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## BLENDING ANALYSIS OF COMMUNICATIVE ROLES IN INSTITUTIONAL SETTINGS IN SITUATIONS OF INTERACTIONAL TROUBLE

**Summary.** This article proposes a blended analytical approach to the study of communicative roles in institutional interaction, with a particular focus on situations of interactional breakdown. Drawing on Conversation Analysis, Membership Categorization Analysis, Interactional Sociolinguistics, and positioning theory, the study conceptualizes communicative roles as multi-layered, interactionally accomplished phenomena that are simultaneously shaped by sequential organization, categorical expectations, inferential processes, and broader institutional storylines.

The empirical analysis is based on a constructed interactional vignette modelled on recurrent practices in medical consultations, including diagnostic questioning, epistemic asymmetry, and resistance to institutional agendas. While the vignette is not naturally occurring data, it serves as a methodological device that allows for isolating and explicating interactional mechanisms that are often difficult to disentangle in authentic interaction.

The analysis has demonstrated that interactional breakdown may from sustained misalignment of communicative roles. Sequential analysis reveals systematic violations of conditional relevance, resulting from the patient's resistance to the categorically bound role of "patient" and the physician's continued orientation to his institutional role, which includes such a categorical attribute as adherence to the institutional diagnostic protocol. Membership Categorization Analysis shows how competing self- and other-categorizations ("patient" vs. "healthy person") generate incompatible role expectations, while Interactional Sociolinguistics highlights the function of contextualization cues in activating divergent interpretive frames and inferential expectations, which leads to incongruence between the proposed and demonstrated communicative roles of participants.

Positioning theory further elucidates how participants' actions are embedded in conflicting storylines that constrain their interactional choices. Each participant orients to a role-based scenario that is not shared by the other, leading to role destabilization, compensatory role shifts, and ultimately interactional breakdown.

The methodological contribution of this article is that it allows us to demonstrate how macro-level constructs such as

institutional roles and positional storylines can be informed by micro-analytic data without compromising the principles of conversation analysis. The proposed blended framework offers a systematic tool for analyzing communicative roles across institutional contexts and provides insights relevant to both discourse theory and applied communication research. Future research may extend this framework to naturally occurring data across different institutional settings to test the proposed model and evaluate its explanatory potential in a wider range of interactional contexts.

**Key words:** communicative roles, interactional breakdown, conversation analysis, membership categorization, positioning theory, institutional discourse.

**Problem statement.** The study of communicative roles – as a complex linguo-communicative phenomenon combining structural-semantic, communicative-pragmatic, and mental characteristics [1, p. 343] – remains a consistently relevant issue at the intersection of various approaches and research traditions in the study of conversational discourse. This relevance stems from the constitutive, structural, and content-related functions of roles in organizing and developing talk, as well as in the co-construction of shared meaning by interactional participants. Since a communicative role is both shaped by the unfolding interaction and, at the same time, realized within a particular role-associated script, a blended approach that integrates methods of discursive micro- and macro-analysis appears to be the most productive framework for the analysis of conversational roles.

Despite Schegloff's claim, one of the founders of Conversation Analysis, regarding the problematic nature of combining local conversational and interactional analysis as genres of microanalysis with "so-called macro-elements" [2, p. 207], recent years have seen a growing tendency toward more comprehensive approaches. These approaches combine research tools and concepts from Conversation Analysis and Membership Categorization Analysis; employ analytic findings obtained through Conversation Analysis for the study of identities from the perspective of positioning theory; and integrate methods of membership categorization, Conversation Anal-

ysis, and interactional sociolinguistics. This trend demonstrates the incorporation of macro-analytic elements into the microanalysis of conversational interaction [3; 4; 5].

In the present article, this approach is applied to the analysis of communicative roles in discourse, revealing features characteristic of both ordinary conversation and institutional communication. The selection and shifting of roles are examined from the perspective of the sequential organization of talk as well as their categorical compatibility within the framework of Membership Categorization Devices (MCD), drawing on processes of indexicality, inference, framing, and the positioning of interactional subjects.

**Theoretical background.** Within the framework of Membership Categorization analysis, role selection in interaction is determined by the structural organization of categories as associatively linked actions and predicates that project and constrain participants' communicative behavior [6]. Categories contain "a great deal of knowledge that members of a society have about the society" [7, p. 40–41] and are organized into sets of related collections – for example, man/woman, American/Canadian/Danish/French, etc. [7; 2].

