

## Medical Staff Professional Communication Process

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### ARTICLE INFO.

**Key words:**

communicative competence,  
etiquette norms, verbal and non-  
verbal, speech ethics.

### Abstract

As the criteria of communicative culture, attention is paid to communicative ability, communicative orientation, and possibilities of speech expression. The communication skills of an expert in a particular field are important when communicating with others, both personal and professional experiences. Because the formation of a person's communication culture is one of the tools that ensure his successful activity in society.

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It is known that the oldest art in human culture is communication. If the order of certain actions is usually understood by the rules of ethics, then speech ethics are the norms of speech behavior accepted in society. When the interlocutors enter into a dialogue and when the dialogue is established, it is considered to continue the dialogue in the chosen tone based on the social characteristics of the dialogue and their interaction, to follow the etiquette norms of the speech used in the communication process, and to follow the verbal and non-verbal speech that reflects the national-cultural characteristics. That is why it is important to distinguish between the types of communicative competence within professional activity, personal communicative competence and communicative competence in the social environment and society. In this study, we decided to use a two-level approach to the analysis of medical communication: micro and macro levels. Communication at the micro level is carried out in a sequence of speech acts. In this case, the doctor and the patient use certain communication strategies through face-to-face communication. The macro level is expressed in the following: a) understanding of social/cultural restrictions that affect speech patterns and individuals in the context of a medical institution, b) "macro-institutional factors" and the formation of an unconventional communication experience within the framework of the interaction of the participants of the dialogue. For example, to understand the differential aspects of health care issues at the socio-cultural level, to have knowledge about the medical practices and procedures accepted in a particular institution or society. The communicative competence of a medical worker is to understand special and professional terms within his field, to use them in the process of professional communication with colleagues and people related

to the field, verba, formal (certain graphics, formulas), non-verbal (understanding and using certain facial expressions, gestures during communication) including using tools, choosing the right words when communicating with a colleague or patient. Also, the communication culture of the medical worker is observed in the form of emotional expression (observing the non-verbal behavior of the interlocutor and showing feelings towards him). These competencies create a basis for positive provision of his activities in social conditions. In a social environment, the doctor is required to: a) politeness - use of words and expressions within the framework of social ethics in the process of communication, use of non-verbal expression methods (smiling); b) accuracy - in any case, it should be followed within the framework of generally accepted etiquette; c) tact - purposeful walking in personal and service communication processes, that is, effective use of verbal and non-verbal methods of expression to get the desired effect from communication, feeling the interlocutor's reaction and attitude in advance; g) decency - following actions within the framework of national-cultural, morals applicable in the social environment and society; d) modesty and simplicity - maintaining the norms of personal etiquette in any situation, treating the interlocutor in the same way regardless of the social status, making proper use of unique positive opportunities; e) obligation - exceeding the given word and promise, unconditional fulfillment of industry requirements. Medical discourse is distinguished by its uniqueness in the concept of "health care" in the public mind. This is reflected in the concept of "health", which reflects the mission of medical professionals and medical institutions. The practical expression of medical discourse is seen in oral and written texts in health-related organizations. The following are the main indicators of the communication culture of a medical worker in the health sector: in the emotional sphere - empathy (the attitude of the interlocutor to communication, the attitude of the interlocutor to the situation, the conditions created for communication in that particular situation; paying attention to the feelings and desires of the interlocutor, expressing one's own feelings towards the interlocutor demonstration, careful observation of non-verbal reactions, demonstration of understanding the feelings of others); In the cognitive sphere, communication includes the following: awareness of readiness and willingness to listen to the interlocutor; check that the information provided is correct; determine the content of the data; encouraging the interlocutor, adequately evaluating oneself and others. Behavioral interaction can be reflected in: actual communication planning; initiative in the interview process; organization of general communication, personalization of mutual relations; conflict resolution; propose cooperative actions; to discuss; agreement; clarifying and disseminating information; express the moral norms of interpersonal relations.

The set of tasks of classification of feelings, description of goals and desires, defined for conveying emotional relations described by active learners of language and speech tools, are evaluated as emotional-evaluative communicative tasks. In order to improve the reflexive ability of medical personnel in the process of professional communication, it is carried out by mastering the methods of active listening to medical personnel, forming a psycho-emotional complex of content and explanatory tasks aimed at competently formulating questions. The development of the culture of medical speech in healthcare institutions can influence the formation of the communicative culture of a medical worker. It depends on a number of specific conditions. The general conditions for the formation of this culture of communication are as follows: communication should take place within the framework of a specific topic; communication has a psychological effect; development of methodical and communicative knowledge of the medical worker in the formation of speech culture; determination of individual personal orientation and differentiation possibilities as a result of effective diagnosis; compliance of the

relations between the participants of the medical consultation process with the principles of humanity; ensuring the continuity of communicative dialogue. Nowadays, doctor's consultation (consultation) is not carried out independently and separated from socio-temporal realities, like certain medical processes. Consultative organizations aimed at health care are carried out with the help of mass media and international structures such as the Internet. This, in turn, allows patients to receive adequate information about their disease. As a result, there are also cases of actions aimed at testing the knowledge of the doctor. This requires the doctor not only to demonstrate his level of knowledge, but also to demonstrate a high level of verbal expression. It is important to consider the impact of the form of advice given or one medical approach over another in the process of communication between a medical professional and a patient. In the medical discourse, social relations are also given a lot of attention, because the social lifestyle can be one of the factors of the occurrence of the disease. That is why it is required that social relations should be the focus of the doctor's attention during the interaction between the doctor and the patient.

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