i.e., the professional therapeutic context in which the psychotherapist needs to maintain symmetrical relationship with each spouse/partner.

Using multimodal conversation analysis (Mondada 2018), we examine the initial stage of two couple therapy sessions as it is crucial in forming the therapeutic alliance between therapists and patients (Knobloch-Fedders et al. 2007; Janusz and Peräkylä in press). The analytical attention is paid to the dynamics of how the therapy participants respond to or not to others' bodily and (non-)verbal actions. This focus allows us to access and explore how alliances are formed but also ruptured and/or repaired in the course of the session.

We also investigate therapists' accounts given in the Interpersonal Process Recall interviews to identify and examine how they experience their patients' bodily expressions and (non-)verbal responses and whether that experience has a bearing on their therapeutic work (Janusz and Peräkylä in press).

## References

Janusz, B. and A. Peräkylä. In press. Experiential perspective on social interaction.

Knobloch-Fedders, L. M., Pinsof, W. M., & Mann, B. J. 2007. Therapeutic alliance and treatment progress in couple psychotherapy. *Journal of Marital and Family Therapy*, *33*(2), 245–257. https://doi.org/10.1111/j.1752-0606.2007.00019.x

Mondada, L. 2018. Multiple temporalities of language and body in interaction: Challenges for transcribing multimodality. *Research on Language and Social Interaction*, 51(1) 85–106.

Peräkylä, A. et al. 2023. The paradox of disengagement: Bodily displays of inattantion in couple therapy. *Frontiers in Communication*. https://doi.org/10.3389/fcomm.2023.1066475

# “Measuring up to measure”: Dysmorphophobia as a language game

**Elena Faccio**
University of Padua

This presentation considers the transformation of meanings in psychotherapy and suggests a clinical application of Wittgenstein’s intuitions concerning the role of linguistic practices in generating significance.

In post-modern theory, therapy does not necessarily change reality as much as it does our way of experiencing it by intervening in the linguistic-representational rules responsible for constructing the text which expresses the problem. Since “states of mind assume the truths and forms of the language devices that we use to represent them” (Foucault, 1963, p. 57), therapy may be intended as a narrative path toward a new naming of one’s reified experiences.

The problem we consider here, the pervasive feeling of inadequacy due to one’s excessive height (dysmorphophobia), is an excellent example of a “language game” by which a “perspicuous representation” (the “therapy” proposed by Wittgenstein in 1953) may bring out alternatives to linguistically built “traps”, putting the blocked semiotic mechanism back into motion.

In clinical work, the wise use of metaphor allows us to retrigger the semiotic process which had been blocked by the “false illusions” of linguistic reification. The capacity to “see how” constitutes those “intermediate members” which Wittgenstein urges us to seek out, at a fundamental point of his philosophical therapy (Wittgenstein 1953, in particular §122). By definition, in fact, to “metaphorize” indicates importing the meaning of a term together with all the practices usually associated with it, into a different context, in order to suggest new ways of seeing and feeling.

## References

Foucault, M. (1963). Naissance de la clinique. Une archéeologie du regard médical. Paris: P.U.F.

Harrè, R., & Gillett, G. (1994). *The discursive mind.* Los Angeles: Sage Publication.

Wittgenstein, L. (1953). *Philosophische Untersuchungen.* Oxford: Basil Blackwell. Proposition numbers are indicated by §.

## PANEL 3

# Communication ethics in healthcare

**Coordinator: Srikant Sarangi**
Aalborg University; Cardiff University

### Panel synopsis

This panel explores the notion of communication ethics in heathcare across a range of conditions, settings and cultures. Healthcare delivery – at organizational/clinical levels and in public health settings – is increasingly being confronted with issues associated with everyday morality and ethics, exacerbated by themes such as risk, uncertainty, autonomy, responsibility on the one hand, and ethnic/cultural/religious ideologies on the other. The ethical dimension is contingently manifest at the communicative level, with communicative responsibility, communicative vulnerability and communicative care at the core of the communication ethics framework. As distinct from research ethics, communication ethics focuses on encounters between healthcare professionals and clients as well as researchers and study participants when conducting interviews and fieldwork. In a nutshell, a communicative act articulates and mediates the beliefs and values that constitute ethics in a given encounter, either explicitly or implicitly, intentionally or unintentionally.

The panel comprises three presentations, variably addressing relevant aspects of communication ethics, while remaining sensitive to the uniqueness of their study settings. Rukhsana Ahmed selects the topic of organ and tissue donation and transplantation in the context of Muslims in Canada and draws specific attention to their ethical perceptions which have their origin in essentialist religious and cultural beliefs. Against the backdrop of the core principles of ethics such as respect, beneficence, fairness and trust, she engages with her interview data from a standpoint of communication ethics. Álvaro Mendes and colleagues look at genetic counselling encounters in the context of Portugal, with a thematic focus on sharing of genetic risk information with relatives. Drawing on a rich empirical dataset, their analytical focus is on how genetic health professionals differentially frame communicative responsibility – as part of care ethics – which are labelled ‘informative’, ‘collaborative’ and ‘directive’. Srikant Sarangi considers the setting of emergency medical communication, typically accomplished via telephone calls, in the context of Denmark. Instead of examining the focal themes such as risk assessment and contingent decision-making, his analysis orients to the relational, psychosocial aspects of this complex encounter involving two categories of callers – patients and spouses/partners – to identify advice and reassurance tokens volunteered by the nurse professionals at critical moments in the communication trajectory, which constitutes a form of 'care ethics'.

The individual presentations will be prefaced by brief introductory remarks and, time permitting, the panel will conclude with a general forum discussion of the key emergent issues.

**Presenters: Rukhsana Ahmed, Maria Barbosa, Angus Clarke, Filipa Júlio, Álvaro Mendes, Alison Metcalfe, Milena Paneque, Sandra Pinto da Silva, Célia Sales, Srikant Sarangi, Jorge Sequeiros, Liliana Sousa, Danya Vears**

# Care, responsibility, and risk communication in genetic counselling: Framing the disclosure and dissemination of genetic risk information to patients' relatives

**Maria Barbosa, Sandra Pinto da Silva, Danya Vears, Filipa Júlio,**
**Angus Clarke, Alison Metcalfe, Jorge Sequeiros, Liliana Sousa,**
**Célia Sales, Milena Paneque, Álvaro Mendes**
University of Porto

A key aspect of genetic counselling (GC) involves supporting individuals in reflecting on both the personal and familial implications of a genetic condition. Genetic healthcare practitioners (GHP) assist patients in making decisions regarding the management of hereditary conditions, including the potential genetic risks to family members.

This presentation examines the framings employed by GHP when addressing the disclosure of genetic risks to relatives identified as being at risk of severe hereditary diseases. The data were collected through non-participant direct observation and audio recordings of pre- and post-test GC consultations for predictive genetic testing related to late-onset neurological diseases, inherited cardiac conditions, or hereditary cancer syndromes in three hospitals in Portugal. The study involved 11 clinical geneticists and 56 adult consultans, with 59 GC appointments transcribed and analysed using inductive content analysis.

The findings reveal that GHP adopt varying framings to negotiate and enact responsibility for informing patients' relatives of their genetic risks. These include: (i) an informative framing, where risks to specific relatives are presented, but the responsibility for sharing this information is not explicitly assigned; (ii) a collaborative framing, where informing relatives is outlined as a shared responsibility between patients and GHP; and (iii) a directive framing, where informing relatives is presented as a clear responsibility for the patient to undertake.

These findings will be discussed using the concepts of non-directiveness and responsibility to explore how GHPs interactively balance the interests of individual patients and those of their relatives.

# Emergency medical communication: A care ethics perspective

**Srikant Sarangi**
Aalborg University; Cardiff University

What is seemingly a structured dyadic telephone conversation focused on information exchange via question-answer sequences, emergency medical communication is in fact a complex communication environment. For the call taker, in this case a nurse professional, while the call is primarily oriented to risk assessment and decision-making about dispatch of ambulance and paramedical staff, attending to the caller's psychosocial situation during the call until the arrival of the ambulance is an inevitable component of this complex activity type. In this paper I focus on the call taker's role-responsibility to positively evaluate the caller, including the offer of (explicit) tokens of advice and reassurance at critical moments in the interaction trajectory. The dataset comprises 400 calls from two regions in Denmark and the callers vary from being patients to family members to professional carers. Focusing on two categories of callers – patients and spouses/partners – and using theme-oriented discourse analysis, I illustrate that the advice and reassurance tokens, aimed at engendering rapport and trust, impinge upon empathy on a relational level, thus constituting a form of 'care ethics' on the part of the nurse professional – which amounts to twinning 'transposing care' with 'affordable presence' in the absence of co-presence.

# Communication about organ and tissue donation and transplantation: Exploring ethical perceptions among Muslims in Canada

**Rukhsana Ahmed**
University at Albany, State University of New York

Although many studies have investigated the associations between communication about organ donation and willingness to donate organs (Morgan 2004; Morgan & Miller, 2002; Murray et al., 2013; Smith et al., 2004; Thompson et al., 2003), few studies have examined organ donation communication among religious minorities. Muslims globally tend to have lower rates of support for organ donation (Al-Abdulghani et al., 2023; Duivenbode, et al., 2020; Padela et al., 2021; Padela et al., 2022). Of note is that there are even fewer studies examining opinions about organ donation among Muslims. Muslims in Canada are one of the most ethnically diverse and fastest-growing religious minorities in Canada. This study aims to explore 1) the role of communication and 2) ethical perceptions regarding organ donation among Muslims in Canada. Promoting communication about organ donation within Muslim minority groups is critical. Communication about organ donation in the Muslim community is especially critical because the demand for organs and tissue in this religious minority group disproportionately outweighs the supply. Guided by the ethical principles of respect for persons (informed consent), beneficence (promoting good), fairness (justice), validity (truthfulness), and trustworthiness (integrity) and a focus on the notion of communication ethics (Sarangi, 2021) in organ donation and tissue transplantation, this study will perform a thematic analysis of 20 interviews conducted with self-identified Muslim women and men living in Ottawa, Canada. The findings indicate how they communicate about organ and tissue donation and transplantation and their perceptions about ethical considerations in that process are shaped by their particular culture, religion, and individual views. The implications of the findings for research, practice, and policy will be discussed. These findings will contribute to the design of religiously, culturally, and ethically appropriate organ donation communication interventions.

## PANEL 4

# Communication in MEDICAL CARE – its present status, prognosis and upcoming future

**Coordinator: Szczepan Cofta**
Poznań University of Medical Sciences

### Panel synopsis

Interpersonal communication, in terms of patient-clinician understanding, is still a global challenge affecting millions of individuals worldwide, including both patients and health professionals. It is obvious that interpersonal collaboration is a focal point, but the question is: how to achieve this goal during ongoing treatment? We would like to problematize the importance of care as one of the central concepts relevant to medical communication. Medical care can be manifested through communication, action, feelings, body language, sometimes even through simple presence with someone who is suffering and fearing for their own health.

This interdisciplinary session will provide an overview of the following topics and discussions: the role of care in medicine, focusing on communication with lonely, elderly, suffering, and dying individuals as a fundamental aspect of ethics; difficulties in patient-clinician understanding due to acute stroke and changes in facial mimics.

**Presenters: Katarzyna Derwich, Miłosz Jazdon, Ewa Kozielewska-Zwierska,**
**Agnieszka Łukaszewska, Ewa Maciorowska, Sławomir Michalak,**
**Agnieszka Neumann-Podczaska, Katarzyna Wieczorowska-Tobis,**
**Agnieszka Wziątek**

# Effective communication in an ageing society

**Katarzyna Wieczorowska-Tobis**[1], **Agnieszka Neumann-Podczaska**[1,2]
[1]Poznań University of Medical Sciences;
[2]University of Economics and Human Sciences in Warsaw

The ageing of societies poses numerous challenges. Communicating with elderly individuals is one of them. A potential decline in vision, hearing, as well as understanding and memory must be considered in this process. Additionally, individual background and context are important. Since the perception and understanding of information are subjective, the same sentence may be interpreted differently depending on one's personal perspective. Non-verbal messages are also crucial in ensuring mutual understanding and satisfaction, as well as the effectiveness of communication. Equally important are facial expressions and gestures. For example, regardless of intentions, each gesture may be unpleasant for certain people in specific situations.

Common mistakes in communication with seniors include speaking more slowly and loudly, and assuming potential difficulties in communication. While many of these individuals do require such adjustments, this approach is symptomatic of ageism.

A particular challenge arises in communication with people with cognitive impairment. For slightly disoriented individuals, a reality orientation approach is recommended. This therapeutic technique helps refresh the person's memory and, consequently, improves the quality of life for confused elderly individuals. It simultaneously aids in enhancing their cognition and functional capacity.

In more advanced cases, a validation approach is necessary, as these people's reality differs from our own. Validation therapy is a communication method that allows those living in an alternative reality to work through the emotions behind their challenging behaviours by acknowledging and accepting their words. It helps individuals with severe cognitive impairment feel heard and understood, while preserving their dignity.

Thus, the fundamental principle of communication with seniors is an individualised approach that takes into account not only the context but also speakers' individual characteristics and their needs.

# Automated facial expression analysis as a tool for communication monitoring in stroke patients

**Sławomir Michalak**[1,2,3,4], **Ewa Kozielewska-Zwierska**[1,3], **Ewa Maciorowska**[1],
**Agnieszka Łukaszewska**[4]
[1]Stroke Unit, University Hospital in Poznań; [2] Institute of Nervous System Disorders, Department of Neurochemistry and Neuropathology, Poznań University of Medical Sciences; [3] Institute of Nervous System Disorders, Department of Neurosurgery and Neurotraumatology, Poznań University of Medical Sciences; [4] Institute of Nervous System Disorders, Department of Neurology, Poznań University of Medical Sciences

**Background**. Post-stroke language disorders can lead to a loss of independence as individuals may struggle with everyday tasks that require communication. Patients may experience emotional consequences due to the difficulty in expressing themselves and understanding others. With this understanding, we conducted a study on facial expressions in acute stroke patients.

**Patients and methods**. We included 30 stroke patients (excluding dementia), aged 72 (median, IQR:67–77yrs) who underwent standard treatment (54% thrombolysis, 58% mechanical thrombectomy, 46% thrombolysis & mechanical thrombectomy) according to current recommendations. At day 4th–7th after stroke onset, the patients were exposed to glossolalic, metaphoric text, children's poem and plain text separated by 1-minute intervals of white noise (50 Hz). The video records were analyzed using Face Reader software (Noldus, Netherlands). The combination of facial action units enabled the detection of emotions.

**Results**. In 71% we observed left hemisphere lesion and 75% of cases manifested aphasia. We have found strongest differences between emotional reactions (disgust, sadness) related to glossolalic and metaphoric texts. Reperfusion therapies: thrombolysis, mechanical thrombectomy, and the combination of both influenced neutral emotions response to glossolalic texts.

**Conclusions**. Automated analysis of facial expression in stroke patients exposed to different stimuli enables quantitative measures of flatness and inappropriateness of emotional reactions in stroke patients. Such an approach may overcome the challenges posed by aphasia after a stroke by integrating treatment, personalized rehabilitation, and psychological support.

# Effective children-parents-physician communication in terminal medical care

**Katarzyna Derwich, Agnieszka Wziątek, Miłosz Jazdon**
Poznań University of Medical Sciences

Effective communication between parents, physicians, and healthcare providers is crucial in terminal medical care for children. This process involves several key elements, which will be discussed based on a case study:

1. **Empathy and Compassion:** Physicians should approach conversations with sensitivity, understanding the emotional turmoil that parents are experiencing. Compassionate demeanor helps build trust.
2. **Clarity and Honesty:** Providing clear and honest information about the child's condition, treatment options, and prognosis is essential. Parents need to understand the medical realities to make informed decisions. The situation of the patient should be discussed with a psycho-oncologist, who is a kind of interpreter of circumstances that are difficult for parents to understand.
3. **Active Listening:** Encouraging parents to express their concerns, fears, and desires is vital. Physicians should practice active listening, validating parents' feelings and addressing their questions.
4. **Shared Decision-Making:** Engaging parents in the decision-making process fosters a sense of control and partnership in the child's care. Discussing options and respecting parents' values and wishes is critical.
5. **Cultural Sensitivity:** Understanding and respecting cultural beliefs and practices regarding health and end-of-life care can greatly enhance communication with and support for families.
6. **Providing Resources:** Offering information about support services, counseling, and palliative care options can help parents navigate the emotional and logistic challenges they face.
7. **Follow-Up Support:** Establishing a plan for ongoing communication and support can help parents feel less isolated during this difficult time. Regular check-ins can provide reassurance and address any emerging concerns.

By prioritizing these elements, healthcare providers can foster a supportive environment that respects the needs and wishes of both the child and their family during terminal medical care.

## PANEL 5

# Communication in DENTAL CARE – present status, prognosis and upcoming future

**Coordinator: Elżbieta Paszyńska**
Poznań University of Medical Sciences

### Panel synopsis

In dental practice, interpersonal communication plays significant role due to the fact that 50% of a dental visit is covered by conversation. Verbal contact is needed to collect subjective and objective histories, make a decision about the treatment planning, keeping close contact and management of dental stress, fear of pain and unpleasant sensations. In the long term, the dentist-patient relationship affects the patient's motivation to maintain oral hygiene and an anti-caries diet. The pandemic provided new circumstances. Interpersonal communication was burdened with the risk of distortion. It is worth focusing on the analysis of the patient dataset covering the period of 2017–2023 (pre-post pandemic). Therefore, services performed during the pre-pandemic, pandemic and post-pandemic periods were compared. Selected procedures in restorative dentistry, endodontics, and dental surgery were explored in detail, including both children and adults. In post-pandemic period, an unexpected element became as behaviour management of children in dental settings occurred due to both, not only pandemic but war time. Migrants from Ukraine are usually young children who require increased dental care. Non-verbal defining pain scale for oral diseases seems important and necessary. Pain feeling is generally a subjective impression, not measurable with standard tools and may interfere with the objective evaluation of the treatment efficacy. From clinical point of view a description of the current concepts of diagnosis, feeling pain degradation will be proposed to implement in head/neck region.

Esthetic procedures in facial region are example of dental care with the increasing range of complications and limitations. Unfortunately, the risk of oral adverse effects is likely to occur. Dentist-patients relationship may be biased by cosmetic goal when placing of decorations intra-extra orally is performed. Ethical responsibility and indications/contraindications in aesthetic medicine procedures are still required.

In conclusion, dentist-patient communication is important part of clinical interaction and solution of current circumstances are needed. The challenges of dental education may include not only basic oral diseases, such as dental caries, periodontal pathogens and oral cancers, but also oral health protection in the course of disasters, pandemics, war or rapidly changing living conditions.

**Presenters: Katarzyna Błochowiak, Agata Czajka-Jakubowska, Kacper Łaganowski, Kacper Nijakowski, Aneta Olszewska, Elżbieta Paszyńska, Zuzanna Ślebioda, Marzena Liliana Wyganowska**

# Impact of the COVID-19 pandemic on dental care delivery in Greater Poland – a single-centre retrospective analysis

**Kacper Nijakowski**[*], **Aneta Olszewska**[*], **Kacper Łaganowski, Agata Czajka-Jakubowska**
Poznań University of Medical Sciences
*Equal contribution

The COVID-19 pandemic has significantly impacted healthcare systems, including dentistry. Patients stayed at home for fear of infection and avoided dental visits. Also, dentists faced new challenges with advanced personal protection measures.

**Objectives**. This retrospective analysis aimed to evaluate changes in the spectrum of performed dental procedures due to the COVID-19 pandemic in the University Centre of Dentistry and Specialised Medicine in Poznań, Poland.

**Methodology**. We analysed the patient dataset covering the period of 2017–2023. Services performed during the pre-pandemic, pandemic and post-pandemic periods were compared. Selected procedures in restorative dentistry, endodontics, and dental surgery were explored in detail, including both children and adults.

**Results**. During the first wave of the pandemic the number of emergency and surgical procedures has significantly increased, whereas planned conservative procedures, such as commercial restorations or filled canals, have declined. In the post-pandemic period, the number of refunded restorations and endodontic treatments of anterior teeth increased significantly, which was not observed in commercial ones.

**Conclusions**. The COVID-19 pandemic has undoubtedly affected the range of performed dental procedures, especially in its first wave. After the pandemic, a gradual shift is essential to reestablish the benefits of preventive and conservative dentistry over radical surgical approaches.

## References

Dos Santos MBF, et al. Impact of COVID-19 pandemic on oral health procedures provided by the Brazilian public health system: COVID-19 and oral health in Brazil. Health Policy Technol. 2021; 10:135–142. doi: 10.1016/j.hlpt.2021.02.001

Dill J, et al. Impact of the COVID-19 pandemic on oral health care use in the United States through December 2021. J Am Dent Assoc. 2023;154(10):937–947. doi: 10.1016/j.adaj.2023.07.012

Nijakowski K, et al. The Impact of the COVID-19 Pandemic on the Spectrum of Performed Dental Procedures. Int. J. Environ. Res. Public. Health 2021;18:3421. doi: 10.3390/ijerph18073421.

# Behavior management of children in dental settings in pandemic and war time

**Aneta Olszewska, Agata Czajka-Jakubowska, Elżbieta Paszyńska**
Poznań University of Medical Sciences

In pediatric patients, dental anxiety and fear of dental treatment have played essential roles as a source of behavioral problems in patient management, which can strongly affect the quality of care.

This widely understood problem arose when the world faced the pandemic and war.

This study aimed to analyze and assess children's behavior during a dental visit during the pandemic and wartime and to assess the effect of modified management techniques.

**Materials and methods**. The study was conducted in the Pediatric Dentistry Clinic, Poznań University of Medical Sciences, from the beginning of the COVID-19 pandemic and the war in Ukraine.

**Results**. This presentation deals with assessing child behavior problems and evaluating parents'/caregivers' attitudes and influences on them. It has been demonstrated that several techniques for managing children in the dental office have been shown and modified to specific time requirements, as well as social media overreaction to the problem.

**Conclusion**. Assessment of behavior is the most essential tool in the hands of pedodontists. Behavior management techniques can have profound effects in achieving our goals to impart good oral health and also to create a positive attitude towards dentistry in the future.

## References

Olszewska A, Rzymski P. Children's Dental Anxiety during the COVID-19 Pandemic: Polish Experience. J Clin Med. 2020 Aug 25;9(9):2751. doi: 10.3390/jcm9092751. PMID: 32854401; PMCID: PMC7564251.

Olszewska A, Paszyńska E, Roszak M, Czajka-Jakubowska A. Management of the Oral Health of Children During the COVID-19 Pandemic in Poland. Front Public Health. 2021 Jul 29;9:635081. doi: 10.3389/fpubh.2021.635081. PMID: 34395353; PMCID: PMC8358266.

# The pain of pain management: The role of patient-doctor communication in chronic oral disorders from a dentist's perspective

**Zuzanna Ślebioda, Marzena Liliana Wyganowska**
Poznań University of Medical Sciences

Several chronic disorders of the oral mucosa cause pain. Their aetiology in many cases, remains unclear but often includes autoimmune and psychological backgrounds. Therefore, the treatment is mainly symptomatic with the aim of achieving pain relief and an improvement in the quality of life. Those entities include burning mouth syndrome (BMS), which is an idiopathic disorder characterized by persistent, chronic pain, often eluding clear diagnostic markers International Classification of Orofacial Pain (ICOP 2020).

The aim of the present paper is to analyse the role of a dentist in pain management based on the literature review, clinical experience, and study results, emphasizing the significance of clear communication between the patient and caregiver.

Pain is generally a subjective impression, not measurable with standard tools and may interfere with the objective evaluation of the treatment efficacy. An effective approach to communicating with pain patients consists of three steps: measuring and assessing, planning the treatment, and delivering the treatment (Whitten).