This understanding of categories as organized knowledge structures provides a basis for explaining how role expectations are made interactionally relevant. In particular, it allows us to account for the ways in which categorical collections are combined with alternative relevance sets governing role behavior, interpretation, and participation in interaction [6; 8].

While MCD foregrounds the categorical organization of social knowledge, Conversation Analysis emphasizes the situational deployment of such categories in real-time interaction. From a Conversation Analysis perspective, the use of socially constructed categories is inherently situational, since it is the context, understood as both the "project and product" of interaction, that determines which aspects of categories are selected as resources for the mutual allocation of communicative roles among interactants [9]. Accordingly, roles are not treated as pre-given but as emergent accomplishments shaped by the unfolding sequential environment.

At the same time, the interactional relevance of roles cannot be reduced to local turn-by-turn organization alone. Categorization work, which discursively constructs multiple identities projected onto participants' communicative roles, shapes role uptake and role shifts not only within local, situational exchanges, where categories and roles are contextually re-specified [10], but also in relation to macro-social structures that have been constituted by prior discourses and acquire relevance in interaction [4].

This points to the need for analytical perspectives capable of linking micro-interactional processes with broader social and institutional frameworks. Such a link is partially provided by Interactional Sociolinguistics. In interaction, membership categories and the communicative roles associated with them are indexically cued through contextualization cues – a key concept in Interactional Sociolinguistics – which "create and sustain conversational involvement" [11]. Taken together, these cues activate interpretive frames and participants' inferential expectations regarding situationally relevant communicative roles, thereby mediating between local interactional moves and shared socio-cultural knowledge.

Despite these conceptual convergences, existing research has largely addressed these approaches in parallel rather than in an integrated manner. Although the interface between Conversation Anal-

ysis and Interactional Sociolinguistics has been examined in a number of studies [5; 12; 13], communicative roles, to the best of our knowledge, have not been systematically analyzed from the perspective of integrating these approaches. Similarly, there are no dedicated studies adopting a blended methodology that combines analytical tools from Conversation Analysis / Membership Categorization Analysis and positioning theory for the analysis of communicative roles. A partial exception is the work by Dennis Day and Susanne Kjærbeck [14]; however, in their study, Conversation Analysis is used to identify identity positioning rather than communicative roles. In Natalia Kravchenko's works [15; 16], the possibility of an integrative methodology for the analysis of discursive roles is theoretically substantiated, though primarily at a conceptual level.

Against this backdrop, the present study addresses a clear methodological gap. Specifically, it seeks to develop an analytical framework based on step-by-step analysis of conversational fragments that integrates tools from Conversation Analysis, Membership Categorization Analysis, Interactional Sociolinguistics, and positioning theory. Such an integrative perspective makes it possible to conceptualize communicative roles not only as locally unfolding within sequential turn organization, but also as embedded in broader institutional, sociocultural, and discursive structures.

**The aim** of the present study is to propose a blended approach to the analysis of communicative roles as a complex, multi-layered phenomenon and to demonstrate that role misalignment and mutual role deviation may lead to interactional trouble.

**Results.** The dialogue analyzed in this article is a constructed interactional vignette developed for methodological demonstration. The vignette is modelled on interactional practices extensively documented in conversation-analytic and interactional sociolinguistic research on medical consultations [17; 18; 19], including diagnostic questioning, epistemic asymmetries, and patient resistance to institutional agendas. Its purpose is to render analytically visible the interactional consequences of role misalignment and category resistance that may be difficult to isolate in naturally occurring data.

Interactional vignette:

Doctor: The operator informed me that you need an urgent consultation. Please tell me what is bothering you.

Patient: This morning, I was making breakfast and suddenly felt dizzy and short of breath. I was home alone and got very scared. Then I lay down and everything passed. But I was frightened and decided to call urgently. I really want you to help me.

Doctor: Was the shortness of breath inspiratory or expiratory? Difficulty breathing in or out?

Patient: I couldn't get enough air when breathing in.

Doctor: Do you have heart problems, asthma, panic attacks? Vegetative-vascular dystonia? Sleep problems?

