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THE LINGUISTIC AND COMMUNICATIVE ASPECT OF THE PROFESSIONAL COMMUNICATION OF DOCTORS

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Abstract

Implementation of the process of speaking is impossible without communication, that is, the sequence of transmission and reception of information. Approximately half of the doctor's working time is spent on meetings, telephone conversations, communication with patients and colleagues. The ability to speak is his professional duty. A doctor, who knows how to speak creates the impression of an expert in his field, inspires trust in patients, which is a guarantee of successful treatment results.

A high level of development of professional communication skills will largely determine the effectiveness of a doctor's work, his ability to logically and reasonably express his opinions, establish relationships with colleagues, and create a positive social and psychological microclimate in the team. At the same time, mistakes made in professional communication can hinder the effective performance of a doctor's duties and negatively affect his career. The basis of conflicts that reduce the creative potential of medical personnel is a

low level of communicative competence caused by the lack of knowledge about communication and the corresponding communicative skills.

The main goal of this work is a comprehensive consideration of the linguistic and communicative aspect of the professional communication of doctors. The methods of work involve the study of the mentioned phenomenon of linguistic and communicative skills of doctors, systematization, and correction of the acquired knowledge.

Key words: communication; professional communication; communication skills; doctors

Introduction. In the psychological and pedagogical literature, the term "communication skills" is used along with the term "communicative skills". This is due to different approaches to the consideration of the concepts "communication", "communication", "activity". Some authors consider these concepts as synonyms, others, on the contrary, draw a clear line between them. The analysis of scientific research on the problem of communication convinces that the means of communication are verbal (speech and speech) and non-verbal (gestures, facial expressions, pauses, movements, intonation, breathing, diction, tempo, rhythm, sonority, various noises, eye contact, postures, temporary organization of communication, etc.). Thus, there is a need to study the problem of the relationship between language and speech, their essence, place and role in teaching communication, as well as to clarify the role of non-verbal means of communication in the course of the communication process.

The analysis of literary sources proves that the problem of the relationship between communication and activity is widely recognized and developed in the scientific works of philosophers, psychologists and teachers. However, the fact that so far it has not been possible to unequivocally develop a generally accepted position indicates the complexity and significant difficulties in the study of this concept. The problem of the interaction of communication and activity can be classified in two directions, considering communication either as an integral part of activity or as an independent type of the latter. The analysis of psychological and pedagogical literature on the problem of communicative skills proves the presence of different approaches both in determining their essence, content, and nomenclature.

This personal formation in psychology and pedagogy is considered multifactorial and various aspects of its significance are emphasized during research. The works of many

psychologists are devoted to the definition of the concept of "communication", its place and role in the modern educational process. According to G. Andreeva, communication is a broader concept than communication. The scientist proposes to distinguish three interrelated sides in the structure of communication: communicative, or communication itself, which consists in the exchange of information between communicating individuals; interactive as the organization of interaction between individuals, that is, in the exchange of not only knowledge, ideas, but also actions; perceptive, which is the process of perception and cognition by communication partners of each other and establishment of mutual understanding on this basis [1, 97-98]. As part of the second approach, O. Sokolov holds the opposite point of view. In his opinion, communication is one of the forms of communicative activity [4, 46].

Individual scientists tend to consider the linguistic-communicative process as a sequence of communicative acts, each of which performs a certain function in information exchange and is linguistically formed in the form of an utterance [2, 92].

Researchers paid considerable attention to the linguistic and communicative aspect of communication skills. At the international scientific level, the issue of intercultural interaction was studied by P. Adler, M. Fleming, M. J. Bennett, and the main subject of their research was the issue of language learning. Domestic scientists also made a significant contribution to pedagogical science: communicative interaction was studied by Z. Hasanova, V. Zasluzhenyuk, S. Kucheryana, M. Halytska, Yu. Karaulov, and others. The results of these studies allow us to state that the ability to communicate in a language is the ability to express thoughts simply and logically, to speak convincingly, to have the most effective influence on the participants of communication, to encourage them to engage in active language interaction, stimulating verbal or non-verbal actions.

The purpose of the study is to characterize the linguistic and communicative sides of the professional communication of doctors, to determine the level of their communication skills.