A clear description of the current concepts of BMS and available treatment options is essential for successful therapy. The patient's awareness of the chronic mode of the condition and the general absence of any malignant background are crucial in limiting the anxiety and risk of developing cancerphobia. Further long-term investigations on the treatment modalities in BMS are still required to establish a uniform therapeutic algorithm for this condition.

## References

Whitten CE, Evans CM, Cristobal K. Pain Management Doesn't have to be a Pain: Working and Communicating Effectively with Patients who have Chronic Pain. Perm J. 2005; 9(2): 41–48.

International Classification of Orofacial Pain. (2020). International Classification of Orofacial Pain, 1st edition (ICOP). Cephalalgia, 40, 129–221.

Ślebioda Z, Lukaszewska-Kuska M, Dorocka-Bobkowska B. Evaluation of the efficacy of treatment modalities in burning mouth syndrome-A systematic review. J Oral Rehabil. 2020;47(11):1435–1447. doi: 10.1111/joor.13102.

Ho JCY, Chai HH, Lo ECM, Huang MZ, Chu CH. Strategies for Effective Dentist-Patient Communication: A Literature Review. Patient Prefer Adherence. 2024, 1;18: 1385–1394.

# Ethics in Aesthetic Dentistry

**Katarzyna Blochowiak, Elżbieta Paszyńska**
Poznań University of Medical Sciences

In recent years, expectations towards dentistry are not limited only to oral health, but include the art of improving the patient's appearance. A division into non-surgical procedures to all dentists and reconstructive procedures for maxillofacial surgery are occurred.

Secondly, the phenomenon of artificial decoration intra and extra orally has become an ethical challenge. Unfortunately, the permanent placement of foreign bodies is associated with the complications: damage/abrasion of enamel, periodontal tissues, oral hygiene difficulties, dental plaque, caries activity or risk of swallowing into the bronchial tree are high. The facial ornaments, significantly among children and young adults, may be associated with the phenomenon of self-destructive behaviors. Dental examination is becoming an important diagnostic stage for maintaining the health well-being of many patients.

The stage of dental examination should be diagnostic moment of the self-harm detection. This is also a key argument for the ban such services in cosmetic and entertainment units.

An open question is whether the competences of dentists provide full freedom of aesthetic procedures, or rather they are a member of multi-specialist teams, responsible for the dental treatment stage.

In facial region aesthetic or cosmetic dental procedures raise complex and difficult questions concerning the choice of treatment method, the dentist's proficiency in carrying out that procedure, risk-benefit assessment and the provision of correct patient information.

All these aspects can cause ethical dilemmas which can be avoided or reduced by establishing a patient-physician relationship based on respect for the patient's wishes and the promotion of their best interests.

## References

Gheorghiu IM, Nicola G, Scarlatescu S, Al Alouli AO, Iliescu AA, Suciu I, Perlea P. Current Trends and ethical challenges in cosmetic dentistry. Rom J Leg Med 2021; 29:413–417.

## PANEL 6

# Interpreter-mediated psychotherapy: Dimensions of the therapeutic relationship

**Coordinators: Anna Wamprechtshammer[1], Muhammed-Talha Topçu[2]**
[1]University of Hamburg; [2]University of Applied Sciences Magdeburg-Stendal

### Panel synopsis

Considering the current political and demographic developments, the necessity for multilingual psychotherapy for refugees and migrants is becoming increasingly apparent. Interpreters are often indispensable for bridging existing language barriers between therapists and patients.

However, their presence is not without consequences: the dyadic relationship between therapists and patients becomes a triad, which has a direct impact on the development and maintenance of the therapeutic relationship (cf. Gryesten et al. 2021). Difficulties encountered by practitioners, interpreters and patients are often related to issues of trust as one of the key elements the therapeutic relationship is composed of (Muntigl & Scarvaglieri 2023).

In this panel, we aim to build upon previous findings from the project “Interpreting in psychotherapy” and contributions from experts in translation studies, linguistics and psychology to find out how the therapeutic relationship between therapists and patients is established and shaped in therapeutic interactions involving interpreters. Based on various methods, we analyze how therapists, patients and interpreters co-construct the therapeutic relationship and through which verbal and non-verbal communicative means participants deploy, gain and negotiate for example trust and empathy.

For a deeper insight into the essential building blocks of the therapeutic relationship, monolingual comparative data of psychotherapeutic conversations will also be considered.

### References

Gryesten, J.R., Brodersen, K.J., Lindberg, L.G. et al. (2021). Interpreter-mediated psychotherapy – a qualitative analysis of the interprofessional collaboration between psychologists and interpreters. Curr Psychol.

Muntigl, Peter & Scarvaglieri, Claudio (2023) Discursive angles on the relationship in psychotherapy. Front. Psychol. 14.

**Presenters: Anne Delizée, Carolina Fenner, Mike Mösko, Peter Muntigl, Asithandile Nozewu, Claudio Scarvaglieri, Muhammed-Talha Topçu, Anna Wamprechtshammer, July de Wilde**

# Relationships in Therapeutic Discourse – Linguistic impressions, Insights and Perspectives

**Anna Wamprechtshammer**
University of Hamburg

The involvement of interpreters in the therapeutic discourse has been shown to result in several changes that have a direct impact on the relationship between therapist and patient (cf. Jensen et al. 2017). It is widely accepted that the therapeutic relationship is the most significant factor influencing therapeutic success (cf. Schmitt-Traub 2003). However, the perception of the actual relationship between the participants involved in the interpreter-mediated therapeutic interaction remains largely unclear.

Initial impressions of the individual perspectives of therapists and interpreters on the therapeutic relationship will be provided by topic-focused expert interviews. The expert interviews were conducted according to the principles of episodic interviews (Flick 2011), which involved the use of a series of stimuli (e.g. questions, quotes) to encourage reflection on the interaction process within interpreter-mediated psychotherapy (IMP). A deeper insight into the development and management of the therapeutic relationship will be gained from audio recordings of authentic interpreter-mediated therapeutic interactions.

Based on extracts from the transcribed data, we aim to investigate linguistically how the therapeutic relationship manifests itself verbally and non-verbally and is perceived by the participants in IMP.

## References

Flick, Uwe (2011) Das Episodische Interview. In: Oelerich, H. (Hg.) Empirische Forschung und Soziale Arbeit. Wiesbaden: Verlage für Sozialwissenschaften, 273–280.

Jensen, R., Norregaard, T., Carlsson, J. (2017) [Effect of using an interpreter in psychotherapy]. Ug. Laeger. 179 (21).

Schmidt-Traub, Sigrun (2003) “Therapeutische Beziehung – ein Überblick” *Forum Psychotherapeutische Praxis*, vol. 3, 111–129.

# Communicative ruptures in Interpreter-mediated therapy: Emergence, negotiation, repair

**Claudio Scarvaglieri[1], July de Wilde[2], Peter Muntigl[2]**
[1]Université de Lausanne; [2]Ghent University

Increased processes of migration and mobility have enhanced the importance of healthcare in multiple languages. Since migrants suffer more frequently from psychological disorders like trauma or depression (e.g. Foo et al. 2018), there is a particularly strong need for them to receive multilingual *mental* healthcare. Interpreter-mediated psychotherapy (IMP) has been proven to be an effective tool to treat migrants suffering from mental health problems (Lambert and Alhassoon, 2015) and preliminary findings have shown that interpreters can play a central role in 'co-driving' the therapeutic project forward (Muntigl et al. subm.). In this presentation, we investigate the therapeutic relationship within the therapist-interpreter-patient triad and particularly focus on *ruptures* or breakdowns in the speakers' collaborative relationship (Safran et al. 2011: 224). We will use methods from discourse analysis, conversation analysis and grounded theory to examine the following questions:

1. How do ruptures in the therapeutic relationship emerge in IMP; how are they expressed and relayed in this setting?
2. How do the interactants deal with ruptures once they have become overt and how do they try to repair and re-establish the therapeutic relationship?
3. What is the unique role of the interpreter during the rupture-repair process?

The contribution is based on video-recordings of IMP in Belgium and on interviews with therapists and interpreters. We conclude by discussing implications for IMP practice.

# Perceptions of relational qualities in interpreter-mediated psychotherapy: Qualitative interviews with therapists, interpreters, and patients

**Muhammed-Talha Topçu, Mike Mösko**
University of Applied Sciences Magdeburg-Stendal

Language barriers significantly hinder migrants' access to psychotherapeutic care (Nohr et al. 2024). Interpreter-mediated psychotherapy has emerged as an effective method for overcoming these challenges but introduces a more complex relationship structure: the classical dyad evolves into a triad (Hanft-Robert et al., 2023). Little research exists on the specific dynamics and relationship qualities within this triad. This study aims to explore the structure and quality of relationships in interpreter-mediated psychotherapy, focusing on trustbuilding, the role of nonverbal communication, and relationship development among all parties involved.

To address this, 21 semi-structured interviews were conducted with therapists (n=6), interpreters (n=6), Turkish- and Arabic-speaking patients (n=6), and experts in migration and mental health (n=1), relationship building (n=1), and translation studies (n=1). The interviews were audio-recorded, transcribed verbatim, and analyzed using qualitative content analysis.

The findings demonstrate that trust plays a central role for all participants. Clear information about confidentiality fosters patient openness, while patients particularly value nonverbal communication and the therapist's emotional presence. Interpreters emphasized the importance of accurate translations in building trust between therapists and patients.

The patients' perspective offers valuable insights into their experiences and underscores the importance of interpreter-mediated psychotherapy as a crucial form of support for migrants.

## References

Nohr, L., Dumke, L., Klein, E.M. & Wilker, S. (2024). Current Outpatient Psychotherapeutic Care for People with Migration and Refugee Experience in Germany – An Overview. PPmP – Psychotherapie Psychosomatik Medizinische Psychologie, 74(6), 205–213. https://doi.org/10.1055/a-2304-8902

Hanft-Robert, S., Lindberg, L.G., Mösko, M. & Carlsson, J. (2023). A balancing act: how interpreters affect the therapeutic alliance in psychotherapy with trauma-affected refugees- a qualitative study with therapists. Frontiers in psychology, 14, 1175597. https://doi.org/10.3389/fpsyg.2023.1175597

# Co-construction of the therapeutic alliance in interpreter-mediated psychotherapy

**Anne Delizée**
University of Mons

In the migrant clinic, interpreters ensure linguistic transfer and may exercise cultural agency. Through their verbal, paraverbal and non-verbal actions, they may also co-construct the therapeutic alliance (TA), which is conducive to patients' self-expression (e.g. Goguikian Ratcliff et al. 2019). The aim of this communication is to help identify the structural, organisational, identity and interactional factors that either positively or negatively influence the TA in interpreter-mediated psychotherapy (IMP). In particular, the discursive elements that favour the establishment of a positive TA will be highlighted through the thematic analysis of semi-structured interviews with therapists, patients and interpreters, and through the discursive analysis of authentic interpreter-mediated therapeutic conversations (Brown and Levinson 1978; Kerbrat-Orecchioni 1992). The results shed light on the type of speech acts and of paraverbal and non-verbal elements performed by the interpreter for the benefit of TA (Delizée and Michaux 2022). A better understanding of the procedural mechanisms that constitute TA in IMP is crucial for improving the quality of care.

## References

Brown, P., & Levinson, S.C. (1978). Politeness: Some Universals in Language Usage. Cambridge University Press.

Delizée, A., & Michaux, C. (2022). The mental health interpreter's relational agency and therapeutic alliance. The Translator, 28(2), 215–233.

Goguikian Ratcliff, B., & Pereira, C. (2019). L'alliance thérapeutique triadique dans une psychothérapie avec un interprète: un concept en quête de validation. Pratiques Psychologiques, 25(1), 63–77.

Kerbrat-Orecchioni, C. (1992). Les interactions verbales. Tome II. Armand Colin.

# What is informal interpreting for migrants in (mental) health in South Africa?

**Asithandile Nozewu**
Stellenbosch University

Psychotherapy as institutional interaction is bound in external factors, which influence the interaction, such as the type of psychotherapy or the frequency and the scheduled time of the sessions (Fitzgerald 2013:30). When patients question the time frame of their therapy, such behavior can be seen as resistance in psychodynamic psychotherapy and is therefore often questioned by the therapist (Abrahams & Rohleder 2021:75). Such a potential conflict situation can both impair and strengthen the therapeutic relationship.

In analyzing the data, which consists of more than hundred video-recorded outpatient psychodynamic psychotherapies in German from therapists who are still in training, I noticed that some patients frequently request alterations to the specified time frame during the course of therapy. Such forms of possible resistance can manifest, e.g., in the (attempt) of shortening the session or cancelling the next session. Patients treat such attempts to be a peculiarity that must either be approved or sanctioned by the therapist. Hence, they orient themselves to the asymmetrical epistemic asymmetry between therapist and patient (cf. Weiste et al. 2016).

The conversation analytic study sheds light on the following questions: How do patients show that they consider such actions against the therapeutic time frame as delicate and what accounts do they use? How do therapists deal with such requests? How does this influence the therapeutic relationship?

## References

Abrahams, D., & Rohleder, P. (2021). A clinical guide to psychodynamic psychotherapy. Routledge Taylor & Francis Group.

Fitzgerald, P. E. (2013). Therapy talk: Conversation analysis in practice. Palgrave Macmillan.

Weiste, E., Voutilainen, L., & Peräkylä, A. (2016). Epistemic asymmetries in psychotherapy interaction: Therapists' practices for displaying access to clients' inner experiences. Sociology of Health & Illness 38(4): 645–661

# Resistance against the therapeutic time frame

**Carolina Fenner**
IDS Mannheim

Psychotherapy as institutional interaction is bound in external factors, which influence the interaction, such as the type of psychotherapy or the scheduled time of sessions (Fitzgerald 2013: 30). When patients question the time frame of their therapy, such behavior can be seen as resistance in psychodynamic psychotherapy, which can both impair and strengthen the therapeu-tic relationship (Abrahams & Rohleder 2021: 75).

In analyzing video-recorded outpatient psychodynamic psychotherapies in German, I noticed that some patients frequently request alterations to the specified time frame during therapy. Such forms of possible resistance can manifest, e.g., in the (attempt) of shortening the session or can-celling the next session. Patients treat such attempts to be a peculiarity that must either be approved or sanctioned by the therapist. Hence, they orient themselves to the asymmetrical epis-temic asymmetry between therapist and patient (cf. Weiste et al. 2016).

The conversation analytic study sheds light on the following questions: How do patients show that they consider such actions against the therapeutic time frame as delicate and what accounts do they use? How do therapists deal with such requests? How does this influence the therapeutic relationship?

## References

Abrahams, D., & Rohleder, P. (2021). A clinical guide to psychodynamic psychotherapy. Routledge Taylor & Francis Group.

Fitzgerald, P.E. (2013). Therapy talk: Conversation analysis in practice. Palgrave Macmillan.

Weiste, E., Voutilainen, L., & Peräkylä, A. (2016). Epistemic asymmetries in psychotherapy interaction: Therapists’ practices for displaying access to clients’ inner experiences. Sociology of Health & Illness 38(4): 645–661.

## PANEL 7

# Language mediation and intercultural healthcare in multilingual clinic contexts

**Coordinator: Vanesa Rodríguez Tembrás**
Universität Heidelberg

### Panel synopsis

This panel explores the role of mediation and interculturality in clinical settings within bilingual regions and migration contexts. It focuses on two main topics: a) language mediation in interactions involving closely related and distant languages in healthcare, and b) intercultural healthcare from the user's perspective. Mediation and intercultural training are essential for facilitating communication in multilingual medical consultations, especially when patients, family members, or caregivers, and healthcare providers speak different languages.

Drawing from research on bilingual medical consultations with related and distant language pairs, this panel will provide insights into the dynamics of language mediation in migrant and bilingual communities. It will also examine the role of family members as mediators in paediatric and elderly care, where patients often occupy a particularly vulnerable position, making effective communication critical.

Panellists will present various cases from bilingual medical consultations, including Italian-Chinese (Italy), Galician-Spanish (Spain), and other migrant contexts in Italy and Switzerland. The Italian-Chinese case study will highlight the challenges and strategies of mediation in clinical interactions between speakers of two linguistically distant languages. The results will be compared with the Galician-Spanish context, where there is mutual intelligibility between the languages, and speakers (doctors and patients) are mostly skilled bilinguals. However, one language is still preferred for different informal and formal settings (diglossic situation).

The final presentation will explore the intersection of language, culture, and healthcare, focusing on the needs of bilingual speakers and migrant populations, and how intercultural healthcare can complement linguistic mediation. By bringing together these varied perspectives, the panel aims to foster discussion on the complexities of language mediation in healthcare settings, particularly concerning bilingual populations in official bilingual regions or among migrants with diverse linguistic and cultural backgrounds.

**Presenters: Paola Catenaccio, Vanesa Rodríguez Tembrás, Alessandro Vallati**

# From transaction to emotion: Family members as communication mediators in multilingual clinical settings

**Vanesa Rodríguez Tembrás**
Universität Heidelberg

This presentation will explore the role of family members as mediators in bilingual medical consultations, focusing on medical consultations in Galicia, an official bilingual region in Spain, and clinical settings with Galician migrants in German-speaking Switzerland. It will examine how family members assist vulnerable populations, such as children and elderly patients, by facilitating communication in triadic consultations involving patients, family members, and medical professionals (Sarangi, 2024). The role of the companion-caregiver in doctor-patient interactions has been addressed from various medical-discursive perspectives (Hernández Flores, 2017, 2022; Madfes, 2006; Troy et al., 2019; Valero, 2005). During medical consultations, especially with elderly or vulnerable patients, the companion supports the patient by facilitating medical transactions and mediating potential communication difficulties (García-Vera et al., 2016; Ishikawa et al., 2005). The intermediation of the companion-caregiver is characterized by three key aspects: *transactional* (carrying out medical procedures on behalf of the patient), *communicative* (facilitating the patient's understanding and gathering information from the physician), and *emotional* (providing support and channelling feelings). By analysing data from triadic consultations provided by surveys, semi-structured interviews, and audio-recorded consultations, this presentation will compare the dynamics of mediation in contexts with closely related languages, such as Spanish and Galician, extending the discussion to the challenges faced by multilingual migrants in Switzerland. The findings will enhance our understanding of how mediation strategies can be adapted based on the linguistic proximity of the languages involved.

## References

García-Vera, E.M., Robles-Rodríguez, A., de Lourdes Villegas-Bernabé, M., Figueroa-García, J. & Mota-Cumpean, A.E. (2016). La comunicación médico paciente: ¿reto para el paciente geriátrico o para el médico familiar? *Atención Familiar*, 23(2), 63–66.

Hernández Flores, N. (2017). El papel del acompañante en la consulta médica de atención primaria. Roles y efectos sociales. *Oralia: análisis del discurso oral*, 20, 179–202.

Ishikawa, H., Roter, D.L., Yamazaki, Y. & Takayama, T. (2005). Physician–elderly patient–companion communication and roles of companions in Japanese geriatric encounters. *Social Science & Medicine*, 60(10), 2307–2320.

Madfes, I. (2006). Polifonía en la entrevista médica. El acompañante o el'pariente pobre' de la interacción médico-paciente. *Oralia: análisis del discurso oral*, 9, 167–184.

Sarangi, S. (2024). *Interpreter-Mediated Healthcare Communication (Studies in Communication in Organisations and Professions).* Sheffield: Equinox Publishing Ltd.

Troy, E., Doltani, D. & Harmon, D. The role of a companion attending consultations with the patient. A systematic review. *Ir J Med Sci* 188, 743–750 (2019). https://doi.org/10.1007/s11845-018-1920-0

Valero Garcés, C. (2005). Doctor–patient consultations in dyadic and triadic exchanges. *Interpreting*, 7(2), 193–210.

# Interpreter-mediated communication in healthcare: Investigating the role of mediators in clinical interactions with Sinophone patients in Italy

**Alessandro Vallati**
Università degli Studi di Milano

The increasing linguistic and cultural diversity in Italy's healthcare system underscores the need for effective language mediation, particularly with Chinese patients, as the Chinese community represents one of the largest non-EU populations in Italy. Linguistic and cultural barriers can hinder access to quality care, exacerbating communicative vulnerabilities that affect patients, healthcare practitioners, and mediators, thereby complicating diagnostic and treatment processes (Angelelli, 2004; Baraldi & Gavioli, 2019). This study examines the role of linguistic and cultural mediation in triadic medical interactions, focusing on the perspectives of healthcare practitioners, professional interpreters, and patients. Adopting an interdisciplinary methodology that integrates sociolinguistics, health communication, and qualitative fieldwork, the study employs surveys and semi-structured interviews (Nikitina & Montenovo, 2023; Benucci & Grosso, 2021) to investigate communicative and ethical challenges in interpreter-mediated consultations. It explores how mediators navigate meaning negotiation, manage miscommunication, and contribute to clinical decision-making (Hsieh, 2016), with particular attention to issues of communicative vulnerability and patient comprehension (Sarangi, 2024). By situating these findings within broader discussions on professionalization, the study contributes to ongoing efforts to enhance the recognition and standardization of the mediator's role within Italy's healthcare system. It advocates for structured training programs and policy frameworks aimed at improving healthcare communication with Sinophone patients and promoting equitable, patient-centred care. The research lends itself to comparative analysis with other migration contexts, emphasizing the need for standardized mediation models that integrate linguistic precision, intercultural awareness, and ethical considerations. These findings seek to inform policy recommendations and contribute to the development of structured approaches that enhance accessibility and quality of care for Sinophone communities in Italy.

## References

Angelelli, C.V. (2004). *Medical Interpreting and Cross-Cultural Communication*. Cambridge University Press.

Baraldi, C., & Gavioli, L. (2019). *La mediazione linguistico-culturale nei servizi sanitari: Interazioneed efficacia comunicativa*. FrancoAngeli.

Benucci, A., & Grosso, G. (2021). Aspetti interculturali nella comunicazione medico-paziente: Il punto di vista del personale sanitario e dei pazienti. In S. Caruana, K. Chircop, P. Gauci, & M. Pace (Eds.), *Politiche e pratiche per l'educazione linguistica, il multilinguismo e la comunicazione interculturale* (pp. 105–114). Ca'Foscari.

Hsieh, E. (2016). *Bilingual Health Communication: Working with Interpreters in Cross-Cultural Care*. Routledge.

Nikitina, J. & Montenovo, G. (2023). The changing landscape of healthcare communication in Italy: Perceptions and challenges in language brokering services. *Language and Health*, 1(1), 77–85.

Sarangi, S. (2024). *Interpreter-Mediated Healthcare Communication (Studies in Communication in Organisations and Professions).* Sheffield: Equinox Publishing Ltd.

# Exploring the need for culture- and language-sensitive healthcare in migrant communities in Milan

**Paola Catenaccio**
Università degli Studi di Milano

As one of the largest and wealthiest cities in Italy, Milan has long been a preferred destination for both internal and international migration. Currently, about one-fifth of its residents belong to minority groups, the largest being the Egyptian community (15,6% of all Milan foreign residents), followed by the Filipino community (13,3%) and the Chinese community (12,4%) (source: ISTAT 2024). While the positive impact of language mediation services in healthcare settings has long been recognized in the literature, and whereas the importance of such services is generally acknowledged by service providers and service users alike, there is often a dearth of mediators, leading to ad hoc interpreting being resorted to, or no mediation services being provided at all. This is, of course, a problem, with a lack of comprehension having been reported to lead to non-compliance with care recommendations, for instance.

This is compounded by difficulties experienced by some communities in even accessing services, not because of any objective impediment, but because of a lack of linguistic and cultural knowledge suited to navigate a health system that is often complicated and lacks any form of cultural nuance and sensitivity. This paper reports on recent projects carried out by the University of Milan in cooperation with minority group representatives and aimed at identifying key criticalities in healthcare access and at envisaging and implementing solutions based on international best practices and specific local needs.