Patient: Of course not. I'm generally a healthy person. I hate going to doctors.

Doctor: Perhaps you've been nervous lately. Any stress at work?

Patient: Everything seemed normal. If there had been an obvious reason, I wouldn't have called.

Doctor: Are you taking any medications regularly?

Patient: No, as I've already told you, I'm a healthy person.

Doctor: Have you had a cold or a cough?

Patient: Doctor, I would have said so immediately. Everything was fine before this happened. Maybe I should call another doctor?

Doctor: Okay. Sorry. I have other patients waiting. I can't devote more attention to you. Please contact the administrator to schedule an appointment.

*Analysis of communicative roles from the perspective of sequential organization and Membership Categorization*

This subsection of the study demonstrates how concepts from Conversation Analysis and Membership Categorization analysis are employed as sensitizing analytical tools to examine how interactional and categorical expectations, as well as role-related projections, are constructed, negotiated, and resisted in institutional talk.

From a sequential-analytic perspective, the interaction is initially organized as an institutional medical dialogue, in which the physician's first turn projects a specific type of next action, namely, an extended description of symptoms that is relevant for subsequent diagnostic work. The patient's response takes the form of a self-narrative comprising structural elements of exposition (temporal and situational parameters: *this morning, at home*), complication (*suddenly, got very scared, was frightened*), and temporary resolution (*everything passed*). In doing so, the patient offers an interpretive frame in which a version of the self as a vulnerable subject in need of immediate assistance is made salient: I really want you to help me.

From the perspective of Membership Categorization analysis, the physician consistently activates the category "patient" as the basis for his verbal actions, mobilizing category-bound predicates such as diagnosis, anamnesis-taking, symptom clarification, and referral for examination. The use of specialized medical terminology (*inspiratory/expiratory, vegetative-vascular dystonia, a treatment plan*), unmitigated questions, and imperative constructions index his institutional role and professional entitlement to communicative initiative. At the level of operational roles, the physician initially enacts the role of an "expert diagnostician" oriented toward protocol and institutional requirements.

At the subsequent stage of interaction, however, systematic violations of conditional relevance emerge, and the interaction becomes organized around competing categorical attributions and the roles associated with them. The physician's diagnostically oriented questions (e.g. specification of the type of dyspnea, presence of concomitant diseases and conditions) project type-conforming responses that would enable the progression of the diagnostic sequence. Instead, the patient recurrently produces turns that do not confirm but rather cancel the relevance of the diagnostic frame itself (*I'm generally a healthy person; I hate going to doctors; I'm a healthy person; was fine*). In doing so, she systematically rejects the categorically bound role of patient offered to her, proposing instead an alternative self-categorization and communicative role of a "healthy person."

Explicit negations and refusals of category-bound actions (reluctance to undergo examination, denial of the need for diagnosis) suspend the relevance of the actions that the physician treats as warranted within his institutional role. As resistance on the part of the patient escalates, this role becomes destabilized, prompting the activation of a compensatory role of a "highly demanded specialist," indexed through an appeal to time constraints: *I have other patients waiting*. This role shift functions as a resource for restoring institutional control over the interaction.

The patient, in turn, dynamically redistributes herself across operational roles: from a "vulnerable subject in need of help" (*I*

*really want you to help me*) at the beginning of the interaction, to a "resistant" and "uncompromising" interactant, and subsequently to a subject employing a quasi-threat (*Maybe I should call another doctor*) as a means of exerting pressure. These shifts are indexed by changes in turn format: from complaint-oriented, empathy-seeking talk to direct demands and ultimatum-like formulations.

As a result of role incongruence, the interaction is characterized by the proliferation of side sequences, repeated returns to the same issues, and the absence of diagnostic closure. Rather than progressing according to the prototypical model of a medical consultation, the dialogue develops a fragmented structure with multiple branching trajectories, which indicates systematic interactional trouble. Thus, categorization work involved in the mutual allocation and offering of roles becomes a site of conflict: the physician's actions are rendered conversationally irrelevant for the patient, while the patient's actions are treated as unacceptable within the physician's institutional logic.

