

THE MAIN INDICATORS OF THE COMMUNICATION CULTURE OF A MEDICAL
WORKER

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Annotatsiya. *Ma'lumki, insoniyat madaniyatidagi eng qadimiy san'at bu muloqotdir. Agar muayyan harakatlar tartibi odatda axloq qoidalari bilan tushunilsa, nutq etikasi jamiyatda qabul qilingan nutq xatti-harakati normalari hisoblanadi. Suhbatdoshlar muloqotga kirishganda va muloqot o'rnatilganda, muloqotning ijtimoiy xususiyatlari va ularning o'zaro ta'siridan kelib chiqqan holda tanlangan ohangda suhbatni davom ettirish, nutqni aks ettiruvchi og'zaki va og'zaki bo'lmagan nutqqa rioya qilish hisoblanadi. jamiyatning odob normalari, muloqot jarayonida qo'llaniladigan nutqning milliy-madaniy xususiyatlari.*

Kalit so'zlar: *kommunikatsiya, tibbiyot xodimi, tashkilot, axborot, mazmun, jarayon.*

Abstract. *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 tone chosen based on the social characteristics of the dialogue and their interaction, to adhere to the verbal and non-verbal speech that reflects the etiquette norms of the society, the national-cultural characteristics of the speech used in the communication process.*

Key words: *communication, medical worker, organization, information, content, process.*

Аннотация. *Известно, что древнейшим искусством человеческой культуры является общение. Если под правилами этики обычно понимают порядок тех или иных действий, то речевая этика – это принятые в обществе нормы речевого поведения. При вступлении собеседников в диалог и при его установлении считается продолжать диалог в тоне, выбранном исходя из социальных особенностей диалога и их взаимодействия, придерживаться вербальной и невербальной речи, отражающей этикетные нормы общества, национально-культурные особенности речи, используемой в процессе общения.*

Ключевые слова: *коммуникация, медицинский работник, организация, информация, содержание, процесс.*

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 individuals and speech patterns of dialogue participants in a medical institution, b) formation of non-traditional communication experience within the framework of "macro-institutional factors" and interaction of dialogue participants. 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 adopted in a particular institution or society.

As the main indicators of the communication culture of a medical worker in the health sector, the following can be cited: 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, set to convey 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 health-oriented 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 focused on health care are also carried out with the help of international structures such as the mass media and the Internet. This, in turn, allows patients to receive adequate information about their disease. As a result, cases of actions aimed at testing the doctor's knowledge are also observed.

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. Medical discourse as a collective phenomenon appears in the mind in the form of the concept of "health care" as an integral part of society. Generalized in the basic concept of "health" of the health institution, "health" is associated with medical professionals, medical institutions, public rituals and behavioral stereotypes.

The practical expression of medical discourse is expressed in the speech of persons participating in the activities of health institutions, their effective use of speech units in their relationship with patients, the correct choice of speech strategy in the process of communication with patients, the effectiveness of speech and speech of medical workers, the communication process, and texts related to the field. . These methods of communication are formed in accordance with the norms of speech etiquette, conformity of speech to social requirements and national-cultural aspects.

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