## PANEL 8

# Healthcare, abnormality and communication ethics: Informing, deforming, conforming

**Coordinators: Brian W. King, Olga Zayts-Spence**
University of Hong Kong, HKU RIICH

### Panel synopsis

Aligning with a communication ethics framework (Sarangi and Rossi 2024), the papers in this panel explore how communication in healthcare is centrally about meaning-making and ethical conduct. Taking abnormality as a focus, the papers critically analyse meaning-making in doctor-patient, patient-patient, and researcher-participant interactions in the interest of illuminating ethics. As the central arena in the biopolitical project of keeping the populace productive and ‘healthy’, biomedicine is preoccupied with naming, classifying and/or eliminating what it perceives as any abnormality, whether benign or malignant. This focus on abnormality (latent or blatant) is inherent in its regulatory role of ‘treating’ and influencing individuals so as to maximise and economise health. This role sits in tension with patient-centred medicine, creating a paradox whereby ‘influence’ must still take place but non-authoritatively. Ethically, there are potentially myriad problems with this role as powerful ‘managers’ of the abnormal. Furthermore, discourses of abnormality ostensibly circulate between clinic and community as part of biopolitics, potentially influencing the communication of patients and researchers at least as much as clinicians. Is abnormality a meaning-making resource in regulatory and self-regulatory discourse as people are informed about health? Do listeners conform to these influences? Are bodies deformed? There are potentially ethical breaches around power and social class, race, dis/ability, gender, and colonial legacies, to name a few. Meaning-making practices around abnormality, therefore, require a closer investigation, and the papers in this panel deploy discourse analysis to locate abnormality in ethical conduct across contexts.

## References

Sarangi, Srikant, and Maria Grazia Rossi. 2024. “Communication Skills, Expertise and Ethics in Healthcare Education and Practice.” Communication & Medicine 19 (2): 162–175. https://doi.org/10.1558/cam.24729.

**Presenters: Brian W. King, Mariana Lazzaro-Salazar**

# Abnormal deceivers and fertile subjects: Biopolitics, meaning-making and ethical conduct in clinician ‘support’ of intersex patients

**Brian W. King**
University of Hong Kong, HKU RIICH

The data for analysis have been selected from research interviews with doctors in Hong Kong who work closely with children with intersex traits and their parents. Discourse analysis of the audio-recorded interviews, following the principles of interactional sociolinguistics, serves to reveal stance-taking processes around abnormality and bodies with intersex traits (i.e., bodies with innate sex characteristics that do not adhere to medical and/or societal standards of binary male and female). The doctor in this case is recounting efforts to influence patients with intersex traits via warnings around navigating the expectations that they are likely to encounter around (in)fertility and reproduction. Deeper involvement in heterosexual (and heteronormative) relationships becomes bound to reproductive fertility, and although the intent of such a warning is implied to be protecting the wellbeing of the intersex patient, the effect is a stance-taking process steeped in assumptions and coercions. Whether intentionally or not, the patient subject, a likely deceiver, is ‘put in their place’ and told to divulge their abnormality to lovers. By influencing the patient in this way, the ‘breedability’ of other more fertile subjects, more biopolitically valuable subjects, is ensured. The stance of abnormality and deceit identified in this analysis has troubling implications for the patient’s embodiments and identities. It is an example of biopolitics in action in healthcare communication, and it raises many questions on meaning-making and ethical conduct, including the roles of heteronormativity, ableism, and biopolitics in the lived experiences of patients with intersex traits, enmeshing the liveability of their lives.

# You need someone to tell you this isn’t normal: Discourses of normality of chronic patients

**Mariana Lazzaro-Salazar**
Universidad Católica del Maule

Abnormal health conditions are often defined through a clinical lens. However, abnormality in health humanities and medical humanities is not limited to this clinical perspective and is also often related to and discussed in terms of patients’ conceptions of what is normal or abnormal. This study investigates patients’ perceptions of ‘normality’ of their health conditions (or sometimes illnesses) as they reflect on the social construction of the doctor-patient relationship by evaluating doctors’ empathic communication in routine medical consultations in public hospitals. To this end, the study draws on twenty in-depth audio-recorded interviews with chronic patients of public healthcare institutions of the central region of Chile, conducted by a psychologist using a protocol that involved a question guide and activities with visual cues. In these interviews, patients reflected on their relationship with local physicians (N=10) as well as with foreign physicians (N=10) with the aim of addressing potential intercultural issues and differences in the construction of the physician-patient relationship. The paper explores patients’ discourses at a micro (that is, linguistic choices and discursive strategies) and a macro (ideologies and societal norms) level guided by the principles of Interactional Sociolinguistics. The study discusses, though not exclusively, the role that social determinants of health (e.g., their age, gender, geopolitical context) play in patients’ perceptions of ‘normality’ in health, and how these perceptions, in turn, contribute to 1) building preferred self orientations, and 2) maintaining a certain balance in the mental health of patients.

## PANEL 9

# The medical professional’s perspective in communication with patients

**Agnieszka Kiełkiewicz-Janowiak, Magdalena Zabielska**
Adam Mickiewicz University

### Panel synopsis

In contrast with the perspective of the patient in healthcare communication studies, the perspective of the medical professional appears to be under-researched. The doctor’s voice (cf. Mishler’s (1984) concept of the ‘voice of medicine’) is commonly regarded as objective, distanced and reducing the patient’s experience to classifiable symptoms. Typically, a doctor is seen as an “impartial knower, (…) subject whom dispassionate science has enabled to transcend social particularities” (Beagan 2000: 1262).

A more comprehensive investigation of the voices of medical professionals in communication is evidenced by ethnographic publications, e.g. the classic *Boys in white* (Becker et al. 1977) or *Being a Doctor Understanding Medical Practice* (Wilson and Cunningham 2014). They unveil the formation of the doctor’s role, both professional and social, in the course of formal medical education and further practice. Moreover, such specialist journal columns as “On being a doctor” in *Annals of Internal Medicine* or “Reflective practice” in *Patient Education and Counseling* offer insights into the doctor’s reflection and experience. The doctor’s perspective may be seen as shaped by attitudes, values but also the patients’ expectations as well as systemic requirements which affect everyday practice.

In exploring the voice of the other party, we extend the discussion to all practitioners working for and/or assisting the patient, whether in institutionalised or home treatment and care: physicians, nurses, paramedics as well as professional and family carers. We believe their communicating with patients may be backgrounded by the performed medical procedures but also influenced by implicit yet consequential considerations of dependence and power.

We would like to consider the following general questions:

- how do medical professionals view their relations with patients? (e.g. featuring obstacles, frustrations, emotional burden but also potential for collaboration)

- how can feedback from medical professionals improve communication in treatment and care? (e.g. contribute to raising patients’ awareness and their health literacy).

**Presenters: Sabrina Ardizzoni, Aldona Katarzyna Jankowska, Zuzanna Jechna, Agnieszka Kiełkiewicz-Janowiak, Bartłomiej Kruk, Urszula Okulska-Łukawska, Andrea Scibetta, Małgorzata Sokół, Magdalena Zabielska**

# Navigating a complex doctor – patient relationship: Power difference between the parties

**Agnieszka Kiełkiewicz-Janowiak, Magdalena Zabielska**
Adam Mickiewicz University

The aim of this introductory talk is to address a challenging research context of the panel: the medical professional's perspective.

In their practice, the doctor refers "to their knowledge and uses reasoning, to objectify the facts [...]. They must also consider the bureaucratic and organizational requirements of the institution and remember to divide their work time among many patients" (Doroszewska 2017: 21). In other words, the medical professional's perspective is guided by expert knowledge, basically unavailable to patients, and institutional restrictions, of which the patients are largely unaware. This asymmetry poses some issues in the relationship in question.

In line with the patient-centred approach, we explore the anatomy of building rapport. As for joint decision-making, what responsibilities are placed on the patient? Since "medicine is becoming more and more oriented towards procedures, administrative duties and billing" (Jankowska 2014: 15), are informed consent and negotiation of a treatment program mere formalities?

We claim that the power difference between those receiving medical help and those providing it impacts the way both relate for the sake of the healing process. To illustrate, we analysed excerpts from ethnographic and popular-scientific publications about medical professions and from specialist journal columns featuring the doctor's reflection and experience. We initially assumed two interactive positions:

- patient as vulnerable, treading on unfamiliar ground, though empowered by health literacy
- medical professional as the powerful party, rich with knowledge and experience and strengthened by their emotional distance.

Focusing on the insider's perspective reveals implicit consequences of power and dependence in the medical professional – patient relationship.

# Empathy protocol from the perspective of a practicing physician and medical students

**Aldona Katarzyna Jankowska**
Collegium Medicum, Nicolaus Copernicus University

The Empathy Protocol is a structured tool for delivering unfavorable medical news, widely applied in clinical practice and medical education. Experience in pediatric oncology and pediatrics highlights its role in integrating physician and patient perspectives, facilitating shared decision-making in treatment.

A study involving 120 medical students revealed that they consider the content of the message and its delivery setting crucial. However, many expressed concerns about building professional authority and navigating patient interactions, influenced by practitioners' experiences of doctor-patient conflicts. Addressing these concerns is essential to shaping future doctors' communication skills.

Effective diagnosis communication extends beyond relaying medical facts; it establishes a foundation for shared decision-making and patient involvement in treatment choices. Providing clear and compassionate information enhances trust and cooperation, reinforcing a patient-centered approach.

Given these challenges, discussions with students on the complexities of medical dialogue and the emotional burden of difficult conversations are vital. The Empathy Protocol is viewed as an essential tool that supports students in delivering sensitive information professionally, preparing them for real-world medical practice.

# Doctor-patient mediated interaction: Praxis and challenges in the Tuscan territory

**Sabrina Ardizzoni, Andrea Scibetta**
University for Foreigners of Siena

There were 5,307, 598 foreigners in Italy as of January 1, 2024, 9% of the population (CEL-ONC 2024:5). In Tuscany, there are 424,066 citizens of foreign origin, representing 11,3% of the residents (ISTAT). Tuscany is also an important destination for international tourism, with an annual flow of more than 4 million foreign tourists in the metropolitan city of Florence alone.

Thus, the issue of the language practices in health settings in Tuscany is gaining an increasing importance, and a specific linguistic research is needed.

The current contribution draws from the dataset of "THE (Tuscany Health Ecosystem) Spoke 3" project, the main aim of which is to investigate intercultural communication practices between public healthcare system and foreign patients.

The main research questions at the basis of the contribution regard the following points:

- What specific conversational traits characterize triangulated communication: between foreign-speaking patients, medical personnel and cultural mediators?
- To what extent do miscommunication episodes and/or intercultural stereotypes affect mediated interactions?

Firstly, we will provide quantitative data about cultural mediation services in public healthcare settings.

Moreover, we carry on a qualitative analysis of questionnaires administered to 300 foreign-speaking patients, and a corpus of 20 hours of audio-recordings of mediated doctor-patients interactions. An analysis of specific excerpts will be proposed through Conversation Analysis (Sacks, Schlegoff & Jefferson, 1974) and Qualitative Content Analysis (cf. Cho & Lee, 2014), and coding and labelling processes will be carried out and monitored according to the principles of Chinese Discourse Studies (Shi-xu, 2014).

# Hearing personal stories of mental health as intercultural dialogue. The discourse of a professional/patient in migration interviews from the MHealth4ALL project in Europe

**Urszula Okulska-Łukawska**
University of Warsaw

The recent waves of migration in Europe have revealed critical shortcomings in local healthcare systems, particularly in addressing mental health needs of migrants from minority cultures. The scale of traumatic experiences among people moving in appalling conditions has highlighted the lack of preparation for treating these new patient groups. In response to this, a consortium of 13 European universities and healthcare institutions established an international platform, MentalHealth4All, to provide mental health support online for refugees across Europe. Part of the project involved gathering personal migration stories through interviews aimed to understand immigrants' healthcare experiences and needs.

This study examines narratives of a Ukrainian immigrant to Poland to uncover the informant's expectations of the host healthcare system. Fluent in Polish and acting as both a mental health patient and a professional mediator of healthcare issues, the interviewee offers multifaceted insights into healthcare divides between Poland and Ukraine. The narratives are treated as intercultural dialogue (Leeds-Hurwitz 2014), engaging academics, civil society, stakeholders, healthcare providers, policymakers, etc. in redefining their discourses to include the 'non-native medical other'. The dialogic approach to discourse (Ricoeur 1992, Grillo ed. 2005) reveals how the migrant's cultural 'otherness' is transmitted to the target groups via three modes of 'dialogic action' (Habermas 1984, Arendt 1998, Okulska 2018). Its epistemic, regulative and expressive dimensions communicate, respectively, cross-cultural knowledge, relations and identities to the medically oriented recipients. Listening to the non-native patient/practitioner in a scientific procedure is viewed as a participatory way of subjectifying a 'healthcare minority' in the host community.

# "Is it time to switch off this podcast? Or figuring out therapy culture": Remediation of practitioners' voices in podcasts on mental health problems

**Małgorzata Sokół**
University of Szczecin

This paper considers practitioners' perspective in communication with patients focusing on storytelling practices in podcasts about mental health and eating disorders. Podcasts, being both easy to produce and consume, and linked with social media, function as a hybrid cultural form connecting old and new media (Bonini 2022). In healthcare, they effectively disseminate health information to a diverse audience, bridging the gap between evidence-based research and students or practitioners (Willis 2020). The study applies Bucholtz & Hall's framework (2005) to investigate patterns of identity work in the curated performance of healthcare practitioners–dietitians, nutritional psychologists, and psychiatrists–in podcasts on mental health, diet, and eating disorders. Through qualitative analysis, the research reveals how practitioners balance their roles as both knowledgeable experts and relatable figures, and how podcasting recontextualises the conflicting elements of therapy culture and blurs the boundaries between the professional and "ordinary" expertise. The practitioners educate and potentially empower their lay audience through self-disclosure and personal narratives, where patient empowerment is accomplished through the transformation of the professionals' lived experience into public discourse that resonates with the audience.

## References

Bonini, T. 2022. Podcasting as a hybrid cultural form between old and new media. In: Mia Lindgren & Jason Loviglio (Eds.) *The Routledge companion to radio and podcast studies*. London & New York: Routledge, pp. 19–29.

Bucholtz, M., & Hall, K. 2005. Identity and interaction: A sociocultural linguistic approach. *Discourse Studies,* 7(4–5): 585–614.

Willis, C.D. 2020. Using mental health podcasts for public education. *Academic Psychiatry* 44: 621–623.

# “Carers are human, too”: Caregiving challenges and coping strategies in online accounts from Polish live-ins in Germany

**Zuzanna Jechna**
Adam Mickiewicz University

Domestic care is provided to older people as a component of their good end-of-life experience. In Germany, this kind of work is commonly outsourced to Polish migrants, who live in the care recipient’s private home. Their duties encompass, inter alia, administering medications, accompanying to medical appointments and giving emotional support. Despite the stressful nature of this work, research on it is scarce. Accordingly, the aim of the current study was to identify challenges as well as communicative coping strategies of Polish live-ins in terms of relationship management with the care recipient and the recipient’s family.

A Polish forum for carers (opiekunki24.pl) was manually searched for threads in which live-ins asked for or gave advice about relational issues experienced in German households. In total, 1,530 posts were included as relevant. The dataset was then subjected to a thematic analysis.

The analysis revealed that users encountered various challenges, which were amplified by intercultural differences. The challenges included unwanted gifts, groundless theft accusations, poor accommodation conditions as well as instances of sexual harassment. In such cases, users often experienced anger, nervousness and resentment. Among common coping strategies were reasoning with and expressing a positive attitude towards the care recipient. However, there were also instances of behaviours that can be considered verbal aggression, such as laughing at or insulting the recipient.

In conclusion, it will be discussed how exploration of such perspectives may help inform educational materials for care recipients, their families and live-ins, which has the potential to improve communication between the parties.

# Relational ambiguity in interview accounts of caring for a relative with dementia

**Bartłomiej Kruk**
Adam Mickiewicz University

Family caregivers of people with dementia often experience ambiguous loss (Boss 1999) as they grapple with the irreversible changes in their loved ones' personality, identity, and mutual relationships. This uncertainty challenges their taken-for-granted roles, and necessitates an ongoing process of navigating their evolving responsibilities and (re-)negotiating kinship ties. In this presentation, I qualitatively examine how family members construct and make sense of ambiguities in their relationships with relatives who have dementia.

Applying conversation analysis (CA) and membership categorization analysis (MCA), I examine a corpus of 10 audio-recorded semi-structured in-depth interviews with 10 U.S.-based women providing care to relatives with dementia. By treating interviews as topic (Rapley 2001), the analytical attention is paid to how interaction-in-interview is jointly co-constructed through the interviewer's questions and interviewees' locally emergent accounting practices.

These integrative qualitative methods help reveal the struggle caregivers face when narrating their experiences. Specifically, they allow me to identify three sources of relational ambiguity: (1) ambiguous loss, encoded though disjunctive category sets, such as 'dead'/'alive' or 'family'/'stranger', used to categorize the person with dementia; (2) disjunctive versions of the relationship (cf. Hydén and Samuelsson 2018), where caregivers' factual/(auto)biographical standardized relational pairs (SRPs) clash with the fluctuating, non-factual/alternative SRPs used by their relatives with dementia; (3) role-reversal which operates in the context of pre-disease relationships. The MCA toolkit enables me to identify and unpack the situated meanings of relational ambiguity, revealing how disjunctive (familial) identity categories – and their category-bound assumptions and moral expectations – undermine caregivers' ability to maintain a clear sense of relational continuity and loss.

## PANEL 10

# Challenges in teaching medical communication in relation to cultural, psychosocial and didactic aspects

**Coordinator: Michał Nowicki**
Poznań University of Medical Sciences

### Panel synopsis

Direct contact with patients is significant for an appropriate and valuable medical education process from the early stages of studies. Unfortunately, it often becomes difficult due to limitations in the healthcare system, the increasing student enrollment, patient refusal, etc. [Silverman et al. 2013]

Nowadays, it is well established that medical professionals require medical knowledge, technical skills, and interpersonal skills crucial for future medics' daily practice. [Laidlaw et al. 2011] If organisational issues prevent these educational goals from being implemented effectively, new teaching techniques and medical simulation can be used. Therefore, medical simulation should be part of an obligatory curriculum in undergraduate medical education, supporting the development of communication skills with patients, relatives, and the medical team. [Bachman et al. 2022]

During this panel, we would like to focus on:

- Skills, attitudes and values crucial in teaching of medical students;
- Practical educational methods (i.e. Simulated Patients) which can be introduced in communication skills course [Cleland et al. 2009];
- Interdisciplinarity of medical communication, including didactic experiences from different countries;
- From the standpoint of communication skills, medical education encompasses intracultural and intercultural components.

In conclusion, even though mandatory communication skills instruction is a relatively new idea in Poland [Borowczyk et al. 2023], we hope during this panel, to share our viewpoint and confront it with international perspectives from current literature review. We encourage an audience to engage in open dialogue and exchange diverse experiences and perspectives.

**References**

Bachmann C, Pettit J, Rosenbaum M. Developing communication curricula in healthcare education: an evidence-based guide. Patient Educ Couns. 2022 Jul;105 (7): 2320–2327

Borowczyk M, Stalmach-Przygoda A, Doroszewska A, Libura M, Chojnacka-Kuraś M, Małecki Ł, Kowalski Z, Jankowska AK. Developing an effective and comprehensive communication curriculum for undergraduate medical education in Poland - the review and recommendations. BMC Med Educ. 2023 Sep 7; 23(1): 645

Cleland JA, Abe K, Rethans JJ. The use of simulated patients in medical education: AMEE Guide No 42. Med Teach. 2009 Jun;31(6):477–86

Laidlaw A, Hart J. Communication skills: an essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51. Med Teach. 2011;33:6–8

Silverman, J., Kurtz, S., & Draper, J. (2013). Skills for Communicating with Patients (3rd ed.). CRC Press.

**Keywords**: medical communication, simulated patient, medical simulation, interprofessional education, cultural context

**Presenters: Łukasz Małecki, Patrycja Marciniak-Stępak, Maria Nowosadko, Krzysztof Sobczak**

## Skills, attitudes, values - what medical students should be taught?

**Łukasz Małecki**
Jagiellonian University Collegium Medicum

The presentation focuses on issues related to the theoretical and practical foundations of medical communication teaching. It addresses issues related to the goals of communication education in an academic setting. An analysis of the validity and effectiveness of teaching communication skills and the possibilities of shaping students' attitudes will be presented. There will be a discussion of an effective teaching environment and methodology. Finally, the issue of the role of values in developing communication competencies as an element of medical professionalism will be discussed, especially in the light of students' autonomy and the contemporary context of medical care. We will discuss the perspectives of doctor-patient contact in the context of the growing role of technology-based medicine and virtual agent engagement.

# The impact of feedback provided by Simulated Patients on the development of communication skills

**Patrycja Marciniak-Stępak, Maria Nowosadko**
Poznań University of Medical Sciences

Due to many difficulties in effectively implementing communication skills in curricula at medical faculties, medical simulation with controlled and reproducible conditions offers a safe and efficient environment for practising and making mistakes without harm to actual patients. Simulated Patients (SP) are a valuable educational "tool" that helps students improve their interpersonal abilities, which are crucial in creating honest relationships with patients and preparing them for many difficult situations. It has to be emphasised that direct feedback given to each student is a priceless gift that is helpful in the self-development of medical professionals. Therefore, this method applies in undergraduate and postgraduate education due to the safety paradigm from the perspectives of patients, students, and/or experienced medical staff.

# Interdisciplinarity of medical communication – an optimal model of developing communication competencies in different countries and health care systems

**Antonina Doroszewska, Agata Stalmach-Przygoda**

Medical communication is a highly complex process influenced by many factors set in a specific context. A conversation between a health care worker and a patient requires a professional to be proficient in using knowledge and skills from many different disciplines. It is not possible to conduct a conversation considering only medical issues or focusing only on psychological or social problems. When examining the practice and the specific scenario in which a health-seeking patient encounters a healthcare professional, it becomes evident that the interdisciplinary model of medical communication provides the most accurate representation of this complex issue. It also represents a universal approach that considers cultural, historical, and social conditions that differ depending on health care systems in other countries.

# Global or regional medicine – understanding the inter- and intracultural role of the doctor in the teaching of medical communication – open discussion

**Krzysztof Sobczak**
Medical University of Gdańsk

Modern medicine operates in an increasingly diverse cultural environment, posing significant communication challenges for physicians at both the global and regional levels. With the increasing mobility of patients and medical professionals, the ability to communicate effectively in diverse cultural contexts has become an essential component of medical practice. Therefore, medical education should incorporate universal communication principles and the specificity of local cultural and social conditions. During this discussion session, we will explore the inter- and intracultural aspects. We will consider to what extent existing models of teaching medical communication should reflect and incorporate various social axiologies and values. The discussion will also allow experts from different countries and academic backgrounds to exchange experiences. The session aims to identify the best practices and challenges associated with implementing effective medical communication training strategies in both global and local contexts.

During this lecture an audience will be encouraged to exchange, as an open discussion, their ideas and experiences on broadening cultural awareness during teaching medical communication.

## PANEL 11

# Agency in narratives of illness experience: The case of Post COVID-19 in a multilingual and crosscultural perspective

**Coordinator: Kristin Bührig**
University of Hamburg

Although the pandemic of Covid 19 has been overcome medically, there are still people who suffer from the consequences of Covid infection or vaccination. It is often difficult for them to have access to medical facilities, and there is no guarantee that they will be taken seriously when talking to doctors. Even if initial steps are now being taken to establish structures for targeted medical care, conversations with affected people demonstrate the need to take their perspective into account when establishing approaches to the disease and strategies for managing conversations (see e.g. Thompson et alii 2024). In terms of applied linguistics, it therefore seems worthwhile to investigate the institutional treatment of Post COVID-19 in different societies, as well as the possible different forms of complaints by those affected. The transdisciplinary concept of 'agency' (cf. Löwenstein 2022) lends itself to the panel pursuing the above research questions by using different approaches to analyze qualitative interviews.