*Contextualization cues, interpretive frames, positioning and role misalignment.*

Interactional Sociolinguistics helps explain how this categorical misalignment is sustained and intensified. The physician's use of technical vocabulary, rapid topic shifts, and checklist questioning operates as contextualization cues indexing an institutional medical frame. Conversely, the patient's emotive language (*I was very scared, I really want you to help me*), evaluative stances, and insistence on immediacy cue a care-seeking, reassurance-oriented frame.

These competing cues activate divergent interpretive frames and inferential expectations: the physician infers a need to manage institutional workload and procedural correctness, while the patient infers an obligation of immediate personalized assistance. The lack of frame alignment prevents successful accommodation on either side.

The occurrence of interactional trouble as a result of participants' resistance to the roles offered to one another is further corroborated by an analysis grounded in positioning theory. According to this approach, participants' roles in dialogue are derived from broader storylines that reveal the intertextual nature of interactants' speech acts [20]. Interpreting the dialogue from this perspective allows the identification of the following storylines:

*The physician's storyline as perceived by the physician:* a narrative of a professional diagnostician who follows institutional protocol in order to arrive at a diagnosis.

*The patient's storyline as perceived by the patient:* a narrative of a generally healthy person who has experienced an unpleasant but manageable health-related incident that can be easily resolved through medical advice.

*The physician's storyline as perceived by the patient:* a professional who lacks empathy and is unwilling to provide immediate assistance without delving into what the patient perceives as unnecessary details of her health.

*The patient's storyline as perceived by the physician:* a person who is merely "wasting time" and distracting the physician from more pressing matters.

These storylines are inherently conflicting, as each interactional subject "inhabits" a role-based scenario that is not shared by the other. In practice, the physician does seek to provide help, but within the constraints of institutional and professional obligations, while the patient genuinely wants to receive help; however, both

participants remain constrained by the power of the storylines and the positions associated with them.

Thus, from a positioning-theoretical perspective, both participants actively position themselves and each other in incompatible ways. The physician positions the patient as a case requiring formal examination within institutional constraints, while the patient positions the physician as an immediate helper responsible for alleviating anxiety and providing direct advice. Attempts to re-position the patient are rejected, while the patient's attempt to reposition the physician as a non-institutional advisor is equally unsuccessful.

This mutual role deviation culminates in interactional breakdown: the physician withdraws (*I can't devote more attention to you*), explicitly invoking institutional scarcity, while the patient formulates disappointment and unmet expectations (*Maybe I should call another doctor?*). The dialogue ends without resolution, exemplifying interactional trouble resulting from sustained role misalignment rather than from misunderstanding at the propositional level.

#### Discussion, conclusions and further research prospects.

This study has proposed and demonstrated a blended analytical framework for examining communicative roles in institutional interaction, integrating tools and concepts from Conversation Analysis, Membership Categorization Analysis, Interactional Sociolinguistics, and positioning theory. By combining sequential analysis with the examination of categorization practices, contextualization cues, and positioning dynamics, the study has shown that communicative roles are best understood as multi-layered, interactionally accomplished, and institutionally embedded phenomena, rather than as fixed or pre-given participant attributes.

The analysis has demonstrated that communicative roles are jointly constructed through the interplay of sequential organization and category work. While institutional interactions project relatively stable role expectations, these expectations remain contingent on participants' ongoing alignment with the categories and role-related predicates made relevant in interaction. When such alignment fails, due to resistance to categorically bound actions or competing self-categorizations, roles become unstable, leading to violations of conditional relevance and the disruption of projected interactional trajectories.

The findings further show that interactional trouble may emerge from sustained role misalignment grounded in incompatible storylines and positioning practices. Participants orient to divergent interpretive frames and inferential expectations, indexed through contextualization cues, which activate conflicting understandings of institutional obligations, epistemic rights, and entitlements to action. As a result, actions that are interactionally legitimate from one participant's perspective are rendered conversationally irrelevant or unacceptable from the perspective of the other.

The study demonstrates that role negotiation and breakdown are shaped by both local turn-by-turn organization and broader institutional, sociocultural, and discursive structures that participants invoke through categorization and positioning. The integration of positioning theory allows for capturing how participants' role expectations are embedded in competing storylines that exert a constraining force on interaction, even when participants share an overarching goal, such as providing or receiving help.