The process of communication has a two-way character, in which the relationship between two personalities is formed: the doctor and the patient. In this communication there are corresponding core elements: understanding without words, listening and hearing, encouragement to speak, asking the right questions, empathizing. The doctor's task is to use those communication skills that correspond to the patient's personality and emotional state. In order to learn more about the patient and establish contact with him, the doctor should talk

less and listen more. There are different ways of communication between a doctor and a patient, which are certainly combined in real life: verbal communication, visual or non-verbal communication, psychological interaction, written prescriptions. The combination of all these elements is the optimal fusion for effective communication with the patient. Interpersonal understanding that occurs between clinic employees and patients is primarily related to verbal and visual sensations, which also affect the patient's perception of the treatment process. An important task of the doctor is to inform the patient about the causes of his problems and ways to overcome them. It is equally important to convince the patient of the need to realize his role in maintaining his own health and complying with the prescribed treatment or preventive procedures, following the treatment schedule and following the doctor's recommendations. A patient who is satisfied with a visit to the doctor will continue the treatment and will achieve the corresponding positive results.

Revealing the psychological mechanism of the formation of intonation expressiveness of speech, I. Kaminsky believes that the influence of intonation on listeners is carried out by means of "emotional contagion", in the process of which the emotional state of the speaker causes a corresponding feeling in the listener. Deliberate expression of emotions using intonation is considered by the author as an independent speech act, the level of which is determined by the language skills of the communicator [3].

Researcher M. Pryshchak made a significant contribution to solving the problem of non-verbal communication. Based on the fact that the educational process is an interaction, the ability to express oneself through non-verbal methods and the ability to adequately interpret the non-verbal behavior of a communication partner, which, being an indicator of a person's internal mental condition, carries information about him, expresses relations formed between communication partners. Non-verbal means of communication, becoming the "property" of an individual, form his non-verbal behavior, which is characterized as a socially and biologically determined way of organizing the non-verbal means of communication acquired by an individual, transformed into an individual, concretely sensory form of actions and deeds [5]. On the basis of experimental material, the author proposes a method of "free semantic assessment of non-verbal behavior", and points out that non-verbal behavior and communication are interdependent and mutually conditioned. The structure of non-verbal interaction is the interaction of various elements of the movement of partners (gesture, facial expressions, gaze, posture, touch, gait) and the space of communication: distance, orientation, personal space, location of partners [5]. To ensure the effectiveness of the doctor's

communicative activity, he needs to skillfully choose such a form of business communication that would guarantee the best result of professional activity.

The development of a doctor's communication skills can be assessed according to the following criteria:

1) flexibility, the ability to choose the most appropriate style of communication with the interlocutor in a specific situation;

2) the ability to prevent and resolve interpersonal conflicts, to choose the optimal strategy of behavior in a conflict situation;

3) the ability to determine the optimal social and psychological distance in communication with colleagues and patients;

4) the ability to influence interlocutors, to convince, to demonstrate self-confidence;

5) the ability to find emotional contact with colleagues and patients, establish relationships of mutual sympathy and trust, show kindness, tact and tolerance in communication.

So, assessing the level of development of the communication skills of doctors, we focused on three parameters that reflect the behavioral components of communication skills:

- socio-perceptive skills, manifested in the doctor's ability to adequately, impartially and accurately perceive the personal characteristics and behavior of patients, understand their emotional states and individual characteristics of the body, quickly navigate professional situations, adequately apply the techniques of active and reflective listening;

- interactive skills, manifested in methods and methods of influencing patients, tactics and strategies of organizing professional medical activities: benevolence, tact, persistence, ability to ensure the necessary level of personal openness and status subordination;

- linguistic and communicative skills, which characterize the informational and semantic side of professional interaction and are manifested in the doctor's ability to clearly, understandably and convincingly express his thoughts with the help of verbal and non-verbal means of communication.

The doctor's speech skills are primarily manifested in the observance of the norms of speech: able to successfully, in accordance with the speech style and situation, logically, express an opinion, speak clearly intonation, correctly use logical accents, pauses, build perspective, choose the optimal pace of speech.

The level of formation of linguistic and communicative skills can be determined based on the following criteria: 1) correctness of speech - knowledge and ability to adhere to

language norms accepted in modern social and speech practice; 2) accuracy of speech – intelligibility of statements for communication partners, correspondence of words or syntactic constructions to objective reality; 3) logicity of speech – mastery of the technique of logical connection, which does not cause contradictions, as well as knowledge of linguistic means that can be used to formulate an opinion; 4) appropriateness of speech is the ability to choose the most accurate, adequate language means for the given situation, taking into account the purpose, conditions, sphere of communication and the state of the communication partner; 5) expressiveness of speech is the ability to express one's thoughts in an aesthetic and original way; 6) knowledge and observance of etiquette norms and rules of business communication in the medical field.

Conclusions

In the course of the scientific work, a comprehensive review of the linguistic and communicative aspect of the professional communication of doctors was carried out. The level of formation of linguistic and communicative skills of doctors is determined. In the future work, we plan to describe the methods by which we will evaluate the specified formed indicators, based on the pedagogical conditions for the effective formation of communication skills in doctors.

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