The panel will bring together researchers from different countries to learn about narratives of illness experiences and how medical doctors deal with them in order to discuss necessities and approaches to good practice in an international context.

### References

Löwenstein, Heiko (2022) Agency rekonstruieren, Agency konzeptualisieren: Eine Skizze zum Stand der Agency-Analyse, zu methodologischen Perspektiven und zur theoretischen Bestimmbarkeit. In: Doll, D., Kavemann, B., Nagel, B. / Etzel A. (eds.) Beiträge zur Forschung zu Geschlechterbeziehungen, Gewalt und privaten Lebensformen: Disziplinäres, Interdisziplinäres und Essays. Opladen: Budrich, 35–52.

Thompson, Charee M., Babu, Sara, Gerlikovski, Emily, McGuire, Maeve, Makos, Shana, Ranallo, Annalisa & Robieson, Isabella (2024) Living with Long COVID: A Longitudinal

Interview Study of Individuals' Communicative Resilience Through the "Long Haul", Health Communication, 39:10, 2135–2151.

**Presenters: Kristin Bührig, Ágnes Kuna, Eötvös Loránd, Lotte van Poppel, Stephanie Risse, Thomas A. Williams, Rena Zendedel**

# Hungarian physicians’ perceptions of post-COVID patients’ agency: Two complementary approaches

**Ágnes Kuna[1], Thomas A. Williams[2]**
[1]University Budapest; [2]University of Szeged

According to the WHO (2022), the post-COVID-19 condition is defined as the persistence or development of novel symptoms three months after the first COVID infection and approximately 10-20% of people infected by SARS-CoV-2 may develop post-COVID. However, we know little about how patients cope with the disease. We also lack communication guidelines to support doctors in their work with these patients. The paper reports on a small-scale pilot study of five physicians in Hungary. It draws on semi-structured interview data to explore the participants’ perceptions of agency among post-COVID patients using two approaches: narrative inquiry and functional cognitive linguistic theory. Narrative inquiry is a way of doing research that focuses on stories we tell about our lives (Barkhuizen 2015). According to Kramp (2004: 107), stories ‘assist humans to make life experiences meaningful. Stories preserve our memories, prompt our reflections, connect us to our past and present, and assist us to envision our future.’ In conjunction with the narrative construction of the participants’ experiences, we analyze linguistic features tied to patients’ agency within the functional cognitive linguistics approach (Langacker 2008; Semino 2008). A particular focus will be placed on examining interpersonal relations, construction of activity and metaphorical features. Our pilot study is a starting point for a more extensive cross-cultural study of the linguistic construal of the post-COVID experience. The present analysis also contributes to the methodological development of this project.

# Stigmatization and Agency: On patients' illness experiences with Post COVID-19

**Kristin Bührig**
University of Hamburg

The research so far on Post COVID-19 makes clear that, given the medical profession's lack of experience with Post COVID condition, communication between those suffering from Post COVID-19 has been and remains immensely important. The term 'patient-made-disease' (Callard & Perego 2021) illustrates, how important it is for medical professionals to recognize the epistemic authority of patients, especially against the background of the existing lack of knowledge on the part of medicine (see also Ireson et al 2022). Contradictorily experiences of stigmatization in the context of medical treatment and in patients' everyday life also play a relevant role. How do these stigmatization processes take place and what is perceived as stigma by those suffering from Post COVID-19? How do patients deal with it? We collected interview and media data in different countries. In our contribution, we compare linguistic as well as institutional, social and cultural forms that constitute stigmatization processes. In addition to a content analysis approach, we pursue an approach that combines different approaches to conversation analysis. Our data show that those persons who are affected perceive a series of experiences that they made in doctor patient communication as stigma, be it the downplaying of the patients' complaints, be it the doctors' preference for alternative diagnoses.

## References

Callard, Felicity, and Elisa Perego. 2021. "How and Why Patients Made Long COVID." Social Science & Medicine 268:113426.

Ireson Jane, Taylor Amy, Richardson Ed, Greenfield Beatrice, Jones Georgina (2022) Exploring invisibility and epistemic injustice in Long Covid. A citizen science qualitative analysis of patient stories from an online Covid community. Health Expect. 2022 Aug;25(4):1753–1765. doi: 10.1111/hex.13518.

# “Nobody can put a dot somewhere” Metaphors of lived experiences of Dutch post-COVID patients

**Lotte van Poppel**[1]**, Rena Zendedel**[2]
[1]University of Groningen; [2]University of Utrecht

In the Netherlands, around 1.3 million patients have developed Post COVID, with an estimated 90,000 significantly impaired in their functioning in society. Patients experience a wide range of symptoms and with the causes of these complaints still unknown, no effective treatment is currently available. As a result, both patients and doctors encounter substantial uncertainty regarding how to manage this illness, potentially affecting their sense of agency. In this study, we analyze the linguistic construction of Dutch patients’ agency focusing on the metaphors they use to describe their experiences with post-COVID. Previous research shows that metaphors are indispensable to verbalize the abstract experience of illness and health (e.g., Semino & Demjén 2017), so this approach will help us in gaining insight in the barriers patients encounter in coping with post-COVID.

We will report on work-in-progress in collaboration with the University Medical Center Groningen. In this inductive study we will use a dataset of approximately 20 interview transcripts with Dutch post-Covid patients. In the analysis, we will focus on the identification of metaphors used to describe the target domains of illness and health care by using an adjusted version of MIPVU, the Method Identification Procedure Vrije Universiteit. Ultimately, we intend to compare the results internationally to facilitate the understanding and treatment of Post-COVID worldwide.

## References

Semino, E., & Demjén, Z. (2017). Using metaphor in healthcare: Physical health. *The Routledge handbook of metaphor and language*. Routledge.

# Narrative Exposure Therapy as part of agency in multilingual health communication – patients with Long Covid

**Stephanie Risse**
Free University Bozen-Bolzano

Several studies indicate that about half of those affected by long COVID meet the diagnostic criteria for ME/CFS (Chronic Fatigue). The so-called brain fog is one of the symptoms that makes it difficult to talk. This cognitive dysfunction is characterised by significant word-finding and speech disorders. In some cases coherent conversation is difficult or speaking is no longer possible.

At this point, a psychological therapy approach could be fruitfully applied: narrative exposure therapy (NET), which was originally developed to overcome traumas (Schauer 2015). It is based on a second person listening to the patient's statements, writing them down as a story and reading them to the patient. Since NET has proven particularly helpful in multilingual and multicultural contexts and is easy to implement (Schauer/Bleuel 2024), this contribution will discuss, on the basis of concrete case studies, the what extent NET can also be used fruitfully as part of agency in multilingual health communication. Linguistically, it is necessary to determine how a narrative can be created from the sometimes fragmentary utterances.

## References

Schauer, Maggie, Bleuel, Nataly (2024) Die einfachste Psychotherapie der Welt. Wie wir die Ursachen von Stress und Krankheit behandeln und den Kreislauf von Trauma und Gewalt durchbrechen. Berlin: Rowohlt Polaris.

Schauer, Maggie (2015) Narrative Exposure Therapy. In: James D. Wright, International Encyclopedia of the Social & Behavioral Sciences, 2nd edition, Vol 16. Oxford: Elsevier, 198–203.

## PANEL 12

# Health Literacy Questionnaire and its applications

**Coordinators: Richard Osborne[1], Agnieszka Lipiak[2]**
[1]La Trobe University; [2]Poznań University of Medical Sciences

Health literacy refers to people's knowledge, confidence, and comfort to access, understand, appraise, remember and use health information and services, and it is recognised as a critical determinant of health[1]. Health literacy is a multidimensional concept, the measurement of which requires an equity and diversity focus[2]. Measurement outcomes need to serve the purpose of informing community and health services about health literacy actions, interventions and programmes that improve the health and equity outcomes of the people they serve.

The Health Literacy Questionnaire (HLQ)[3] is used as part of the needs assessment of the Ophelia (Optimising Health Literacy and Access) process, a co-design methodology for intervention development. The 9-domain structure of the HLQ, scored as 9 scale mean scores, provides strengths-based, solution-orientated profiles of people's health literacy strengths and challenges when trying to engage with health information and services. The HLQ data inform the development of vignettes (evidence-based stories of personas with typical health literacy characteristics) that facilitate structured discussions in workshops with different stakeholders, including community members and patients, to generate ideas for health literacy development. These ideas are developed and prioritised by stakeholders, including community members and patients, and co-designed into localised fit-for-purpose interventions. **This panel aims to present the development of the HLQ and its use in health literacy measurement and Ophelia projects in different contexts around the world.**

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[1] World Health Organization. Health literacy development for the prevention and control of noncommunicable diseases: Volume 1. Overview. Geneva: World Health Organization; 2022. Available from https://www.who.int/groups/gcm/health-literacy-development-for-ncd-prevention-and-control

[2] Osborne RH, Cheng C, Nolte S, Elmer SL, Besançon S, Budhathoki SS, Debussche X, Dias S, Kolarčik P, Loureiro MI, Maindal HT, Nascimento do O D, Smith JA, Wahl AK, Elsworth GR, Hawkins M. Health literacy measurement: embracing diversity in a strengths-based approach to promote health and equity, and avoid epistemic injustice. *BMJ Global Health,* 2022;7:e009623. doi: 10.1136/bmjgh-2022-009623.

[3] Osborne RH, Batterham RW, Elsworth GR, Hawkins M, Buchbinder R. The grounded psychometric development and initial validation of the Health Literacy Questionnaire (HLQ). *BMC Public Health*. 2013;13:658. Published 2013 Jul 16. doi:10.1186/1471-2458-13-658.

**Keywords**: health literacy, Health Literacy Questionnaire, health interventions

**Presenters: Sharla Cartner, Ewelina Chawłowska, Christina Cheng, Mounia El Yamani, Sanne Elbrink, Irati Erreguerena, Hailey Fisher, Barbara Gawłowska, Andrea Guajardo Villar, Melanie Hawkins, Agnieszka Lipiak, Wayne Massuger, Richard Osborne, Leanne Raven**

# Systematic review of the Health Literacy Questionnaire (HLQ) for global health literacy development

**Melanie Hawkins**[1], **Sharla Cartner**[1], **Christina Cheng**[1], **Agnieszka Lipiak**[2],
**Richard Osborne**[1]
[1]La Trobe University; [2]Poznań University of Medical Sciences

**Background**. The Health Literacy Questionnaire (HLQ) is used in 80+ countries to inform programs and policies. It is key to the needs assessment of the Ophelia (Optimising Health Literacy and Access) process, for co-design of effective interventions. Robust psychometric evidence is needed for user confidence in the interpretation and use of HLQ scores in different contexts. Part of a wider systematic review, this study examined published psychometric reports of HLQ internal structure and reliability.

**Methods**. Developed in Australia in 2013, the HLQ measures nine health literacy domains and is translated to 40 languages. A March 2024 PRISMA systematic search (PROSPERO CRD42022361966) identified 257 articles, which were screened for evidence about internal structure and reliability.

**Results**. Across 15 countries/languages, 22 articles were included. Out of the 18 studies that used factor analysis, three used the Bayesian approach. All 15 classical factor analysis studies reported satisfactory fit indices in restricted 9-factor models (range CFI=0.841 to 0.995, TLI=0.826 to 0.969, RMSEA=0.048 to 0.084), except two required correlated residuals for acceptable fit indices. Factor loadings were significant except for five items across five studies (range .20 to .99). Three studies used Rasch modelling and found all domains had unidimensionality except for Domain 9 in one study. Most studies reported Cronbach’s alpha (range .57 to .95) across all domains, with only three studies reporting $\alpha<.7$.

**Conclusion**. This study demonstrates robust psychometric evidence across countries and languages. Users can have confidence in interpretation of HLQ data across contexts to inform interventions for equitable health literacy development.

# Improving information and access with and for people with inflammatory bowel disease: Co-design using the Ophelia (Optimising Health Literacy and Access) process

**Melanie Hawkins**[1], **Wayne Massuger**[2], **Hailey Fisher**[2, 3], **Christina Cheng**[1],
**Sanne Elbrink**[1, 4], **Leanne Raven**[2], **Richard H Osborne**[1]
[1] Swinburne University of Technology;
[2] Crohn's & Colitis Australia; [3] Lung Foundation Australia;
[4] Durham University Business School, Durham University

**Background and aim**. The quality of care and information for people living with inflammatory bowel disease (IBD) in Australia is inconsistent, often sub-optimal, and does not meet the prevailing Australian IBD Standards. Crohn's & Colitis Australia (CCA), using the Ophelia (Optimising Health Literacy and Access) process, aimed to co-design improvements to the delivery of information, services and resources with and for people with IBD and their carers.

**Methods**. Vignettes were developed from cluster analysis of health literacy data from surveys (n=868) and interviews (n=17). Using the vignettes in participatory co-design (online workshops and an online activity) with consumers (n=38) and health professionals (n=38), the Ophelia process facilitated generation of ideas to improve access to IBD information and services.

**Results**. Ideas generation led to 883 ideas, collated and coded to 70 ideas. Of these, 29 were deemed within the scope of this CCA project, with 11 ideas already part of daily CCA business, and 30 ideas allocated to existing or future CCA projects. Grouping of the 29 ideas into prioritised actions for implementation resulted in 13 activities in 3 categories: 1) National leadership (n=2 activities); 2) Improvement of services and access (n=1 activity); and 3) Improvement of information, tools, and processes for consumers (n=10 activities).

**Conclusion**. The 70 evidence-based actions arising from this Ophelia co-design project are genuinely based on the voices of people with IBD, their carers, and health professionals. The program of work has forged pathways for health literacy development for CCA, its members, and the wider IBD community.

# Scaling up Health Literacy Development across 15 European countries: The adaption and implementation of Ophelia (Optimising Health Literacy and Access) in the European Commission Joint Action on CARdiovascular diseases and DIabetes (JACARDI)

**Richard Osborne[1, 3], Melanie Hawkins[1, 3], Irati Erreguerena[2], Andrea Guajardo Villar[3], Mounia El Yamani[3] on behalf of Work Package 6 Health Literacy and Awareness and the JACARDI Consortium**
[1]La Trobe University; [2]Biosistemak (formerly Kronikgune)
Institute for Health Systems Research; [3]Santé Publique France

**Background**. Noncommunicable diseases (NCDs) like cardiovascular disease and diabetes are an increasing disease burden and priority across Europe. Effective NCD prevention and management require equitable access to and use of health information and services. This necessitates programs that address disparities. The four-year EU Commission Joint Action on CARdiovascular diseases and DIabetes (JACARDI) initiative seeks to reduce CVD and diabetes burden by improving health systems and healthcare access and addressing people's diverse needs in 18 European countries.

**Methods**. Work Package 6 (WP6) Health Literacy and Awareness sought to adapt the WHO-endorsed Ophelia (Optimising Health Literacy and Access) process. Drawing on Ophelia's testing in 20+ countries, it was found to complement the JACARDI Implementation Framework. Ophelia applies the Health Literacy Questionnaire (HLQ/eHLQ), a sensitive needs assessment, to inform and enable authentic stakeholder co-creation and develop context-relevant interventions, evaluation and scale-up.

**Results**. Through the demands of JACARDI, a Maturity Model (implementation fidelity and monitoring process) was developed to ensure standardization, including community members with health literacy challenges are included in the co-design process to ensure that innovations generated will support their needs. This included suitability for specific populations (e.g., migrants) and contexts (e.g., rural).

**Conclusion**. JACARDI and Ophelia have been strengthened through a commitment to program success and enhanced 25 project teams. The findings will produce valuable insights into effective strategies for improving health literacy and addressing health inequities related to NCDs across diverse European settings, including programmes for broad scale-up across the EU.

# The use of Health Literacy Questionnaire for mapping health literacy needs and strengths among Polish health professions students: A preliminary report

**Ewelina Chawłowska**[1], **Barbara Gawłowska**[1], **Agnieszka Lipiak**[1], **Richard Osborne**[2]
[1]Poznań University of Medical Sciences; [2]La Trobe University

**Background**. Health literacy enables people to access, understand and use information and services in ways that promote and maintain good health. Most studies of health literacy among students report health literacy challenges to be more pronounced in this population than in the general population. The presented study aimed to map health literacy among health professions students.

**Methods**. The Polish version of the Health Literacy Questionnaire was used to determine students' health literacy profile. The questionnaire measures health literacy across nine scales, allowing to capture the respondents' areas of strength and weakness.

**Results**. Most of the 918 surveyed students were female (79.96%) and studied Medicine or Nursing (53.38%). As many as 25.27% reported having at least one medical condition. In the studied sample, scale 2 "Having sufficient information to manage my health" and 7 "Navigating the healthcare system" showed the highest difficulty levels. The lowest difficulty levels were found in scale 4 "Social support for health" and 9 "Understand health information well enough to know what to do".

**Conclusion**. The results may suggest that students' key strength is the use of social support for health, which can make up for their lack of experience in using healthcare. The associated challenges in navigating the healthcare system should be considered while making medical curricula better grounded in real-life conditions of the Polish healthcare system – not only for the sake of the students, but also for the sake of their future patients' needs in this area.

## PANEL 13

# Patient autonomy and information in the healthcare system

**Coordinator: Monika Urbaniak**
Poznań University of Medical Sciences

In the face of dynamic technological and social changes, questions about patient autonomy and the quality, form and availability of health information are taking on new importance. The panel combines research, legal and practical perspectives, showing the multifaceted nature of the challenges related to informing patients and their relatives in modern healthcare systems.

The presentations will focus on three complementary dimensions. The first concerns the growing number of dependent people in the ageing societies of Europe and the resulting role of informal caregivers – most often family members who take on caregiving duties without formal training. Particular attention will be paid to the situation of caregivers of stroke patients in four EU countries, their information and educational needs, as well as proposals for systemic support solutions. The second dimension of the panel analyzes the impact of new technologies – such as telemedicine, artificial intelligence or digital medical records – on the implementation of the patient's right to reliable, understandable and complete information. Despite easier access to data, the complexity of the message, specialist language and the opacity of technological interfaces constitute serious barriers to understanding important health content and making informed decisions. The third dimension is the legal and communication approach, focused on the practice of providing information, informed consent and barriers and good practices in the doctor-patient relationship. Particular attention will be given to the legal duty to inform patients, as interpreted in case law and by the Polish Patient Ombudsman.

The aim of the panel is to show that ensuring real autonomy for patients requires not only formal respect for their rights, but also well-thought-out communication, educational and technological strategies that enable making informed health decisions in diverse contexts of care.

**Participants: Monika Urbaniak, Niccolo Persiani, Kinga Flaga-Gieruszyńska**

# Supporting informal caregivers: Lessons from post-stroke Care

**Niccolo Persiani**
University of Florence

Globally, national welfare states and healthcare systems are struggling to ensure access to integrated social and healthcare services for all no-self-sufficient persons, due to the limited availability of human, financial, and organizational resources for potentially unlimited needs of them. This challenge is especially critical for population ageing, as the number of individuals aged 65 and over who are no longer self-sufficient continues to rise. In the absence of an adequate institutional response, the responsibility of care to there persons often falls on a family member or friend who provides unpaid support, thus assuming the role of an informal caregiver – usually without any specific training. While many studies in the literature have proposed disease-specific training sessions for informal caregivers, often focusing on technical procedures to support healthcare professionals in providing care, only a few have addressed the training needs based on the actual knowledge gaps of informal caregivers.

This research aims to address the informational and educational needs of informal caregivers, with a specific focus on those assisting post-stroke patients, in order to develop tailored trainings.

Focus groups were conducted with 132 informal caregivers of post-stroke patients across four European countries: 32 in Italy, 33 in Poland, 37 in Portugal, and 30 in Spain.

The findings highlighted four main categories of caregiver needs: a. Better understanding of the patient; b. Access to information about social and healthcare services; c. Practical solutions to improve the quality of home care; d. Support for the caregivers themselves which permitted on one side to design specific training and information tools, on the other side to develope specific recommendations to public institutions.

# Patient’s right to information in the context new technologies

**Kinga Flaga-Gieruszyńska**
University of Szczecin

In the era of rapid development of new technologies in medicine, the patient’s right to information is taking on a new dimension. In addition to purely medical information provided to the patient prior to the provision of healthcare services, the importance of purely technical information is increasing – particularly concerning the functioning of new technologies, including artificial intelligence, and their impact on the processes of diagnosis, treatment, and rehabilitation. Consequently, for a patient to give informed and voluntary consent, they must gain specific knowledge about the operation of teleinformation systems, the nature of the decision-making process carried out by a medical professional using new technologies, and the role of human involvement in verifying these decisions (human in the loop).

This paper analyzes how technologies affect the implementation of the patient’s right to reliable, understandable, and complete information about their health condition, proposed treatment, and potential risks. Particular attention is paid to issues related to the protection of patient information, transparency of medical algorithms, and the role of the physician in providing the patient with appropriate informational support in a digital environment. The aim of the presentation is to indicate directions of change and recommendations that can ensure the effective implementation of the right to information in the era of modern medical technologies.

# Oral presentations

# “Ask her about chronic illnesses running in the family.” Interpreter-mediated communication during history taking: Power shifts, role shifts, interpreter’s agency and positionality

**Claudia V. Angelelli**
Heriot-Watt University, UK

In our diverse societies and interconnected professional practices, linguistic, cultural and disciplinary diversity permeates every thread of our interactions. When in a healthcare encounter language is not shared between providers and recipients, interpreting is required. However, at times, interpreters are perceived as an add-on, or necessary evil, rather than as an integral part of the healthcare team.

Inter-linguistic/cultural communication mediated by interpreters is a situated practice (Angelelli 2019). This practice is perceived, valued, and understood differently by the participants in the encounter. Based on ethnographic data gathered through participatory observations, semi-structured interviews, and workshops, in this presentation I discuss a taxonomy of interpreters’ strategies for doing text ownership and show examples of what control shifts trigger these startegies. The data analysed help us reflect about the relationship between healthcare providers, patients and interpreters and their perceptions of each other’s roles and responsibilities.

Healthcare administrators, managers and providers need to be aware of shifts that may occur when they relinquish control of the encounter. In addition, healthcare providers need to account for differences when they communicate with patients who, unlike fellow healthcare providers, do not share medicalese and belong to other cultures and traditions.

This presentation has practical and theoretical implications for the field of Healthcare Interpreting in general and for the education of healthcare interpreters and providers in particular. It also has several implications for a theory of patient-centeredness and for policy regulating equal access to services for limited-English-speaking patients.

## References

Angelelli, C. (2004). *Medical Interpreting and Cross-cultural Communication*. Cambridge: Cambridge University Press.

Angelelli, C. (2019). *Healthcare interpreting explained*. London. New York: Routledge.

Sarangi, S. (2024). *Interpreter-Mediated Healthcare Communication*. Toronto: University of Toronto Press.

**Keywords**: interpreter-mediated healthcare encounters, interpreters as co-participants in intercations, roles and responsibilities, language access

# A mixed-methods policy development for interprofessional remote communication. A case from Wales

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Despite the growing relevance of video technology, no study has detailed comprehensive step-by-step replicable processes in relation to policy development. This project describes the methodology adapted to achieve the organic development of an inclusive and comprehensive video technology remote assistance policy for the Adult Critical Care Transfer Service (ACCTS Cymru) in Wales.

After content inclusion requirements (e.g. ethical use of the new technology for both patients and professionals) were identified via stakeholder meetings, the policy development work took a two-phase, research-informed and practice-corrected approach. Policy discourse analysis was conducted aiming to harness information about ethics, data safety, and best practice for communication, forming the research-informed, bottom-up basis of Phase 1. Then, the recorded simulation and post-simulation survey feedback formed the practice-corrected, top-down basis of Phase 2.