Methodologically, the article contributes to ongoing debates about the compatibility of micro- and macro-analytic approaches in discourse studies. The proposed blended framework shows that macro-level constructs, such as institutional roles, storylines, and sociocultural expectations, can be analytically grounded in participants' observable interactional practices without abandoning the empirical rigor of Conversation Analysis. This approach thus offers a principled way of bridging micro-analytic detail and macro-structural interpretation.

Finally, the study highlights the analytical and practical relevance of examining communicative roles in situations of institutional interactional trouble. Understanding how role resistance, categorical incompatibility, and conflicting positioning contribute to communicative breakdown may inform both discourse-analytic research and applied domains, including institutional communication training. Future research may extend this framework to naturally occurring data across different institutional settings in order to further refine the proposed model and assess its explanatory potential in a wider range of interactional contexts.

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**Пожар А., Ємець Н. Інтегративний аналіз комунікативних ролей в інституційному дискурсі в ситуаціях інтеракційного збою**

**Анотація.** У статті запропоновано інтегративний підхід до аналізу комунікативних ролей в інституційній взаємодії з фокусом на ситуації комунікативного збою. Теоретично-методологічну основу дослідження становить поєднання інструментарію конверсаційного аналізу, аналізу категоризації членства, інтеракційної соціолінгвістики та теорії позиціонування. У межах цього підходу комунікативні ролі розглядаються як складні структуровані, багаторівневі та процесуально зумовлені феномени, що формуються у взаємодії секвенційної організації розмови, категоріальної роботи, інференційних очікувань і ширших інституційних сюжетних ліній позиціонування ролевих суб'єктів.

Емпіричний аналіз ґрунтується на сконструйованому фрагменті інтеракції, змодельованому за зразком типових практик медичної консультації, зокрема діагностичного опитування, асиметрії епістемічної влади та опору пацієнта інституційним сценаріям. Використання такого матеріалу дозволяє аналітично виокремити механізми комунікативного збою, які часто залишаються імпліцитними в автентичних даних.

У статті доведено, що комунікативний збій виникає через стійку неконгруентність ролей, зумовлену конкуренцією категоріальних атрибутів, асоційованих інтерактивних фреймів та сюжетних ліній позиціонування інтерак-

тантів. Секвенційний аналіз виявляє порушення умовної релевантності, спричинені відмовою хворого прийняти свою категоріально зумовлену роль «пацієнта» та наполегливою орієнтацією лікаря на свою інституційну роль, що включає такий категоріальний атрибут, як дотримання інституційного діагностичного протоколу. Аналіз категоризації членства показує, як конкуруючі категоризації себе та інших («пацієнт» проти «здорової людини») породжують несумісні ролі очікування, тоді як інтеракційна соціолінгвістика підкреслює функцію сигналів контекстуалізації в активації розбіжних інтерпретаційних фреймів та висновкових очікувань, що призводить до невідповідності між запропонованими та продемонстрованими комунікативними ролями учасників.

Залучення теорії позиціонування додатково показує, як дії учасників вбудовані в суперечливі сюжетні лінії, що обмежують їхній інтерактивний вибір. Кожен учасник орієнтується на ролевий сценарій, який не поділяється іншим, що призводить до дестабілізації ролі, компенсаторних змін ролей та, зрештою, до інтерактивного збою.

Методологічний внесок цієї статті полягає в тому, що вона дозволяє продемонструвати, як макрорівневі конструкції, такі як інституційні ролі та лінії позиціонування, можуть бути сформовані мікροаналітичними даними без шкоди для принципів конверсаційного аналізу. Запропонована інтегративна модель аналізу пропонує систематичний інструмент для дослідження комунікативних ролей в різних інституційних контекстах та може бути продуктивною як для теорії інституційного дискурсу, так і прикладних досліджень комунікації. Майбутні дослідження можуть розширити запропоновану модель аналізу на основі автентичних діалогів в різних інституційних умовах з метою її перевірки та оцінки її пояснювального потенціалу у ширшому діапазоні інтерактивних контекстів.

**Ключові слова:** комунікативні ролі, інтеракційний збій, конверсаційний аналіз, категоризація членства, теорія позиціонування, інституційний дискурс.

Дата першого надходження статті до видання: 19.02.2026

Дата прийняття статті до друку після рецензування: 16.03.2026

Дата публікації (оприлюднення) статті: 29.04.2026