The policy analysis provided the necessary standards and interface with other relevant policies that helped the creation of the initial draft policy. This ensured integration to existing workload and helped the creation of a comprehensive policy. It was, however, only through a set of simulations trialling the new technology and the draft policy, that we were able to capture practice and to integrate the human factors implications of introducing video in daily practice. This involved issues around equipment and its handling, as well as enabling the benchmarking of minimum requirements for safe and efficient use of the technology for remote communication.

This project took a holistic approach to policy development combining different sources (e.g. peer-reviewed and grey literature, simulations, feedback, observatory notes). We seek to provide a model for policy development that can pragmatically integrate both established standards and human factors in the context of evolving technology and service improvements.

**Keywords**: discourse analysis, ethics, policy development

# Sharing responsibility and using discretion. General practitioners' communication of abnormal cervical screening results to their patients – a focus group study

**Ingvild Brenna, Marit Solbjør, Heidi Gilstad, Ingrid Baasland, Bente Prytz Mjølstad**
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The newly implemented transition to cervical tests being analyzed primarily for Human Papillomavirus (HPV) has caused an increase in abnormal test results. The role of Norwegian general practitioners (GPs) in the National Cervical Cancer Screening Program (NCCSP) is to perform cervical testing, communicate the test results to the women, and refer to specialist services when necessary. Previous studies have found that GPs experience challenges keeping updated on cervical screening knowledge and guidelines, and how to communicate test results so the women will understand the implications and follow up recommendations. The aim of our study was to investigate the GPs' practice with communicating abnormal cervical screening results, and how they explain the rationale behind this practice. We performed 5 focus groups with 32 GPs in total. The data material was analyzed using reflexive thematic analysis. We used concepts from theory of professionalism to understand the results. Our preliminary results indicate that sharing responsibility between the actors in the NCCSP was a way for the GPs to make their task of communicating test results manageable. They experienced it as challenging to keep updated on the field of cervical screening, and to meet their patients' existing knowledge and need for information. The GPs used discretion and their familiarity with the patients when assessing how to tailor information and how to communicate abnormal test results.

**Keywords**: HPV, General practitioners, Focus groups, Doctor-patient communication

# Where and why does ageing hurt? Examples from eighteenth- and nineteenth-century British ego-documents

**Katarzyna Bronk-Bacon**
Adam Mickiewicz University, Poland

Humanist gerontology relates how the psychosomatic processes of ageing elicit private and public conversations on failures and successes of its performance – or so eighteenth- and nineteenth-century British men and women thought when assessing their decline according to ideological lessons on old age in their correspondence, diaries and memoirs. Some diagnosed their emotional state as “negative happiness”, praising the occasional moments marked by the absence of suffering.

The pain of ageing was not confined to the body; it extended to the mind, casting shadows over their self-esteem and prompting re-evaluations of their hegemonic positions as statemen, celebrated writers, or influential members of the crème de la crème. Ageing imprisoned men and women indoors, confining them to their bedrooms and libraries, trapping them upstairs, or reducing them to the ease of the lower floors.

Building on the ego-documents of well-known and lesser-known eighteenth- and nineteenth-century commentators on old age, my presentation will examine how psychosomatic experiences of suffering were communicated in the context of ageing into senescence. It will explore the medical understanding of ageing during both historical periods and comment on the idiosyncratic experiences of old(er) age among the primarily upper-class individuals or celebrated figures who had access to a variety of fashionable treatments and respected doctors. Using methodologies connected to humanist gerontology, the presentation will demonstrate that the pain of ageing into old age was as expected as it was surprising, simultaneously fulfilling and breaking the promises of a satisfactory and fulfilling conclusion to life.

**Keywords**: humanist gerontology, ego-documents, ageing into old age, suffering

# How ethical work climates were associated with healthcare workers' burnout

**Yen-Yuan Chen**
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Ethical work climate in an organization refers to the shared perception among employees regarding acceptable behaviors, relationships, power dynamics, and ethical standards within an organization, often without formal rules. It usually influences an employee and is usually perceived by an employee in that organization. This study aimed to explore the association between ethical work climates and four types of burnout in an healthcare organization: Personal, Work-related, Client-related, and Over-commitment burnout.

A multi-center study was conducted involving attending physicians, house officers, and nurses from internal medicine departments across five healthcare organizations. Participants provided informed consent and completed the Ethical Climate Questionnaire, the Copenhagen Burnout Inventory, and demographic forms. Data were analyzed using exploratory factor analysis, correlation coefficients, and multivariate linear regression to assess the relationship between five ethical work climates and burnout types, after controlling for confounding variables.

Results revealed significant findings. A Caring ethical work climate was associated with lower levels of Personal Burnout (coefficient=-0.1604, p=0.012), Work-related Burnout (coefficient=-0.1604, p=0.012), and Over-commitment Burnout (coefficient=-0.1540, p=0.018). Conversely, an Instrumental ethical work climate correlated with higher levels of Personal Burnout (coefficient=0.1158, p=0.035), Work-related Burnout (coefficient=0.1173, p=0.031), and Client-related Burnout (coefficient=0.1425, p=0.002). A Laws and Codes ethical work climate was linked to lower Work-related (coefficient=-0.1919, p=0.020) and Client-related Burnout (coefficient=-0.2371, p=0.001).

The findings emphasize the need for healthcare leaders to foster Caring, and Laws and Codes climates while avoiding an Instrumental ethical climate to reduce burnout and promote staff retention.

**Keywords**: ethical work climate, burnout

# Developing a new e-health literacy measure

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**Background and objectives**. Low health literacy correlates with poor health outcomes, less illness management knowledge, lower therapy compliance, more hospitalizations, and a higher mortality risk. Ehealth literacy is the ability to use information technology to search, locate, process and understand health information to improve health and healthcare. With the proliferation of online health/medical information, health literacy would correspondingly increase. The most applied ehealth literacy measure, eHEALS, comprises six literacies– basic, health, media, computer, information and science. However, it has weak measurement validity. Therefore, this study proposed a new ehealth literacy measure comprising validated component measures.

**Method**. We analyzed quota sampled, online survey data from 510 US adults and compared the internal consistency of the two scales, their relationship and performance. We computed Cronbach's alpha, factor analyses, Spearman correlations, and ehealth literacy scores.

**Results**. eHEALS' 0.93 Cronbach's alpha (1=perfect score) with a single factor demonstrated high internal consistency. The new scale's 0.34 Cronbach's alpha reflected multidimensionality and yielded two factors: health/science literacy and computer/information literacy. Modest correlations between the two scales (r=.316 to .424, p<.001) included computer and information literacies. eHEALS component scores (73.7 to 77.2) consistently exceeded those in the new scale.

**Conclusions**. With intrinsic multidimensionality, a modest relationship to eHEALS, and lower ehealth literacy scores, the new measure assessed phenomena which could be more consistent with the statistic that 12% of Americans have proficient health literacy. By extension, a lower number will have proficient ehealth literacy. Therefore, the new measure may more closely approximate ehealth literacy. Given that more ehealth literacy measures have been developed, further comparative scale testing and internal validity tests, particularly predictive validity with health outcomes, are needed to identify the optimal ehealth literacy measure.

## References

Hargttai E. (2005). Survey measures of web-oriented digital literacy. *Social Sc Computer Review* 23:372 DOI: 10.177/0894439305275911.

National Science Board. (2014. “Science and Technology: Public attitudes and understanding.” In Science and Engineering Indicators 2014. http://www.nsf.gov/statistics/seind14/.

Neter E. and Brainin E. (2012). EHealth literacy. Extending the digital divide to the realm of health information. *Journal of Medical Internet Research* 14(1): e19.

Norman, CD & Skinner HA. (2006). eHEALS: The Ehealth Literacy Scale. *Journal of Medical Internet Research* 8(41), 1–7.

**Keywords**: health literacy, ehealth literacy, online survey, measurement

# “My mum gained her wings last night, free finally” – conceptual metaphors in the language of caretakers of patients suffering from Progressive Supranuclear Palsy

**Monika Cichmińska**
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The goal of the present paper is to study conceptual metaphors in the language used by caretakers of patients suffering from Progressive Supranuclear Palsy (PSP). Being a rare, incurable and often misdiagnosed disease, PSP poses a huge challenge to all those involved: patients, their families and caretakers, and representatives of the medical community.

There is an extensive body of research on how metaphors are used in relation to both physical and mental health. In this study, we explore the metaphors of “lived experience”, as categorized by Demjén and Semino (2017), in particular on metaphors used by “or patients, family carers and healthcare professionals” (Demmen et al. 2015). We draw on metaphor-led discourse analysis, which facilitates a systematic approach to the identification and analysis of metaphors in the empirical material. The dataset consists of postings to a large online support community for the caretakers and the family members of people suffering from PSP, published between 1st January 2024 and 1st January 2025. The data revealed metaphors referring to a sufferer as a warrior and to death as freedom or flying away – which are not the typical metaphors associated with diseases, like metaphors of journey or war (Demjén and Semino, 2017). We discuss the implications of these metaphors in relation to caretakers’ conceptualizations of the disease of their loved ones.

Additionally, the study revealed that, although the online community in question is primarily a support group, there is a wide variety of posts in which caretakers ask questions concerning medical or technical aspects of PSP, Thus, the community provides not only support but also detailed knowledge of the diagnosis or misdiagnosis of PSP, its stages, treatment or rather lack of treatment, mostly in the form of personal narratives.

## References

Cameron, L., Maslen, R., Todd, Z., Maule, J., Stratton, P. and Stanley, N. 2009. “The discourse dynamics approach to metaphor and metaphor-led discourse analysis”. *Metaphor and Symbol*, 24, 2: 63–89.

Demjén, Z. and Semino, E. 2017. "Using metaphor in healthcare: Physical health". In Semino, E. and Demjén, Z. (eds.) *The Routledge Handbook of Metaphor and Language*. London and New York: Routledge, pp. 385–399.

Lakoff, G., & Johnson, M. 1980. *Metaphors We Live By*. University of Chicago Press.

McMullen, L.M. 2008. "Putting it in context: metaphor and psychotherapy". In R.W. Gibbs (ed.) *The Cambridge Handbook of Metaphor and Thought*. Cambridge University Press.

**Keywords**: conceptual metaphor, patient care, Progressive Supranuclear Palsy, online communication

# Bridging elderly digital divide in China, a linguistic analysis of government campaigns

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Numerous studies show an improvement of health conditions in older adults in the People's Republic of China (PRC) related to the use of digital devices (Cui et al. 2024; Ding et al. 2023). Chinese government is fostering the use of advanced technologies for eldercare, such as assistive robots, smart devices and on-line/off-line integrated health-services ('Five Year Plans of undertakings for the Elderly' 2001–2021). Digital devices are crucial in giving older adults access to care services and play an important role in alleviating social isolation (Lee at al. 2022). However, barriers in accessibility and digital illiteracy (especially in rural areas) are still severe (Li and Kostka 2024; Yang and Du 2021).

The paper presents some case studies of central and local government programs aimed to help older adults to overcome the digital divide in the PRC, offering an analysis of a corpus made of: 1) documents published since the publication of the 'Plan for practical solutions to the digital gap of the elderly' (State Council 2020); 2) materials used in disseminating these programs. The research questions are: which stylistic choices are made in order to encourage older adults to take part to the programs? What image of older adults is vehiculated in these messages? The survey shows that a particular attention is devoted in order to adapt the messages to older adults. Moreover the campaigns reveal an articulated image of the elderly, with an effort to meet different needs of the users, also in the optical of silver economy.

**Keywords**: eldercare in China, elderly digital divide, lexical analysis, elderly care official documents

# The discursive representation of doctors in Polish online medical conspiracy and mainstream texts

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Research on medical discourse primarily focuses on official narratives or specific issues (e.g. Littlemore & Turner, 2020). On the other hand, studies on medical conspiracy theories are typically conducted within psychological or sociological frameworks, leaving a significant gap in linguistic analyses that explore how social actors are represented in such discourses.

This study seeks to answer the following question: How are doctors, as salient social actors, discursively represented in Polish medical conspiracy discourse (CT) compared to mainstream discourse (MS)? To investigate this, a corpus-based approach was employed. The Polish CT corpus was gathered via seed selection (Miani et al. 2022) and snowball sampling; the compilation of MS corpus followed a data-driven approach (Miani ibid.). Top results were saved with the Save Search Results Chrome extension, uploaded to BootCaT crawler and processed by Sketch Engine using CQL formulae.

The analysis draws on the Critical Discourse Analysis (CDA) framework, particularly the discourse-historical approach (Reisigl & Wodak, 2009), enriched with cognitive linguistic framework, proposed by Hart (2010). Specifically, the study examines the discursive representation of social actors through rhetorical strategies such as topoi and emotive coercion.

The analysis reveals distinct patterns in the representation of doctors across the two discourses. In medical conspiracy discourse two groups of doctors were distinguished, namely doctors of official medicine and doctors of alternative medicine, henceforth referred to as doctorsMED and doctorsALT, respectively. In CT emotive coercion is observed, as doctorsMED are portrayed mainly through the topos of threat, which evokes fear. In contrast, doctorsALT are depicted by means of the topos of abuse, fostering compassion, as well as the topos of struggle and success, which, in turn, evokes compassion. Meanwhile, MS discourse presents doctors neutrally as professionals engaged in work, without employing emotive coercion.

The findings have practical applications, including raising public awareness of manipulative language in conspiracy theories and training AI systems to distinguish MS from CT discourse based on linguistic markers.

## References

Hart, C. (2010). Critical discourse analysis and cognitive science: New perspectives on immigration discourse. Palgrave Macmillan.

Littlemore, J., & Turner, S. (2020). Metaphors in communication about pregnancy loss. *Metaphor and the Social World*, 10(1), 45–75.

Miani, A., Hills, T., & Bangerter, A. (2022). LOCO: The 88-million-word language of conspiracy corpus. *Behavior Research Methods*, 54(4), 1794–1817.

Reisigl, M., & Wodak, R. (2009). The discourse-historical approach (DHA). In R. Wodak & M. Meyer (eds.), *Methods for Critical Discourse Analysis* (2nd ed., pp. 87–121). SAGE.

**Keywords**: social actors, topos, emotive coercion, online communication

# Writing and reading biomedical test results in the patient portal – a case study

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Health services worldwide are increasingly communicating with citizens through digital patient portals. Biomedical test results are textual genres communicated digitally from health personnel to patients. For the patients, test results may be difficult to understand. Norwegian doctors developed elaborate information texts to supplement the test results. These texts explain the test results in plain language, adapted to the diverse patient population.

This case study explored how the elaborated texts were developed and understood. The study's research question was: Which considerations guided the doctors when writing informative test results, and how did the patient representatives interpret the texts?

To identify communicative challenges with text production and reading, we conducted individual interviews with 3 doctors and led a workshop with 4 patient representatives. The inclusion criteria for the doctors were that they had been involved in the planning and writing of the texts. Patient representatives were recruited through the hospital, where the leader asked a group of patient representatives if they wanted to participate in this study. The four informants who agreed to participate represented groups with non-native patients, co-morbidity, chronic diseases, and next-of kins, respectively.

The results indicate a gap between what the doctors and the patients consider understandable content in plain language. Several aspects were important for the understanding, for example, the organization of the text, linguistic features (sentences, terms and acronyms), and the amount of text. While the doctors pursued writing texts that were medically accurate, valid, and not scary for the patient, the patient representatives suggested that biomedical explanations be short, with everyday terms and highlighted risk indications. The patient representatives suggested that health information should be communicated as if the readers had a health literacy level of a 10th grader (age 15). After completing compulsory formal education, the average person typically receives no further structured learning about health issues unless they decide to pursue it independently.

In a healthcare system that is increasingly digitally transformed, with the use of AI to communicate health information, this study demonstrates that test result texts are made in

specific contexts for specific purposes and readers. The implication for health and medical communication practices is that writers, in addition to medical and scientific knowledge, also need ethical sensitivity and communicative expertise to align with the diverse health literacies of the patients.

**Keywords**: test results, digital health information, health literacy, writing health information

# The social semiotic of mental health vlogs: A multimodal lens on YouTube’s therapy culture

**Ewa Glapka**
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Examining the intersection of social media and mental health highlights the media’s role in de-stigmatizing mental health problems, but also its perpetuation of simplified narratives of mental health. This study seeks to identify the discursive mechanisms underlying the production of mental health knowledge on social media in a socio-semiotic analysis of YouTube mental health vlogs. The analysis views YouTube as a multimodal ensemble (Jewitt 2016), where meanings emerge through inter-semiotic connections between its multiple modes, and as part of therapy culture (Illouz 2008), recontextualized through vloggers’ curated performances and audience reactions. A multimodal discourse analysis of YouTube videos and accompanying comments includes traditional units of discourse analysis, e.g. position and stance, and such multimodal resources as modality, gaze, ‘emologues’ and ‘polylogues’ (Jovanovic & Van Leeuwen 2018). Investigating the role of YouTube’s affordances in recontextualizing mental health knowledge in social media, the study reveals vloggers’ positioning as both knowledgeable and relatable, mental health vlogging’s connection to the psy-complex (e.g., commodification of mental health, medicalization of emotions), its parallels with psychotherapy (e.g. parasocial elements), and its unique features that stem from YouTube’s affordances (e.g. multi-authored meaning-making).

## References

Illouz, E. (2008). Saving the modern soul: Therapy, emotions, and the culture of self-help. Berkeley: University of California Press.

Jewitt, C. (2016). Multimodal analysis. In: A. Georgakopoulou & T. Spilioti (eds.) *The Routledge handbook of language and digital communication*. London: Routledge, 69–84.

Jovanovic, D. & Van Leeuwen, T. (2018) Multimodal dialogue on social media. *Social Semiotics*, 28:5, 683–699.

**Keywords**: critical multimodal discourse analysis, therapy culture, mental health vlogging, recontextualization

# Infant mortality, health literacy, and breastfeeding among minority populations in the USA

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Despite efforts in the USA to reduce infant mortality, occurrence rates are consistently higher among African-American populations than among other demographic groups. While breastfeeding can play a significant role in reducing infant mortality, research has shown that some minority populations (particularly African-American) have lower breastfeeding rates (Pyles, et al., 2021). It is well-established that health literacy (e.g. gaining knowledge, receiving encouragement, etc.) can play a prominent role in health decisions (Aghazadeh & Aldoory, 2022; Valhabi, 2007) (including decisions about breastfeeding), and this may provide a meaningful means of addressing infant mortality disparities.

This presentation therefore examines communication about breastfeeding in a USA city that at one time had the highest national infant mortality rate. In this area, breastfeeding and infant mortality were correlated – African-Americans had higher infant mortality and lower breastfeeding rates; their non-Hispanic white counterparts were the reverse. We conduct a mixed-methods analysis of communication between expectant/new mothers and (pre)natal care experts. This includes a) corpus linguistic analysis (keywords, lexical sophistication, syntactic complexity) of written & digital information available to pre- and post-natal mothers, and b) qualitative sociolinguistic analysis of pre- and post-natal interviews regarding mothers' overall knowledge, sources of information, and attitudes about breastfeeding. Initial observations indicate that use of specialized medical terminology (e.g. 'lactation', 'engorgement') may be inaccessible to some demographic groups, providing a disincentive to breastfeed. Adjustments to communicative practices may increase incentives to breastfeed. While this study targets only one US environment, findings are applicable to any environment where health disparities related to breastfeeding exist.

**Keywords**: sociolinguistics/discourse analysis, corpus linguistics, health disparities, Health literacy

# Patient leaflets as a tool for improving communication and information delivery by pharmacists

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**Background**. Effective communication between patients and pharmacists is vital for safe medication use. Patient information leaflets play a key role, but their complexity and poor readability can hinder their effectiveness, potentially leading to confusion and non-adherence. Simplified, patient-tailored leaflets are essential for improving understanding and supporting health outcomes (Herber et al. 2014). The aim of the study was to evaluate the asthma and chronic obstructive pulmonary disease (COPD) leaflets, which had been simplified in Polish, and to gather patient feedback on them.

**Methods**. From March 2023 to January 2024, a survey was conducted in Poznań and Lodz using proprietary questionnaires. Patients' knowledge was tested before and after reading the leaflets, and satisfaction was assessed through subjective evaluation. A total of 690 adult respondents participated (asthma: 350; COPD: 340).

**Results**. According to the Plain Language Index, the leaflets scored: for asthma – 50.0% and for COPD – 36.7%. The survey showed that the use of educational materials about asthma and COPD statistically increased respondents' knowledge (p=0.0001). About asthma, 67.4% people rated their interest more than good and for COPD – respectively – 70.8%.

**Conclusions**. Simplified asthma and COPD leaflets can effectively improve patient knowledge and complement pharmacist-led services, like New Medicine Service. These materials support treatment by providing accessible information, enhancing patient understanding, and fostering better communication.

## References

Herber, O.R. et al. Patient information leaflets: informing or frightening? A focus group study exploring patients' emotional reactions and subsequent behavior towards package leaflets of commonly prescribed medications in family practices. *BMC Family Practice* 2014 15:1 15, 1–8 (2014).

**Keywords**: written educational materials, pharmaceutical care, pharmacist-led education, asthma and COPD

# Keep calm & carry on: Ministry of Health' activity on instant messaging apps during 'Iron Swords' War: A case study of a warfare health crisis

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The importance of risk communication in health crises is well recognised. Health ministries increasingly use social media for public outreach to convey health behaviours and curb misinformation. Governmental risk communication is crucial during wartime; Israel, proficient in crisis response, faced new hurdles after October 7, 2023, and the Iron Swords conflict.

This study analyses the Israeli Ministry of Health (MoH)'s engagement on its Whatsapp and Telegram channels during the war to explore its communication strategies.

A quantitative and qualitative content analysis examined messages sent during the first 60 days of the war (07.10.2023-07.12.2023). Messages were initially categorised by their connection to the war. Then, they were analysed to evaluate the diverse communication techniques through which information was relayed to the public.

The Dual Communication AIR framework was developed to classify MoH's messages into three categories: Acknowledgment, Instruction, and Recommendation (AIR), differentiating between war-related and routine messages.

Findings show that 75% of Telegram and 69% of WhatsApp messages addressed war-related topics. Of 216 Telegram messages, 153 (71%) were acknowledgements, 52 (24%) instructions, and 11 (5%) recommendations. On WhatsApp, 29 (53%) messages were acknowledgements, 18 (33%) recommendations, and 8 (14%) instructions.

The MoH primarily utilised the Telegram channel for acknowledgement, while the WhatsApp channel focused on providing detailed public health advice in a friendly way to a broad audience. This strategy encouraged a shared sense of belonging and awareness within the audience. A formal policy is vital to align the Ministry's communications with the application's features and the target demographic.

**Keywords**: Crisis communication, Health communication, eGov, Mobile Instant Messaging Services (MIMS)

# Epistemic boundaries in conversations about the body between people living with dementia and family carers

**Lucie Hogger, Nina Fudge, Deborah Swinglehurst**
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Many people living with dementia (PLWD) experience polypharmacy, the prescription of five or more medicines. Family carers play an important role in monitoring medicines' effects on the PLWD's body and relaying information to prescribers. Known cognitive and linguistic difficulties may lead to the PLWD's epistemic claims about bodily symptoms – that fall within their 'core' epistemic domain (Bristol & Rossano, 2020) – being contested. This presents a dilemma for family carers; to avoid 'trespassing' (Bristol & Rossano, 2020) on the epistemic rights of the PLWD in interaction, whilst feeling obliged to report precise information to prescribers.

Using a linguistic ethnographic approach, we combine tools of conversation analysis with ethnographic findings to explore interactions between PLWD and family carers. Data were drawn from a 14 month study of medicines practices of nine households in London affected by dementia and polypharmacy. We investigate the boundaries of epistemic domains and negotiation of epistemic rights between PLWD and family carers. Focusing on carer knowledge claims about the physical or mental state of the PLWD, we illuminate resources PLWD use to resist trespass and reclaim epistemic rights e.g. turn design, lexical choice and lack of hesitations and mitigations when disagreeing. Drawing on ethnographic findings, we make visible carer responsibilities for knowing about the PLWD's body and propose a new term for carer trespass. Findings nuance our understanding of PLWD's communicative competence and highlights interactional complexities that may contribute to carer burden.

## References

Bristol R. and Rossano F. (2020) Epistemic trespassing and disagreement. *Journal of Memory and Language* 110: 104067.

**Keywords**: epistemics, dementia, linguistic ethnography, patient-carer interaction

# Enhancing the co-design process and outcomes with user personas: A study with and for Francophone Minority Communities (FMCs) of Ontario

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**Background**. Vaccine hesitancy is influenced by socio-cultural, psychological, and demographic factors. Among ethnic and racial minorities, limited knowledge, lack of medical recommendations, and low-risk perception – shaped by spiritual and cultural beliefs – are key factors in HPV vaccine hesitancy. However, little research has explored using user personas to co-design tailored health messages for linguistic communities. This study addresses this gap by focusing on Francophone Minority Communities (FMCs) of Ontario. The research question is: How can user personas be designed to reflect the diversity and complexity of FMCs' HPV vaccine hesitancy?

**Objectives**. This study aims to:

1. Explore the structural, organizational, sociocultural, and individual factors that affect HPV vaccine acceptance within FMCs.
2. Identify common cultural cues among FMC members to incorporate into user personas.

**Methodology**. The research employs co-design and culture-centered approaches to engage members of Ontario's FMCs, along with researchers and health professionals, in collaboratively creating personas that reflect their cultural values and vaccination concerns. Qualitative data is gathered through focus groups and co-design workshops involving all stakeholders.

**Findings**. Early findings suggest that personas enhance the relevance and effectiveness of health messages by aligning them with the community's cultural context. The use of personas in the co-design process also improves communication within the design team and provides a user model that resonates with the target audience.

**Conclusion**. This research contributes to understanding how co-designing user personas with target communities can improve the relevance of digital health messages, offering insights into Francophone minorities' vaccine uptake decisions.

**Keywords**: co-design approach, culture-centered approach, Francophone minorities, user personas

# Psychological and communicative aspects of a physician's work with a child victimized by sexual violence

**Agnieszka Izdebska, Monika Zielona-Jenek**
Adam Mickiewicz University, Poland

Previous research on child sexual abuse has primarily focused on victimized individuals and perpetrators of such acts. Less attention has been given to the so-called third party in sexual violence. This group includes individuals who influence the course of the child's sexual abuse and its disclosure and/or experience its indirect consequences, such as professionals with frequent contact with children (Izdebska et al., 2023).

The aim of this presentation is to provide insights into the ways physicians respond to cases of suspected child sexual abuse. It explores the psychological and communicative aspects of interactions between physicians, children, and their parents, highlighting potential determinants and reactions of those involved in such challenging contexts (Izdebska & Zielona-Jenek, 2019).

The analysis distinguishes two groups of factors influencing diagnostic communication between physicians and children: those unrelated to the experience of sexual abuse and those directly related to such experiences. The need for further empirical research on this topic, particularly in the Polish context, is also emphasized.

## References

Izdebska, A., Węglerska, O., Płonka, J., Chodecka, A., Zielona-Jenek, M., & Beisert, M. (2023). Doświadczenia rodzeństwa osób wykorzystanych seksualnie w dzieciństwie. *Dziecko Krzywdzone. Teoria, badania, praktyka,* 22(2), 12–37.

Izdebska, A., & Zielona-Jenek, M. (2019). Relacja lekarza z małoletnim, który doświadczył wykorzystania seksualnego. Uwarunkowania przebiegu kontaktu i jego znaczenie dla procesu diagnozy. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(4), 38–64

**Keywords**: child sexual abuse, sexual violence, victimization, doctor-patient interaction

# Teledermatology: Past, present and future

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Teledermatology allows application of telemedicine to dermatology and has an almost 30-year history. Teledermatology is classified as real-time teledermatology where an interaction between a specialist and patient is live using video-call and store-and-forward teledermatology where patients first transfer images or health-related information to the dermatologist who then provides them with all the required informations.

Teledermatology relies on advanced technology to be effective, as high image quality is essential for dermatologists to make accurate diagnoses. With recent advancements in this field, teledermatology has become a routine part of daily clinical practice. Also, during COVID-19 pandemics an access to healthcare facilities was limited to severe cases, significantly altering daily dermatological practice. The demand however for dermatological expertise increased during the pandemic, including frequent association of SARS-CoV-2 infection with various exanthems, the exacerbation of pre-existing skin conditions due to increased use of protective devices and hand sanitizers, and consultations regarding the interactions of immunomodulatory therapies for chronic inflammatory diseases. Therefore, a worldwide implementation of teledermatology emerged as the primary solution to these challenges, enabling continuous care for patients.

As a future tool, artificial intelligence (AI) starts to play an increasingly important role in teledermatology and may influence the way dermatologists diagnose and monitor skin diseases. Through the use of advanced machine learning algorithms, AI enables the automatic analysis of skin images which may improve diagnostic accuracy and speed up the assessment process.

**Keywords**: dermatology, AI, telemedicine, pandemics

# Ethically – does it always mean the same? Physician-patient relationships

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**Background**. Culture shapes societal thinking and significantly influences communication. Cultural codes are more apparent in stressful situations, like seeking medical help. Medical ethics codes from a patient's country of origin can guide cross-cultural communication in healthcare.

**Methods**. A qualitative analysis was conducted on the medical ethics codes of Poland, Ukraine, India, and Thailand. Articles concerning physician-patient communication were extracted and analyzed using a humanistic interpretive approach, involving the construction of reasoning based on premises that determine the subject's knowledge of possible actions and outcomes. These premises also define the subject's value system, assuming their rationality and concluding that the subject undertook the action, addressing why it was chosen.

**Results**. The Polish Code of Medical Ethics comprises 82 articles, 28 pointing to human dignity and informed consent. This emphasizes the patient as an active participant in medical care. The Ukrainian code consists of 61 articles, with 23 dedicated to physician-patient relationships and informing patients about their health. The Indian code includes 82 articles, 33 highlighting ethical attitudes and professional self-promotion. This aims to prevent financial interests from outweighing patient well-being. The Thai code contains 69 articles, with 27 addressing physician-patient relationships, most of which emphasize organ transplantation and the ethical aspects of medical advertising.

**Conclusion**. Over one-third of the analyzed articles focus on physician-patient communication and human dignity. However, different countries highlight unique ethical dilemmas, reflecting societal values. Understanding these differences improves cross-cultural medical communication and promotes ethical, patient-centred care.

**Keywords**: codes of medical ethics, cross-cultural medicine, Physician-Patient relationships, ethical dilemmas

# Ethical considerations of research in multilingual and multicultural mental health settings: A case study of the MentalHealth4All project

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According to the World Health Organization, "it is important to adhere to ethical principles in order to protect the dignity, rights and welfare of research participants." (WHO) Research involving human participants inherently raises ethical considerations, particularly when conducted in multilingual and multicultural contexts. These concerns become especially pronounced when the research addresses sensitive topics, such as mental health, within vulnerable migrant and refugee populations. Therefore, researchers are required to obtain ethical approval from their institution's ethics committee, which formally verifies that the study complies with established ethical standards and guidelines. Beyond institutional approval, researchers' personal and professional backgrounds – including their origins, motivations, goals, and aptitude for conducting investigations in a morally sound manner – are crucial in ensuring ethical integrity. This paper examines ethical aspects of academic research based on a cross-national questionnaire distributed among all the participating countries in the MentalHealth4All consortium. The survey study takes a closer look at the work of scholars from across Europe, representing diverse fields of expertise, including psychology, medicine, linguistics, and communication science. Its primary objective is to identify country-specific concerns related to conducting ethically sound academic research in this domain and to assess how different approaches to addressing ethical issues may influence the internal consistency of the project. The analysis covers three levels of research in mental health settings: (1) institutional (the researchers' ethical responsibility), (2) contextual (the researchers' goals, motivations and positionalities), and (3) relational (handling a sensitive topic, power relations and cultural divergencies). The collected survey data will contribute to evaluative, post-hoc reflections and support the development of ethical recommendations for future research in mental health settings.

## References

https://www.who.int/activities/ensuring-ethical-standards-and-procedures-for-research-with-human-beings (Accessed 14 March 2025)

**Keywords**: mental health, migrants and refugees, ethics in research, interpreting

# Communication barriers in breast cancer prevention: A cross-sectional study of health literacy and screening behaviors among Polish women

**Oliwia Kowalczyk**
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**Background**. Despite established screening programs, breast cancer remains a significant health challenge in Poland, with communication and awareness gaps potentially contributing to lower participation rates. This study investigated awareness levels, prevention behaviors, and communication barriers related to breast cancer screening among Polish women.

**Methods**. A cross-sectional survey was conducted among 1,399 women in Poland (95.36% response rate). The study examined two key domains: (1) professional breast examinations and self-examination practices, and (2) awareness and utilization of screening programs including ultrasound and mammography. Analysis included both univariate and multivariate logistic regression to identify relationships between demographics and screening behaviors.

**Results**. The study revealed significant communication gaps in healthcare delivery. The majority of participants reported being unaware of breast cancer prevention programs, with a notable proportion never performing breast self-examinations. Lack of awareness emerged as the primary barrier to self-examination practices. Time constraints and communication-related barriers, including limited access to specialists and long waiting times, were identified as key factors affecting regular professional examinations. Significant geographic disparities were observed in prevention program participation, particularly between urban and rural areas.

**Conclusion**. Findings highlight critical gaps in health communication and literacy regarding breast cancer prevention in Poland. Results suggest the need for targeted communication strategies and educational interventions to improve screening participation and awareness, particularly addressing demographic and geographic disparities. These findings inform the development of context-specific communication approaches that could potentially increase screening uptake and improve early detection rates. Future research should explore effective interventions to overcome the identified barriers, particularly in underserved rural communities.

**Keywords**: health communication, patient education, health literacy, cancer screening

# Enhancing health communication accessibility: Development and validation of breast cancer screening materials for individuals with intellectual disabilities

**Oliwia Kowalczyk[1], Agnieszka Rypel[2]**
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[2]Kazimierz Wielki University, Bydgoszcz, Poland

**Background**. Women with intellectual disabilities face higher breast cancer mortality rates and lower participation in screening programs compared to the general population. Key barriers include lack of accessible health information and communication challenges in medical settings. This project aimed to address these gaps by developing tailored educational materials and communication strategies.

**Methodology**. The study employed a multi-phase approach:

1. Analysis of existing breast cancer prevention materials for accessibility and comprehension
2. Questionnaire-based needs assessment of health literacy and communication requirements
3. Development and pilot testing of adapted educational materials with people with intellectual disabilities and their caregivers
4. Creation of language guidelines for medical personnel
5. International validation through workshops with participants from multiple countries.

**Results**. The project produced a comprehensive set of accessible breast cancer awareness and self-examination materials, including printed guides and digital resources in multiple languages. Materials were designed using plain language principles and validated through pilot sessions. Communication guidelines for healthcare providers were developed, focusing on effective interaction strategies with patients with intellectual disabilities and their caregivers. International workshops demonstrated the materials' cross-cultural applicability.

**Conclusion**. This intervention addresses a critical gap in healthcare accessibility by providing tailored breast cancer prevention resources for women with intellectual disabilities. The project's outcomes contribute to the broader goal of improving healthcare communication and reducing disparities in cancer screening participation among vulnerable populations.

**Keywords**: healthcare communication, health literacy, intellectual disability, breast cancer prevention

# “Me, my insulin and my glucose monitor” The different roles of humans, medication and technical devices in type-1 and type-2 diabetes discourses (a corpus study of self-help books and Reddit fora)

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The management of both type-1 (T1D) and type-2 (T2D) diabetes is supposed to empower those affected, since both diagnostic procedures (measuring blood glucose levels) and intervention (administering insulin and other medication) are transferred to patients themselves with little need for healthcare professionals. This self-sufficiency is enabled by higher efficiency, wider availability and greater user-friendliness of advanced technical devices (e.g. glucose monitors, insulin pumps and pens) and of insulin and drugs (e.g. metformin, semaglutide). However, what appears as empowering could also be seen as extending the control of technology and pharmaceuticals over people’s lives.

This study aims to find out how the relationship between patients and their treatment is represented in discourses concerned with T1D and T2D, with a special emphasis on agency (are devices and drugs represented as actively doing things?) and evaluation (are devices and drugs represented as good and helpful?). It firstly compares the roles of devices and drugs to those of humans (esp. patients themselves, but also healthcare professionals and family members). It secondly compares T1D and T2D discourses, hypothesizing that technology and pharmacology are conceptually more salient in the former. Finally, the research compares expert-to-lay discourse with interaction among lay people, assuming that human experience will be more foregrounded in lay-to-lay interaction.

Methodologically, the study adopts a corpus-based discourse analytical approach, seeking to identify linguistic patterns and their meanings in four 750,000-word corpora (self-help books on T1D and on T2D for the expert-to-lay discourses, Reddit fora on T1D and T2D for the lay-to-lay discourses).

**Keywords**: diabetes, discourse analysis, corpus linguistics, technology

# “You will be on insulin”: Contestation of epistemic certainty in patient accounts of GDM healthcare communication

**Marion Nao, Chris Tang, Judith Parsons, Rita Forde**
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A diagnosis of gestational diabetes (GDM) can significantly impact on the experience and anticipated course of pregnancy of the patient, from diet control as part of self-management to medical and birth interventions (Parsons et al. 2018). Such modifications to behaviour and expectations serve to mitigate risk. At the same time, they are counterfactually rooted in the prediction of adverse outcomes which cannot be known with certainty.

Patients may hence question medical guidance on self-management and interventions. On the other hand, healthcare providers (HCPs) tasked with high stakes conversations on risk and care pathways seeking to mitigate its effects may overstate probability as certainty of future events, such as adverse outcomes necessitating interventions, or the interventions themselves. Here, we examine focus group accounts of UK participants recruited through an online GDM support community, in which they contest expressions of inevitability in HCP communication – a selected subset of a wider demographic totalling more than 7 focus groups of around 90 minutes. Drawing on Systemic Functional Linguistics (Halliday & Matthiessen 2014), we identified and analysed relayed episodes in which epistemic modality of certainty was key to contestation by participants. We consider GDM healthcare implications of such communication as well as patient resistance.

## References

Halliday, M.A.K., & Matthiessen, C.M.I.M. (2014). *Halliday’s Introduction to Functional Grammar*. Routledge.

Parsons, J., Sparrow, K., Ismail, K., Hunt, K., Rogers, H., & Forbes, A. (2018). Experiences of gestational diabetes and gestational diabetes care: a focus group and interview study. *BMC Pregnancy and Childbirth*, 18(1).

**Keywords**: Risk communication, Epistemic certainty, Systemic Functional Linguistics (SFL), Gestational diabetes (GDM)

# The digital shoulder to lean on: Understanding the drivers and barriers of chatbot adoption for social support among migrant workers

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Artificial intelligence-powered chatbots are increasingly recognised as vital tools for providing emotional support and credible health information, especially for marginalised groups with limited access to traditional support systems, such as migrant domestic workers (MDWs). For MDWs, who often live in isolation and face language barriers, chatbots hold significant potential to bridge gaps in healthcare communication and social support. Despite this potential, research exploring chatbot adoption in this demographic remains limited. Guided by the Technology Acceptance Model (TAM) and Innovation Resistance Model (IRM), this study addresses this gap by investigating the motivations and barriers to chatbot use for emotional and informational support among MDWs in Hong Kong.

Findings from focus group discussions with 50 participants revealed that MDWs were drawn to chatbots for their accessibility, fast responses, and versatility. Chatbots also served as safe spaces for emotional expression and tools for acquiring practical tips on well-being, parenting, language skills, and professional knowledge, making them highly relevant for MDWs navigating isolation. However, significant barriers might hinder adoption, including dissatisfaction with response accuracy, concerns over data privacy, limited contextual understanding, and a preference for human interaction.

Theoretically, this study advances the understanding of technology adoption and resistance in marginalised populations by integrating insights from TAM and IRM. Practically, it provides actionable recommendations for designing culturally sensitive and trustworthy chatbots to address the healthcare and emotional needs of MDWs.

**Keywords**: social support, chatbot, migrant workers, technology acceptance

# A corpus-assisted analysis of language convergence and meaning divergence of ‘Mental Health’ in Asia countries

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Despite the growing prevalence of ‘mental health’ as a euphemism for ‘mental illness’, there remains a lack of consensus on its definition, particularly in diverse cultural contexts such as Asia. This study examines the language and meanings associated with ‘mental health’ in English-language newspapers across five Asian countries: Thailand, Malaysia, Singapore, the Philippines, and China. We aim to identify the common words used to discuss mental health and to assess the extent to which these words convey similar meanings across different cultural contexts. Methodologically, we employ an integration of language convergence and meaning divergence approaches with corpus linguistics to analyse the newspapers. Our findings reveal that while similar terms – such as ‘issues’, ‘problems’, and ‘physical’ – are used across these countries, the secondary collocates analysis indicates varying understandings and perceptions of mental health associated with these terms. In the Thai corpus, mental health is generally viewed as a painful experience, while in the Philippines, it is framed as a social problem. In China, mental health is understood as a harmful issue, whereas in Singapore, it is linked to stigma. In Malaysia, however, the issue is primarily discussed in relation to government action, with less focus on the issue itself. These diverse conceptualizations of mental health are likely influenced by cultural differences across countries.

**Keywords**: corpus, collocates, mental health, Asia

# Dementia care consultations in Malaysia: A conversation analytic study of routines and relationships

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Dementia care consultations share structural similarities with other clinical consultations which typically include medical history taking, assessments and treatment decision-making. However, as involvement of family members accompanying the persons living with dementia (PLWDs) during such consultations is the norm in multiethnic Malaysia, the interactional dynamics tend to be complex. Research focusing on detailed analysis of talk-in-interactions during such consultations remains scarce, with no studies particularly conducted in middle and lower income Asian countries. This paper reports on an exploratory study in a Malaysian tertiary hospital that documents the complexities of interactions among those involved in dementia care consultations. Data collection involved video recordings in two dementia care settings, i.e. memory clinic and geriatric psychiatry clinic after obtaining signed consent from both the PLWDs and their family members. Ethical approval was obtained from the institutional research ethics committee prior to participant recruitment. Adopting the Conversation Analysis methodology, the data which includes interactions in English, Malay, Chinese dialects and mixed language were transcribed, with English translations provided where relevant. Repeated scrutiny of the interactional sequences reveal the following recurring patterns: (i) negotiation of epistemic rights among the participants; and (ii) variations in assertion of deontic rights. These patterns appear to be shaped by, and also shape the relationship between experts by knowledge and experts by experience i.e. PLWDs and their family caregivers. The findings of this study have implications for developing relationship-centered care to strengthen healthcare and support systems for dementia, as outlined in the Malaysian Dementia Action Plan.

**Keywords**: conversation analysis, dementia care consultation, interdisciplinary healthcare research, relationship-centered care

# Authority in conversation:
# Analysing interruption patterns in medical consultations

**Roxanne H. Padley**
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Interruptions in medical consultations play a key role in shaping power dynamics, often reinforcing hierarchical structures between physicians and patients (West, 1984; Fairclough, 1989). While patient-centred care promotes collaboration (Byrne & Long, 1976), interruptions may disrupt dialogue and impact shared decision-making (Roter & Hall, 2006). Physicians' interruptions often assert authority, while patients may interrupt to clarify or regain control (Candlin & Candlin, 2003).

This study explores how interruptions function as markers of dominance in medical interactions. By analysing a corpus of transcribed spoken consultations, it examines the relationship between interruption types and power asymmetries. A transcribed corpus was examined using Goldberg's (1990) classification of interruptions: neutral, relational, competitive, and power-based. Statistical analysis identified patterns across consultation phases, while case study extracts provided qualitative insights.

Findings are expected to highlight differences in interruption use between physicians and patients, with dominance-related interruptions more common in certain phases. The study anticipates that interruptions may contribute to potential asymmetrical communication, potentially affecting patient engagement and consultation effectiveness. Understanding these patterns can inform medical training to promote more balanced communication and improve patient participation.

## References

Byrne, P.S., & Long, B.E.L. (1976). *Doctors talking to patients*. HMSO.

Fairclough, N. (1989). *Language and power*. Longman.

Goldberg, J.A. (1990). Interrupting the discourse on interruptions. *Journal of Pragmatics*, 14(6), 883–903.

Roter, D.L., & Hall, J.A. (2006). *Doctors talking with patients*. Praeger.

West, C. (1984). When the doctor is a "lady." *Symbolic Interaction*, 7(1), 87–106.

**Keywords**: Power Dynamics, Interruptions, Corpus Linguistics, Patient Centred Care

# How critical moments in medical encounters during outpatient clinics can inform relational capability-building in the context of endometriosis and pelvic pain

**Nicole Pillinger**
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My research aimed to explore how doctors and patients relate in critical moments of consultations, when issues concerned with endometriosis (complex long-term condition) and pelvic pain are discussed. Collaborative doctor-patient decision-making interactions were seen through the lens of productive coaching conversations to gain insight into doctors' relational capabilities. Also, I was interested in the ways doctors can enhance relational capabilities while reflecting on critical moments of their interaction with patients. With this purpose in mind, analysis of doctors' reflective opportunities was informed by the ideas and principles of coaching supervision.

The study explored conversations between linked pairs of doctors and patients through the lens of critical moment analysis. Recorded consultations, separate interviews with doctors and patients immediately after the consultation as well as ethnographic observations at the outpatient clinic where analysed using constructivist grounded theory.

Findings indicate that the more doctors are aware of their contributions to patient decision-making, the more they consider the importance of dealing with complexity and holding space for patients to find answers to personal concerns and associated feelings. Furthermore, reflective practice on condition-specific issues, as identified in this study, can support doctors in developing relational capabilities aimed at guiding decision-making in ways that are relevant to individuals on their illness journeys. For patients, interactions with doctors based on coaching principles provide conversational spaces to develop capabilities, which foster the adaptation to individual challenges of living with a long-term condition.

Going forward, I am interested to understand how insights (PhD research) can inform relational capability-building in doctors training focusing on residents / fellows during specialization (women's health, respiratory conditions, pediatrics etc.), and CPD in family medicine. Findings suggest communication training is best linked with clinical content in alignment with the existing curricula, using formative feedback and patient experiences as an element to inform the learners' feed-back process.

**Keywords**: critical moment analysis in decision-making, doctor-patient interaction, patient-centered care, context of long-term conditions, doctor-patient interaction, building capabilities for patient-focused communication and care, long-term conditions

# Bridging disciplines: The role of Relationship-Centered Care in veterinary-client communication

**Guillaume Prorel**
IKARIA One Medicine, Céré la Ronde, France

Relationship-Centered Care (RCC) emphasizes the interconnectedness of the provider-patient relationship, fostering trust, empathy and shared decision-making. While RCC is well-established in human healthcare, its application in veterinary medicine reveals unique opportunities and challenges, given the triadic dynamic involving the veterinarian, the owner and the animal patient. This presentation explores the parallels and intersections between veterinary and human healthcare communication practices and syntehtizes the findings from a comprehensive review of the latest publications on veterinary communication, focusing on how RCC principles can enhance the client experience, improve adherence to medical recommendations and support veterinarian well-being which has become a critical issue for the profession.

By analyzing peer-reviewed studies, we identify common barriers to effective communication in veterinary settings, including emotional dynamics around animal care, the stress of delivering bad news and the shifting expectations of pet owners accross diverse socioeconomic backgrounds. Strategies such as active listening, reframing emotional conversations and managing implicit biases are discussed, showcasing their adaptability across disciplines.

Attendees will gain research-backed insights into communication techniques that enhance client relationships and professional well-being. By fostering cross-disciplinary dialogue and leveraging the most recent academic contributions, this presentation aims to strengthen the shared goal of compassionate, relationship-centered care across all health professions.

**Keywords**: Relationship-Centered Care, Communication, Provider-patient interaction, Interdisciplinary collaboration

# How do clinicians respond to psychiatric patients' talk about an altered reality?
# Six strategies that frame mental health ward interactions

**Karen Schriver**
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Responding to psychiatric patients' abnormal beliefs (often termed 'delusions') is one of the enigmas in psychiatry. In this paper, I present six strategies that clinicians can employ depending on the conversational context and goals. I explore how the strategies frame the conversations and discuss this in relation to patient centredness.

The study is based on four months of fieldwork in a mental health ward in Denmark. It is designed as anthropologically oriented conversation analysis, seeing talk as actions and as always doing something. Based on 11 audio-recordings, I have categorized clinicians' responses depending on what the strategies are doing in interaction and divided them into two groups. In the first group of strategies, the clinicians do not engage with the truth-value of the patient's talk but rather balance between steering the conversations and articulating understanding:

1. Disalignment
2. Minimal acknowledgement
3. Displaying empathy.

In the second group, the clinicians do engage with the truth value, while also risking a 'clash of realities' that could break the therapeutic alliance.

1. Disagreement
2. Challenging the logic
3. Following the logic.

Depending on what strategies a clinician chooses, they frame the conversation as an objective medical consultation; as a negotiation of truth and ressources; or as a form of psychotherapy. The findings elaborate on and challenge earlier research that suggested clinicians rarely engage with psychotic experiences (McCabe et al. 2002). It also provides valuable resources for clinicians who may be limited to a few response strategies and wish to explore other options.

**Keywords**: Psychiatric communication, Conversation analysis, Psychosis, Patient-centered care

# Information needs among the youngest women invited to cervical cancer screening – a qualitative interview study

**Marit Solbjør, Marthe Hagen, Iren Harstad, Ingrid Baasland**
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Young women have high prevalence of transient infections with human papilloma virus (HPV), the cause for cervical cancer. Vaccination and screening can prevent cervical cancer (Lonnberg et al. 2015), but young women have low participation rates in the Norwegian Cervical Cancer Screening Program (NCCSP). Little is known about the youngest women's knowledge on, and reflections on participation in cervical cancer screening. In 2022, the first cohort of women who have been offered school-based HPV vaccination were invited to NCCSP at the age 25 years. This paper investigates vaccinated first-time invitees to NCCSP reflections on information needs on cervical cancer screening in 18 qualitative semi-structured individual interviews with women in Norway aged 25-29. We did reflexive thematic analysis with a critical approach, using "normalization" as a sensitizing concept. Three main themes were identified: trusting health authorities but wishing for a clearer message; normalizing participation through social expectations; and avoiding vulnerability. Trusting the authorities to provide beneficial health initiatives, these women would follow official advice about screening but wished for a clearer message. Social expectations were more important than information. However, the young women needed practical information as they felt vulnerable and unexperienced with gynecological examinations. In conclusion, the youngest invitees to cervical cancer screening interpret information through what they see as normal behavior for young women.

## References

Lonnberg S et al. Cervical cancer prevented by screening: Long-term incidence trends by morphology in Norway. *Int J Cancer.* 2015;137(7):1758–64.

**Keywords**: cervical cancer screening, individual interviews, information needs, young women

# Pain displays in physiotherapy: Negotiating pain during exercise

**Deborah Tan**
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The Australian Institute of Health and Welfare reports that one in five Australians aged 45 and over lived with persistent, ongoing pain in 2016. Physiotherapists are one of the main health professionals involved in the care of patients with pain conditions. Past interactional studies on pain displays in health contexts have focused on GP settings however pain displays in physiotherapy are likely to differ due to the prominence of exercise and the need to negotiate between pain and exercise possibly impacting how pain is displayed and responded to. Using multimodal discourse analysis, this presentation focuses on the pain displays of two patients during exercise. This data is part of a PhD exploring rapport between patients and physiotherapists in a public hospital rehabilitation setting. First, I will consider the ways in which these displays differ from those previously identified within a GP context by Weatherall et al. (2021), including displays without an obvious initial reflex. Second, I will explore how patients display their pain while cooperating with the physiotherapist, and how physiotherapists respond. I will show that the patterns of pain displays in exercise treatment in physiotherapy do not entirely correspond to those previously described in GP settings, and that negotiating acceptable levels of pain associated with exercise involves developing a shared understanding of pain between patient and physiotherapist.

## References

Weatherall, A., Keevallik, L., La, J., Dowell, T., & Stubbe, M. (2021). The multimodality and temporality of pain displays. *Language & Communication*, 80, 56–70. https://doi.org/10.1016/j.langcom.2021.05.008

**Keywords**: pain displays, patient-physiotherapist interaction, pain negotiation, multimodal discourse analys

# Discourses on cervical screening: How influencers talk about sexual health on Chinese social media

**Wenting Zhao**
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**Background**. In China, low cervical screening uptake among sexually active young women (ages 20-24) in urban areas has emerged as a significant risk factor for the cervical cancer epidemic. Health professionals have increasingly recognized the influence of social media in shaping public health discussions on cervical health. On these platforms, lifestyle influencers dominate the discourse, often disseminating persuasive yet misleading messages driven by commercial interests, particularly targeting young women.

**Aim**. This study investigates how social media influencers legitimate their expertise by sharing personal accounts on cervical screening experiences. These discourses, which address key sexual health topics such as prevention, risk, and control, reflect the evolving nature of knowledge shaped by social media technologies and the changing social relationships and women's sexualities in China. Understanding these dynamics is essential for developing preventive health strategies.

**Method**. This research analyses influencers' posts on RED, a major Chinese social media platform, between March and December 2024. Using NVivo, a multimodal corpus was created from posts tagged with popular hashtags related to cervical screening. A Multimodal critical discourse analysis (MCDA) is employed to examine 55 posts from commercial lifestyle influencers.

**Finding**. One major finding is that influencers construct expertise by crafting a visually pleasing, yet decontextualized world, aligning cervical screening with consumerist lifestyle practices. Control for risk is abstracted through discourses of harmonious (hexie) and healthy relationships, legitimizing a self-autonomous, go-getting individual image who challenges the medical normality and take control of her own life.

**Keywords**: multimodal critical discourse analysis, social media communication, critical health communication, sexual and reproductive health prevention

# Posters

# Exploring online discourse: Financial emphasis and representation bias in Taiwan's aging society

**Yu-Chan Chiu**
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Like many countries, Taiwan faces the challenges of an aging population, with projections indicating a super-aged society by 2025. As individuals and society navigate the complexities of elderly caregiving, concerns about the caregiving burden continue to grow. Given that the Internet serves as a primary source of health information, this study examines the online portrayal of aging and long-term care. Using the keyword "long-term care," this study qualitatively analyzed 125 articles published between 2023 and 2024 on the "50+" website, a well-known Chinese digital platform for older adults in Taiwan launched in 2019. The findings reveal that 30% of the articles address financial aspects, while others discuss the challenges of severe illnesses and the complexities of being bedridden. Coverage extends to issues such as living alone and caring for elderly parents. Celebrities are often portrayed as role models for joyful aging, sharing positive caregiving experiences. The accompanying images predominantly depict happiness, smiles, and positivity across various topics, which may serve to inspire but often fail to reflect reality. Instances of individuals in wheelchairs or bedridden are rarely represented. According to framing theory, media serve as a major source of health information and shape public perceptions of aging and long-term care. While online content covers various aspects of long-term care, the heavy emphasis on financial concerns may overshadow critical issues such as mental health and social relationships. This imbalance can contribute to anxiety and neglect of overall mental and social well-being. This study highlights the need for a more balanced approach to online health communication, emphasizing the importance of shaping public understanding of long-term care in an aging society.

**Keywords**: long-term care, qualitative analysis, Internet, aging society

# The Action Praxis on intergenerational learning: A case study of narration and collaboration in a life story curriculum

**Yuling Hsieh**
Asia University, Taichung, Taiwan

In an aging society, intergenerational interactions such as shared activities between the young and the elderly are essential strategies for promoting active aging. However, young people often engage with older adults as instructors or service providers, neglecting the cultivation of interpersonal relationships between generations.

This study involved 23 university students and 30 seniors from a senior learning program participating in a life story course. The course lasted six weeks, with weekly 3-hour sessions. Participants were paired with students and seniors working in small groups. The results indicate that high levels of volunteer participation support senior members in reflecting on and organizing their life experiences. Through active listening, guiding questions, and thoughtful responses, students help participants articulate their narratives, and in turn, the students recount these life stories, enhancing participants' sense of self-worth and meaning. This interaction model follows a process of "narration, listening, and re-narration." Within these intergenerational teams, university students are as peers, fostering a cooperative learning environment through team-building activities, games, and shared reflections, which create a lively team atmosphere and internal cohesion.

Intergenerational learning fosters mutual benefits across generations, enhances attitudes toward intergenerational engagement, and strengthens social cohesion. Senior participants' life stories are conveyed through diverse, artistic activities, with students' involvement facilitating storytelling and cultivating an appreciation for story listening. This interaction deepens relational bonds and highlights the unique outcomes of collaborative team support. The study recommends actively fostering intergenerational relationships to strengthen the impact of intergenerational learning.

**Keywords**: Intergenerational Learning, Intergenerational Team, University Student, Life Story

# Active learning methods in developing communication skills in pharmacy students' opinion

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**Background**. Communication with patients is a key skill in the work of a pharmacist. However, the current curriculum for pharmacy students does not sufficiently include practical classes to develop this competence. Active learning methods are student-centered approaches that promote engagement, critical thinking and soft skill development through experiential and interactive learning. Classes using active learning methods – such as simulations, work-integrated learning, or case-based teaching, are still marginal compared to theoretical classes, limiting the opportunity to improve skills necessary for professional practice.

**Aims**. This survey aims to gather pharmacy students' views on the teaching methods used in their degree course and to assess their interest to have more classes focused on developing soft skills, such as communication skills.

**Methodology**. The surveys were conducted in November 2024, involving 5th year pharmacy students (n=73). The surveys completed were fully anonymous.

**Results**. The results showed that 98.6% of respondents agreed that they considered active teaching to be the most effective for developing patient communication skills. Women were more likely than men to value the opportunities to participate in simulated classes (p=0.028). Older students expressed a greater need for classes developing communication skills (p=0.013). Students enrolled in more than one faculty more frequently indicated other types of active learning methods that they believe are missing (p=0.0035).

**Conclusion**. The analysis highlights the key role of active learning methods, particularly simulations, in improving pharmacy education. Expanding practical learning opportunities will better prepare students for professional challenges, with an emphasis on improving communication skills – key to effective patient care. This study provides new insights into pharmacy students' perceptions of active learning methods. In contrast to previous studies that focused on theoretical classes, our study explored students' preferences for different didactic approaches, pointing in the right direction for curriculum improvements.

**Keywords**: Active learning, Pharmacy, Communication, Teaching methods

# The role of narrative medicine in aphasia rehabilitation and awareness: A corpus-based study

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This study centres on the application of a narrative-medicine (NM) based approach (Charon, 2001) in aphasia rehabilitation, as a tool that allows speech therapists to reflect on their professional role on one hand and empowers patients and caregivers to raise public awareness of aphasia on the other. In people living with aphasia (PLWA), the abilities to speak, understand language, read and write are impaired to varying degrees (Rose et al., 2021). So, in addition to the complex factors at play in healthcare communication, aphasia affects the performance of the most basic task in medical interviews: expressing how one feels to the doctor. Besides, although this communication disorder affects about 15 million people worldwide (Ivanova, 2022) and specific patient-reported outcome measures (e.g. AIQ by Swinburn et al., 2023) are designed to assess the quality of life of PLWA, awareness of the issue is still low according to a recent international survey (Bennington et al., 2024).

In this project, 135 aphasia stories collected by the American Aphasia Association (AAA) were analysed in a corpus-based study. Besides, a thematic analysis approach (Braun & Clarke, 2006) supported research on the figurative language used in these stories to describe aphasia experiences and the speech therapists' efforts to address the communication challenges aphasia poses to their job. The study reveals the misconceptions and stigma that PWLA and their caregivers have to face in social interactions, as well as the limits and potential of therapeutic pathways. The narrative prompts designed for PWLA, professionals and caregivers involved in this project may inspire NM practices in other medical areas.

**Keywords**: corpus analysis, narrative medicine, aphasia, communication disorders

# Improving maternal and infant health outcomes: Developing a patient-centered tool for medication management in lactating women

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**Background**. Breastfeeding a cornerstone of infant and maternal health, but medication use during lactation poses challenges. Safe and effective treatment requires a structured approach to medication management.

**Objective**. To develop a novel, patient-centered pharmaceutical care tool for medication consultations in lactating women.

**Methods**. Tool development involved a multi-faceted approach:

1. Comprehensive literature review encompassing clinical guidelines, research articles, and drug databases pertaining to medication use during lactation.
2. Creation of a structured questionnaire to gather essential patient information, including medical history, current medications, and breastfeeding patterns.
3. Formulation of tailored counseling points to facilitate effective communication between the pharmacist and the breastfeeding patient.
4. Integration of these components into the “MILC-APIC” tool.
5. Pilot implementation of the tool within a private pharmacy setting.

**Results**. The MILC-APIC tool comprises a five-step framework for structured consultations, prioritizing a comprehensive risk-benefit assessment considering maternal, infant, and lactation-specific factors. Key elements include assessing individual needs and lactation goals, identifying potential risks and benefits, developing a personalized medication plan, implementing recommendations, and ensuring appropriate follow-up. Pilot implementation revealed areas for refinement, including the incorporation of pharmacist-initiated follow-up to enhance consultation completion rates.

**Conclusion**. The MILC-APIC tool demonstrates potential as a valuable resource for organizing medication consultations and effectively addressing medication-related concerns in lactating women. This patient-centered approach emphasizes individual needs assessment, evidence-based information, individualized risk-benefit assessment, and open communication to optimize treatment outcomes while supporting breastfeeding. Future research will focus on validating the tool’s efficacy and exploring its broader applicability within the healthcare system.

**Keywords**: breastfeeding, patient-centered counseling, pharmaceutical care, medication use

# Availability of psychiatric genetic counseling in the context of professional ethics and patient rights

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Social awareness of the achievements of contemporary genetics is growing. This affects the use of molecular testing and patients’ expectations towards personalized medicine (Gatt-Rutter et al. 2024).

Genetic testing requires reliable interpretation due to the increasing prevalence of mental health disorders. This is a need for individuals with mental disorders, their families, as well as healthy people interested in mental health. Common fears and myths on this subject increase the need for professional genetic counseling in psychiatry. It leads to the ethical obligation of professionals and the health care system in this area (Council of Europe 1997).

Psychiatric patients and their families have the right to knowledge about the etiology of mental disorders, their pathogenesis based on genetic and environmental factors, heritability, the risk of illness and modifiable factors influencing it. Knowledge of real threats and protective resources contributes to more accurate decisions of patients and conscious compliance in treatment (Inglis et al. 2015). Skillful and reliable communication between researchers, clinicians and patients is of key importance in this field. Patients also have the right not to consent to genetic testing or family history analysis.

The right of patients with mental disorders to make informed decisions requires well understanding of psychiatric genetics. Setting up evidence-based genetic counseling in psychiatry and its inclusion in the range of health services roots from the needs of patients and leads to an ethical obligation to the society (Perry et al. 2025).

## References

Art.12 in: Council of Europe (1997). Convention for the Protection of Human Rights and Dignity of the Human Being With Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. Oviedo.

Gatt-Rutter T., Forrest L., Sexton A., Isbister J. 2024. Consumer attitudes and preferences toward psychiatric genetic counselling and educational resources: a scoping review. *Patient Educ Couns* 23:108229.

Inglis, A., Koehn, D., McGillivray, B., Stewart, S.E., Austin, J., 2015. Evaluating a unique, specialist psychiatric genetic counseling clinic: uptake and impact: Evaluating a specialist psychiatric genetic counseling clinic. *Clin. Genet.* 87, 218–224.

Perry J., Bunnik E., Rietschel M., Bentzen H.B., Ingvoldstad Malmgren C., Pawlak J., Chaumette B., Tammimies K., Bialy F., Bizzarri V., Borg I., Coviello D., Crepaz-Keay D., Ivanova E., McQuillin A., Mežinska S., Johansson Soller M., Suvisaari J., Watson M., Wirgenes K., Wynn S.L., Degenhardt F., Schicktanz S. 2025. Unresolved ethical issues of genetic counseling and testing in clinical psychiatry. *Psychiatr Genet.* 2025 Apr 1; 35(2): 26–36.

**Keywords**: genetic counseling, mental health, informed decission, doctor-patient interaction

# Transcultural issues related to baby tooth loss

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**Introduction:** Around age six, children naturally shed their deciduous teeth, replaced by permanent ones. Across cultures, this transition is marked by diverse rituals influenced by local traditions. Awareness of these customs is essential for medical professionals to foster better communication with children and their caretakers. Despite prior research, no study has comprehensively categorized these traditions by region or identified shared cultural themes.

**Objective:** This study examines and compares traditions related to primary tooth exfoliation across cultures. Primarily, the analysis categorizes these practices by continents or regional subgroups and identifies variations and resemblances across all described regions of the world.

**Materials and methods:** A qualitative and comparative approach explored cultural traditions surrounding tooth loss. Data were collected through electronic searches of academic sources, including medical, anthropological, and folklore records. The research followed a two-stage classification: first by geographical region to assess local influences, then by comparative analysis to highlight cross-cultural similarities and differences.

**Results:** Tooth loss rituals are widespread, often symbolizing wishes for healthy permanent teeth and future success, frequently expressed through poems or rhymes. These traditions fall into key thematic categories: symbolic exchange, involvement of supernatural beings, traditions involving animals or natural elements, preservation of teeth as a keepsake.

**Conclusions:** While customs surrounding the loss of baby teeth vary by region, several common themes emerge. Children typically receive gifts, money, and jewelry as part of the ritual. These practices are intended to promote the child’s future well-being, encourage the healthy development of permanent teeth, and ensure an attractive smile. Far from being merely playful, these rituals prepare children for the changes in their dental development, alleviate their anxiety about tooth loss, and compensate for any discomfort. The presence of a “good fairy” or animals in these traditions is designed to offer children reassurance and courage, ensuring they do not face this transition alone. Parents also play a key role, in expressing gratitude to supernatural beings, deities, or nature, while educating children about the significance of their new permanent teeth. Medical professionals can leverage these traditions to strengthen the doctor-patient relationship, motivate proper oral hygiene, ease the child’s anxiety about the eruption of permanent teeth and promote positive dental care experiences. Awareness of cultural differences can be particularly useful in international societies. It supports better communication, understanding the cultural impact on oral health perception, avoiding misunderstanding, and enhancing parental cooperation. Moreover, it helps immigrant children to adapt to a new environment.

**Keywords**: doctor-patient communication, positive dental care experience, child-dentist relationship, tooth exfoliation rituals

# MBTI personality types, learning styles, and instructional method preferences of nursing students

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This study explored the relationship between Nursing students' learning styles and personality types, examining their impact on perceptual learning style preferences and strategies in a communication skills training course (Li et al., 2014). The research included 58 first-year Nursing majors as the experimental group and 20 first-year English majors as the control group, comprising 62 females and 16 males. Data were gathered using a structured questionnaire involving the Myers-Briggs Type Indicators (MBTI) test and 40 items on learning styles and strategies, rated on a 1-7 Likert scale (Myers & McCaulley, 1985). Preferences for instructional delivery methods (lecture, simulation, online) were assessed using the modified Student Evaluation of Education Quality (SEEQ) instrument.

The findings revealed that the most common personality types among Nursing majors were ISFJ and ENFP, while English majors frequently exhibited INFP and ISFP types. Among Nursing majors, 37% preferred reading/writing, 33% visual, 26% auditory, and 4% kinesthetic learning styles. Instructional method preferences were 42% for lectures, 34% for simulations, and 24% for online learning. Significant correlations were found between language learning strategies and the introverted/extroverted personality type. However, MANOVA showed no significant differences in instructional method preferences based on MBTI, gender, or education.

These results suggest that instructors' awareness of personality types and learning styles can enhance the learning environment by customizing activities to accommodate diverse preferences. This understanding is essential for effective communication skills training, which can boost academic performance in nursing education (Jang & Kim, 2014; Luo et al., 2024; Settineri et al., 2018).

**Keywords**: Communication Skills Training, Instructional Method Preferences of Nursing Students, Cognitive Learning Styles, Language Learning Strategies

# Challenges in communication between professionals and adolescents with trauma-related mental disorders

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Early-life trauma is known to have a deleterious impact on brain development and mental health. The exact mechanism of how trauma leads to the development of psychiatric disorders remains unclear; however, it is considered to be mediated by an interaction of psychological and biological factors. We hypothesize, firstly, that these factors may constitute the common core present in adolescent patients with various mental disorders and, secondly, that the specific psychological profile of these patients may significantly influence communication between them and other people.

In our work, we present a review of research on the above-mentioned topics, with a particular emphasis on data on communication between adolescents with trauma-related disorders and professionals who work with them.

Children learn how to control their affective states when their caregivers are repeatedly able to both understand their states of mind correctly and respond to these states appropriately. Moreover, creating a secure attachment relationship with primary caregivers enables the proper development of a child’s mentalizing ability. Studies among adolescents indicate that psychological mediators between early-life trauma and mental disorders include emotional dysregulation, mentalization impairments, and insecure attachment styles. Consequently, young patients with complex trauma pose a particular clinical challenge caused by their frequently unclear communication style resulting from the above-mentioned characteristics. Furthermore, they may struggle with trusting mental health professionals and are commonly reluctant to talk about their traumatic experiences.

A deeper understanding of the psychological endophenotype of adolescents with trauma-related mental disorders can significantly improve the quality of communication with these patients.

**Keywords**: early-life trauma, adolescents, mentalizing, communication

# Health literacy: Popular medical knowledge vs. critical thinking on the basis of a questionnaire among students

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Low health literacy is one of the critical issues in healthcare (Kickbusch, 2001). It refers to a set of skills and abilities to function effectively in the healthcare system and to care about one's health (print literacy – reading and understanding a health-related document; numeracy – being able to apply numerical information in daily life, and oral literacy – communicating and comprehending spoken health information; Berkman et al., 2011). A few factors that cause difficulties in health communication have been identified. Firstly, limited access to reimbursed healthcare contributes to the problem. Second, the Gunning Fog Index of patient materials is often too high, making them difficult to understand. Third, the widespread availability of pseudoscientific and pseudomedical content online–through websites, social media, and video platforms – is also a significant challenge. Finally, ineffective doctor-patient communication.

In our poster presentation, we focus on health literacy and the ability to verify medical information, which can be obtained from the online environment: websites, vlogs, blogs, etc. We conducted a questionnaire study among 30 applied linguistics and English language M.A. students, who were given 30 sentences of medical and pseudomedical texts to assess their veracity. Our findings shed light on students' ability to differentiate between reliable and misleading health information, highlighting the role of linguistic competence in health literacy.

## References

Berkman, N. et al. (2011). Low Health Literacy and Health Outcomes: An Updated Systematic Review. *Annals of Internal Medicine*, 155, 97–107.

Kickbusch, I. (2001), Health literacy: addressing the health and education divide. *Health Promotion International*, 16(3), 289–297.

**Keywords**: health literacy, print literacy, popular medical information, communication

# Work-in-progress presentations

# Mental health communication with communities from Afghanistan living in Victoria, Australia: A work-in-progress report

**Alan Bechaz**
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Research shows that communication challenges impede mental health care access for multilingual communities from Afghanistan living in Australia (Copolov & Knowles, 2023; Omeri et al., 2006). Strengths–based approaches can help move inquiry beyond identifying language barriers and explore opportunities for enhancing communication with these communities.

I aim to identify strategies and resources for talking about mental health with members of communities from Afghanistan in Australia by exploring community members' and practitioners' meaning making around mental health communication.

Drawing on community–centred approaches to qualitative inquiry and a discursive constructionist orientation, I conducted a reflexive thematic analysis (Braun & Clarke, 2022) of consultation interviews with 8 community leaders/representatives to inform the study's development and semi–structured interviews with 10 mental health practitioners to explore professionals' talk about communication practices with multilingual clients. Next, I will conduct multimodal workshops with community members, using 'language portraits' (Busch, 2012) and focus group discussions to investigate participants' representations of their communicative repertoires and views on mental health communication. These data will be interpreted using a discourse analytic approach.

The consultation interviews offer initial insights into community members' meaning making around the research topic, focusing on their accounts of mental health as wellbeing, the challenges of talking about mental health in multilingual and transcultural contexts, and appropriate communication styles for talking about mental health with their communities. Preliminary analysis of practitioner interviews explores professionals' accounts of mental health talk in multilingual contexts, examining their accounts of higher–order communication strategies and their descriptions of more fine–grained discourse or rhetorical practices.

Early findings motivate ongoing inquiry and provide a basis for exploring communication strategies and resources with community members. This research adds to existing literature by exploring descriptions of specific practices for talking about mental health with linguistically marginalised communities and may provide material to support mental health services' and community organisations' work with people from Afghanistan.

## References

Braun, V. & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.

Busch, B. (2012). The linguistic repertoire revisited. *Applied Linguistics*, 33(5), 503–523. https://doi.org/10.1093/applin/ams056

Copolov, C. & Knowles, A. (2023). "Everything was stuck in my inside and I just wanted to get it out": Psychological distress, coping, and help–seeking for young adult Australian Hazaras from refugee backgrounds. *Transcultural Psychiatry*, 60(1), 114–124. https://doi.org/10.1177/13634615211059684

Omeri, A., Lennings, C. & Raymond, L. (2006). Beyond asylum: Implications for nursing and health care delivery for Afghan refugees in Australia. *Journal of Transcultural Nursing*, 17(1), 30–39. https://doi.org/https://doi.org/10.1177/1043659605281973

**Keywords**: Mental health, Discourse research, Health communication, Multilingual communities

# Climate change messaging: The impact on mental health among college students

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**Background**. Global climate change is an increasing concern with known negative health impacts. Moreover, media and communication strategies around public health issues play a huge role in the mental health of social media consumers, primarily young adults. With increased media coverage and social media posts focused on the negative effects of climate change, studies are needed to examine psychological responses and mental health problems borne from the communication tactics of climate change messaging.

**Aims**. The present study investigated positive and negative mental health and perceptions of climate change among college students. Since this is a global concern, with India and the United States accounting for most of the world's emissions, the mental health impacts and communication strategies used were assessed for both countries.

**Methods**. Structured interviews were conducted among college students in two universities, one in the United States and one in India, to examine study aims.

**Future Directions**. Mental health professionals, public health experts, and policymakers may use study findings to enhance awareness of how climate change communication can impact the mental health of college students. Findings can be incorporated in prevention and intervention programs, establishing public policies, and promoting appropriate use of climate change communication and messaging.

**Keywords**: tailored health messages, climate change messaging, mental health, media and health communication

# Challenges, cues and concerns in provider-patient interactions in Greece

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Providers' responses to patients' emotional cues and concerns are often studied in relation to patient-centeredness and healthcare quality (Finset 2012, Del Piccolo 2017). This study develops existing research by examining how communication challenges in the Greek healthcare context can influence:

6. the production of cues and concerns,
7. providers' responses, and
8. the use of discursive empathy.

Twenty–four consultations were analyzed using a discourse–analytic approach. Communication challenges were identified, and their impact on cues/concerns, responses, and discursive empathy was examined through sequence analysis. Cues/concerns and responses were coded using the Verona Coding Definitions of Emotional Sequences (VR–CoDES).

Cues and concerns following a communication challenge (e.g. "Mistrust to health–providers") are closely linked, with providers' responses addressing both the cue/concern and the challenge. When challenges intersect with cues/concerns, providers prioritize resolving the challenge, using discursive empathy as a strategy. Interestingly, ignored cues/concerns are not repeated if the challenge is effectively addressed.

This study highlights the significance of communication challenges in shaping patients' emotional cues and providers' responses. Addressing these challenges can improve the emotional climate of the interaction. These results contribute to research in the Greek healthcare context and offer insights into provider–patient empathic communication.

## References

Del Piccolo L. (2017) VR–CoDES and patient–centeredness. The intersection points betweena measure and a concept. *Patient Education and Counseling* 100(11): 2135–2137. DOI: 10.1016/j.pec.2017.05.007.

Finset, A. (2012). “I am worried, Doctor!” Emotions in the doctor–patient relationship. *Patient Education and Counseling* 88 (2012) 359–363. DOI: 10.1016/j.pec.2012.06.022.

**Keywords**: provider–patient interaction, communication challenges, cues / concerns, sequence analysis

# Evidence-based communication: Exploring the role of IMRAD reading in nursing students' oral presentations

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**Background**. Nursing education in Europe is becoming more and more internationalised and offering curricula specifically oriented to research (e.g. Bosher 2013; Garone & Van de Craen 2017). This has strengthened the role of English as the lingua franca of professional and academic communication and calls for innovations in language and communication skills training and pedagogy. An area that is understudied is the intersection between analytical reading skills, particularly within the IMRAD (Introduction, Methods, Results, and Discussion) structure, and oral presentation skills. Although relevant research offers insights into how reading patterns of structured scientific papers can inform the development of writing skills (e.g. Shiely at al. 2024), none of it links analytical reading to oral presentation skills.

**Aim**. The aim of this study is to examine the connection between analytical reading skills of IMRAD–structured texts and oral presentation skills in nursing students. The hypothesis tested is whether critical thinking, content comprehension and synthesis, and structured organization can contribute positively to oral presentations of one's original research.

**Methodology**. Participants in the study involve third–year undergraduate nursing students presenting their own research projects after completing academic reading tasks. A mixed–method approach is used combining linguistic analysis of oral presentations transcripts and slides with pre– and post–presentation surveys assessing students' perceptions of how reading influenced speaking.

**Results and conclusions**. Results are expected to shed light on students' reading–to–speaking competencies (positive correlation between reading skills and speech clarity, coherence, and argument structure) and inform curriculum design, integrating IMRAD–based reading strategies into oral presentation training.

**Keywords**: communication skills training, nursing, IMRAD, oral presentations

# Sociolinguistic perspectives on international healthcare professionals in the Danish welfare state

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In Denmark, there has been an increasing focus on international recruitment of healthcare professionals over recent years. This entails that the national public healthcare sector needs to get attuned to an international workforce. Language is one of the focal points for all involved parties – international healthcare professionals, hospitals and administrative regions – as healthcare professionals must be able to speak and write in Danish.

In this presentation, I will mainly draw on Spolsky's (2006; 2019) three components of language policy: Management – i.e., national and regional requirements; Ideologies – i.e., understandings of language in relation to healthcare; and Practices – i.e., the teaching of healthcare language. Data consist in regulatory documents, formal interviews and informal talks with healthcare sector agents and language teachers, fieldnotes from professional tests, recordings of language instruction and doctor–patient meetings, as well as from Parliamentary debates, plus language textbooks oriented to the healthcare sector.

The analyses reveal discrepancies between: various ideologies concerning healthcare communication, the understanding of the role of language in the medical encounter, and the significance of language as an area of practice and use in relation to medicine.

## References

Spolsky, B. 2006. Language policy failures – Why won't they listen? In M. Pütz, J. A. Fishman, & J. N.–V. Aertselaer (Eds.), *'Along the Routes to Power': Explorations of empowerment through language* (pp. 87–106). Berlin: Mouton de Gruyter.

Spolsky, B. 2019. A modified and enriched theory of language policy (and management). *Language policy* 18: 323–338.

**Keywords**: Sociolinguistic, welfare state, language policy, language teaching

# Medical animations in patient education: Insights from studies on assessing quality, information load, and clarity of video materials

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Video content has become increasingly prevalent in education, including patient education, where medical animations–short instructional videos which use 3D computer graphics to educate viewers–serve as powerful tools to personalize care and present complex medical concepts, either physiological or surgical, in an engaging and accessible way, by balancing informative content with clarity. Animations have also proven highly effective in enhancing the recall of medical information among individuals with low health literacy (Meppelink et al. 2015).

Successful animations require technical skills, high quality images and emotional storytelling. However, their reliance on specialized terminology in the "narrative" raises questions about how lexically demanding and accessible these animations really are. From this perspective, what principles guide the design of medical animations from story descriptions to ensure they are comprehensible and accessible to patients? Moreover, could the field of translation–particularly audiovisual translation, with its insights into multimodality (Kress & van Leeuwen 2001: 20) and content accessibility strategies, offer valuable perspectives for evaluating the communication efficiency and comprehensibility of medical animations? To answer these questions, this study delves into scientific and industry literature to uncover the criteria and best practices for designing accessible medical animations, while also drawing inspiration from studies in audiovisual translation.

## References

Kress, G. & van Leeuwen, T. (2001). Multimodal discourse. The modes and media of contemporary communication. New York: Oxford UP.

Meppelink, Corine S., et al. (2015). "The Effectiveness of Health Animations in Audiences with Different Health Literacy Levels: An Experimental Study." *Journal of Medical Internet Research*, 17(1), pp.1–13.

**Keywords**: patient education, medical animation, content quality assessment, accessibility

# Menopause diaries: Exploring the complexities of lived experiences through discourse analysis

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Public discourse is buzzing with talk of the menopause – celebrity campaigns, media coverage and workplace policies all give the impression of heightened menopause awareness. However, research shows that this is not necessarily reflected in individual lived experiences, which can be characterised by marginalisation and isolation (Bacalja Perianes & Arveda Kissling, 2020; Beck et al., 2020). Moreover, those going through menopause may grapple with contradicting experiences such as loss of value and invisibility, but also liberation and positive transformation (de Salis et al., 2018; Rubinstein, 2013). This PhD project aims to unpack these complexities by investigating how the language used by participants points to their understandings of their lived menopause experiences. To do so, it was important to address a lack of diversity in existing research and listen to underrepresented voices, so I worked with community group gatekeepers to reach participants from different ethnic backgrounds. For data collection, participants recorded audio diaries to chronicle their day–to–day lives with menopause and capture a range of experiences in their own words: physical and mental symptoms, interactions with family and friends, doctor’s appointments as well as thoughts and emotions. For two months, participants recorded a short entry a few times a week whenever an experience occurred, so the diaries could reflect the complex, contradictory nature of lived experiences (Williamson et al., 2015). For data analysis, I will take a discourse analytic approach, including corpus–assisted discourse studies and social cognitive linguistics, to examine how participants use language to make sense of their lived menopause experiences.

**Keywords**: menopause, lived experience, digital diaries, discourse analysis

# Language and communication challenges in the care process for patients suffering chronic diseases

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Due to progressing demographic transition affecting the population structure and changing socio–economic context, developed countries face the growing burden of chronic illnesses, including age–specific conditions (dementia, multi–morbidity) and mental illnesses, which, in turn, bring growing challenges for the health sector in terms of providing effective care adjusted to the specific individual needs. Only in Poland over 2 million people require long–term care, which equals to around 5% of the total country population. We decided to run Erasmus+ funded Knowledg3xchange project aiming to facilitate collaboration and transfer of practical experiential knowledge into training and science, as well as translate scientific findings into guidelines for recommended action to be used to transfer of knowledge between care sector, science and practice in the long term. The presented abstract summarizes results of the first Poland–specific findings related to language and communication in process of providing care for patients.

Our first findings suggest presence of critical challenges for care–givers, connected with communication gap and barriers appearing on the side of both patient and healthcare personnel. These include lack of uniform language code, cognitive limitations, cultural, psychological and infrastructure–related barriers. Concluding remarks include recommended improvements, such as support for multi–sided communication involving staff members of different specialty and horizontal inter–patient communication to facilitate delivery of encouraging testimonies. Improvements in terms of infrastructure ensuring comfortable conversation environment and easy–to–follow pictorial markings in the facilities, as well as continuous staff training including cultural, societal and emotional competence appears also to be of substantial importance.

**Keywords**: long–term care, communication, language, chronic diseases

# How did I become vaccine sceptic?
# Findings from a Q methodology study's qualitative interviews

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WHO has declared that vaccine hesitancy, sometimes also referred to as vaccine scepticism (Kate, de Koster & van der Waal 2021), is a complex phenomenon (WHO SAGE report 2014) that has become an increasingly important barrier to optimal vaccine coverage rates.

Vaccine hesitancy should not be considered a static state (Browne 2018), but instead, vaccine decision–making should be seen as a journey with different influences and nudges along the path that sometimes prompt hesitancy and sometimes nudge a positive intention to vaccinate. Thus it is crucial to study the subjective viewpoints and reasoning of vaccine hesitant individuals to understand what has triggered their vaccine hesitant views.

In order to explore the dynamics of such determination an Q methodology study combined with individual interviews was carried out with Estonians (N=29) holding a range of vaccine hesitant views.

Findings of the qualitative interviews showcase three dominant pathways which have triggered individuals adoption of vaccine hesitant views: 1) becoming a parent; 2) poor experiences with the mainstream medical system; 3) the COVID–19 pandemic and resulting national crises management. In all of those cases, the individuals felt an increasing demand for information related to vaccines which however was lacking. Thus, the findings indicate that individuals information consumption habits as well as the national health communication, played an important role in triggering their views towards vaccine hesitancy.

My empirical findings showcase that there is an opportunity to support the decision–making process of vaccine hesitant individuals through establishing respectful, label–free communication where different information needs and perspectives of vaccine hesitant groups are considered. I will end my presentation with some practical recommendations for health communication practitioners aimed at vaccine hesitant groups.

## References

Browne M. (2018) Epistemic divides and ontological confusions: The psychology of vaccine scepticism. *Human Vaccines & Immunotherapeutics* 14:(10): 2540–2542. https://doi.org/10.1080/21645515.2018.1480244

Kate J.T., de Koster W., Van der Waal J. (2021) Following Your Gut or Questioning the Scientific Evidence: Understanding Vaccine Skepticism among More–Educated Dutch Parents. *Journal of Health and Social Behavior* 62(1): 85–99. https://doi.org/10.1177/0022146520986118

WHO (2014) Report of the SAGE working group on vaccine hesitancy. https://www.asset–scienceinsociety.eu/sites/default/files/sage_working_group_revised_report_vaccine_hesitancy.pdf . Accessed 2 Dec 2023

**Keywords**: vaccine hesitancy, vulnerable target groups, media consumption, national health communication

# Beyond rapport-building: Small talk for routinising gendered and sexed talk in LGBT-affirmative counselling

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**Background**. Building and maintaining therapeutic alliance is a key counselling goal, particularly in LGBT–affirmative counselling within high–stigma societies, where it also involves managing normatively gendered and sexed assumptions while affirming clients' diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC) (APA, 2021).

**Research gap**. While small talk – pro–social, off–task talk – has been studied for its rapport–building effect and institutional functions within healthcare interactions (Maynard & Hudak, 2008), its effect on talk in which normative assumptions about SOGIESC are drawn on, remains understudied.

**Objective**. This case study, part of a larger doctoral project, explored how an LGBT–affirmative counsellor in Malaysia uses small talk to achieve these dual interactional tasks of managing alliance and SOGIESC assumptions.

**Method and data**. We employed Kitzinger's (2008) queer–feminist conversation analysis (CA) to systematically investigate multiple, naturally occurring, audio–recorded, single–dyad counselling sessions conducted between an LGBT–affirmative counsellor and a gay client in English in Malaysia.

**Findings**. We show that small talk (1) does not just invite affiliative and therapeutic agenda–aligning responses (Horvath & Muntigl, 2018) and provides opportunities for therapeutic change of referent (Peräkylä, 2019), but also (2) neutralises gendered or sexed talk by treating it as taken–for–granted, achieving a routinising effect. Additionally, small talk is (3) not only topicalised but also meta–discursively oriented to as institutional work during the rapport–building stage.

**Implications**. These findings highlight the function of small talk as an interactional resource for counsellors to both affirm clients' diverse SOGIESC and maintain therapeutic alliance, extend the social effect and design of small talk in counselling, and emphasise the value of fine–grained CA for producing mechanistic findings to advance LGBT–affirmative therapy research and practice (Burger & Pachankis, 2024).

## References

APA. (2021). Guidelines for Psychological Practice with Sexual Minority Persons. APA.

Maynard, D.W. & Hudak, P.L. (2008). Small talk, high stakes: Interactional disattentiveness in the context of prosocial doctor–patient interaction. *Language in Society*, 37(5), 661–688.

Kitzinger, C. (2008). Developing feminist conversation analysis: A response to Wowk. *Human Studies*, 31, 179–208.

Horvath, A.O. & Muntigl, P. (2018). The alliance as a discursive achievement: A conversation analytical perspective. In O. Smoliak & T. Strong (Eds.) *Therapy as discourse: practice and research* (pp. 71–93).

Peräkylä, A. (2019). Conversation analysis and psychotherapy: Identifying transformative sequences. *Research on Language and Social Interaction*, 52(3), 257–280.

Burger, J. & Pachankis, J.E. (2024). State of the science: LGBTQ–affirmative psychotherapy. *Behavior Therapy*, 55(6), 1218–1334.

**Keywords**: counselling, therapeutic alliance, conversation analysis, gender and sexuality

# Joint attention and mutual gaze in team interactions in simulated emergency scenarios: A multimodal discourse analysis with dual eye-tracking data

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Collective competence of a healthcare team is key to enhancing patient safety in the delivery of quality healthcare, but assessment measures for team performance are underdeveloped. Mapping key behaviours, such as joint attention, contributes to our ability to evaluate team performance to inform training. This presentation reports preliminary findings from a multimodal discourse analysis of nurse–clinician interactions, comparing experienced and less experienced staff in a small–scale simulated emergency, by capturing their gaze behaviours, i.e. joint attention and mutual gaze. Two simulation sessions were filmed, one of which involved an experienced nurse and clinician (ExP), the other a less experienced pair (LExP) for comparison. The scenario was a presentation of urinary infection with two simulated participants: a male patient aged 70 and his wife. The gaze data extracted from eye–tracking glasses worn by the nurses and the clinicians were imported into the multimodal annotation tool, ELAN. Their utterances and gaze behaviours in the first three minutes of each session were manually annotated. A significant difference was that the ExP distributed their gaze predominantly to both the patient and the medical equipment, while the LExP jointly paid attention mainly to the patient. More eye contact was observed between the ExP, with the experienced nurse's anticipated gaze seeming to open an interactional channel for the clinician's requesting (joint) actions. The refining of existing AI applications for automatic gaze annotation (cf. Coffey et al., 2023) would facilitate further investigation and assessment of healthcare team performance.

**Keywords**: emergency team interaction, joint attention, multimodal discourse analysis, eye–tracking

# Enhancing mental health communication: Multilingual and accessible solutions through the TRIMENS project

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The TRIMENS project is an innovative interdisciplinary initiative that integrates expertise from Psychology, Journalism, and Translation to tackle a critical global challenge: improving the communication of mental health information. With a focus on reducing stigma and promoting accessibility, TRIMENS contributes to advancing research at the nexus of communication and translation in specialized and public domains.

The project adopts a groundbreaking approach by creating and adapting textual corpora in Spanish, English, and German across diverse formats, including scientific articles, patient brochures, and easy-to-read materials. This work addresses linguistic, cognitive, and cultural barriers, directly benefiting patients with cognitive difficulties, non-native speakers, and their support networks. Multilingual glossaries and terminological tools, hosted on an accessible digital platform, further enhance access to accurate and simplified information for both healthcare professionals and patients. Additionally, an analysis of mental health media discourse offers critical insights to improve the quality of public communication.

TRIMENS is grounded in a theoretical framework informed by translation studies focused on medical discourse, emphasizing its essential role in disseminating scientific knowledge. Methodologically, the project employs textual analysis, corpus linguistics, and accessibility research, providing a robust interdisciplinary perspective.

The presentation will highlight the project’s originality and relevance by situating TRIMENS within broader mental health communication challenges, detailing its methods, and showcasing its outcomes. Key results include enhanced doctor-patient communication, potential reductions in healthcare costs and improvement in diagnostic and treatment outcomes, particularly for vulnerable groups such as Andalusia’s immigrant population.

**Keywords**: mental health communication, accessibility, medical discourse, health literacy

# Managing responsibility for language assessment of nurses educated outside the EU/EEA in Danish hospitals
# – recruiter and applicant perspectives

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In recent years, international recruitment has grown in the Danish health sector. For nurses educated outside the EU/EEA, language competences are presented by recruiters and policy makers as a central requirement – and obstacle – for registration. There is a lack of research critically engaging with the role of language in this registration process, and this session seeks to investigate how head nurses and other hospital recruiters experience, manage and describe language assessment as a new area of responsibility in their professional practice, and how this is experienced by nurse applicants. Focusing on language ideologies (Gal & Irvine, 2019) and the management of responsibilities (Solin & Östman, 2012), I analyse interviews with hospital recruiters, head nurses and with nurses seeking registration in Denmark, as well as policy documents. The national guidelines are vague, which results in a lack of transparency and insecurities for employers and applicants, highlighting the at times ambiguous role of language in professional assessment (Roberts, 2021). The research has practical and theoretical implications, concerning how language policies are negotiated and interpreted by local actors, and how language interplays with other selection criteria.

**References**

Gal, S. & Irvine, J.T. (2019). *Signs of Difference*. Cambridge University Press.

Roberts, C. (2021). *Linguistic penalties and the job interview*. Equinox Publishing Ltd.

Solin, A. & Östman, J.-O. (2012). Introduction. *Journal of Applied Linguistics and Professional Practice*, 9(3), 287–294.

**Keywords**: intercultural communication in health, responsibility in professional practice, language, health and globalisation, language ideology

# Co-constructing preoperative conversations: Exploring discursive practices in surgeon-patient interactions through interactional sociolinguistics

**Honglin Xiang**
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Previous studies have highlighted the importance of preoperative conversations for providing patients with practical knowledge about surgical procedures, while also serving social and relational functions and offering support, particularly for those experiencing preoperative anxiety (Benwell & McCreaddie, 2016; Yefimova & Aslakson, 2020). However, few studies have examined the discursive practices of healthcare professionals and patients during preoperative conversations.

My doctoral project explores interprofessional and doctor–patient communication during daily inpatient care in a urology surgical department at a public hospital in China. Employing Interactional Sociolinguistics, I analyse discursive processes of naturally occurring interactions across different healthcare settings, including handover meetings, ward rounds, and preoperative conversations.

In this work–in–progress paper, I draw on data collected from surgeon–patient preoperative conversations to examine how interlocutors discursively co–construct their transactional and interpersonal goals. 20 inpatients and a medical team of four urology surgeons were recruited, with data collected through observation, audio recordings of preoperative conversations, and interviews. The intended outcome includes a discussion of the discursive strategies surgeons use to distribute expertise, communicate risk and uncertainty, and engage in social talk. It also highlights how these interactional dynamics may encourage or discourage patient engagement.

## References

Benwell, B. & McCreaddie, M. (2016). Keeping “Small Talk” Small in Health–Care Encounters: Negotiating the Boundaries Between On– and Off–Task Talk. *Research on Language and Social Interaction*, 49(3), 258–271.

Yefimova, M. & Aslakson, R.A. (2020). Preoperative Conversations About Postoperative Risks, Outcomes, and Quality of Life–Time to Start Thinking Outside the Box. *JAMA Network Open*, 3(11).

**Keywords**: Interactional Sociolinguistics, surgeon–patient interactions, preoperative conversations, communicating risk and uncertainty

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