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PRIORITIES OF PROFESSIONAL SOCIALIZATION OF MEDICAL STUDENTS

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Priorities of Professional Socialization of Medical Students

The article is devoted to the problems of professional socialization of medical students. The way of socialization of the prospective doctors through the obtaining of information is investigated. The elements of the vocational training of the prospective doctors are characterized. Training of the prospective doctor is proved to be a complex and long-term process, and each element of it is to be conducive for achievement of the final goal from the first year of study. Communication is defined to be one of the most important elements of vocational training of medical students. Traditional communication is a complex of three aspects: communicative, interactive, and perceptive, which in reality cannot operate independently. It should be noted that the work of a doctor is characterized by emotional stresses. For this reason, the correspondence of personal qualities, knowledge and skills and professional requirements is a necessary factor of the professional development of the prospective doctor.

Thus, the role of culture of speech in vocational training of the prospective doctors is significant. The scientific research revealed that a certain communicative situation requires a special communication strategy.

Key words: communication, culture of speech, communication strategy, communication of a doctor, barriers of relations.

Medical profession belongs to the sociologic category [7]. Doctors are people with high levels of empathy [1]. According to the literature [2], two-week communication with patients of medical students with high empathic level led to the increased positive attitudes to them in comparison with first impressions, but these changes did not happen to a half of medical students with low empathic level and the attitude towards patients could even be worse. These observations actualize the question of need for vocational counseling of youth, who intends to devote their life to the physicians activities, developing its deontological culture as a whole, which

depends on how moral and ethical values, interests, attitudes, needs are formed in individual, its moral and psychological readiness for medical activity, emotional and volitional sphere, which in particular relate to the empathy, ideals, demanding, communicativeness.

It should be noted that the activities of physicians are characterized by the emotional brightness, high levels of emotional experiences. Therefore, an important factor in becoming the prospective doctor is accordance of the individual's orientation to the professional requirements. Altruistic types of emotional and communicative orientation of the individual are typical for medical professionals and determine their inclination for compassion to the patients, to grant them a necessary assistance. Emotional practical type of the individual's orientation is also necessary and determines its propensity to value experiences in connection with professional activities, and in addition there are also gnostic, aesthetic and hedonic types of emotional orientation of the individual which define its susceptibility to positive emotions while getting knowledge about the surrounding world and perception of its beauty [5]. Physicians who are satisfied with their professional activities are individuals oriented to the patient and to the communication with him [8]. The above mentioned doctor's features correlate with his belonging to the representatives of sociological professions, which belong to the type "human – human (and social systems)". Therefore, the susceptibility to such kind of jobs is important for successful socialization of today's medical student and future physician who intends to take care of patients.

Timely clarification of professional interests and aptitudes of the individual forms the basis for choosing direction of the professional activity, which is optimum for a particular individual, while neglecting of this approach can lead in the future to a low satisfaction with chosen profession. Considering the satisfaction with the profession as a subjective integral criterion of its effectiveness, in a particular study psychological qualities in a group of doctors with a high level of satisfaction with professional activities and in a group of doctors with low levels of satisfaction with professional activity were compared [8].

In particular, according to the medical students, doctor must have such qualities as poise, emotional control, optimism, discipline, willpower, self-confidence, flexible and sharp mind, psychological competence, knowledge, erudition, wish to collaborate with the patients [4]. Note that it is difficult for the first-year student to clearly define his future in a medicine by objective and subjective reasons, especially if to take into account that the formation of a doctor as a professional is preceded by long studying and by years of a difficult labor and the formation of professionally important skills occurs in the course of its activities. The bases for the development of features of a particular person due to the certain professional activities are the focus on orientation, professional inclinations, temperament of the individual, and occurs the prospect of its assessment by the young person and comparison with corresponding typical indicators of true professionals with a purpose to inform personality and to give recommendations regarding her account of feasibility identified individual psychological characteristics when selecting a narrow area of professional activity in the field of medicine, leaving, of course, final decision to the respondent, on the one hand, and providing the teachers of higher medical educational institution with recommendations concerning the ways of optimization of the educational process in terms of person-based learning.

Of course, if to talk about mass professions that are not related to extreme situations and significant neuro and emotional strain of a worker, some progress in the training of the last can be achieved by applying of adequate methods of education. But it is much more difficult for a person with insufficient professional competence to achieve high results than for a person with an optimal for this kind of activity professionally important features, which span functional properties, personal characteristics of person which contribute to the execution of a particular profession. Professions which are not associated with extreme situations are popular where due to the “Natural Selection” (“Natural dropout”) experts are still working for a decades with a certain typological characteristics of the nervous systems that conform to the nature of the activity. In particular, individuals with a strong nervous system and

neural inertia processes dominate among professions that need concentration (proofreaders in commercial printers) [6].

Notably, an individual psychological characteristic of a young person in the course of career guidance among senior pupils and the graduates with pre-university education level is an urgent issue today. If a young person has entered higher medical educational institution of III – IV accreditation levels with the intention to become a doctor but it turned out that he had no bent for sociological professions including profession of a doctor then the organization of studying process can help its development because its aim is to train humanistic values in students. Questions of moral choices often raise in a multi-dimensional work of clinicians, for example, the need for invasive intervention for therapeutic or diagnostic purposes which may have a high risk for a life of a particular patient. In such circumstances the physician must be ready to follow not only his own vision of health problems but the existing principles and rules amenably to which in a particular case he must get patient's consent to the implementation of appropriate manipulation and procedures after explanation of the causes and potential consequences.

Training of the prospective doctor is proved to be a complex and long-term process, and each element of it is to be conducive for achievement of the final goal from the first year of study. Communication is important element of training of a doctor. Traditional communication is a complex of three aspects: communicative, interactive, and perceptive, that in reality cannot operate independently. Communicative function of communication is to share information between doctor and patient in this case. Interactive function is to organize interaction between communicators; perceptual function (Latin, *rehseriio* – perception) consists in a process of perception of each other by partners and establishing a certain level of understanding. A definitive point of view on immediate and potential problems of the patient is prioritization of training a doctor. Communicative component of communication has feedback, communication barriers, communicative impact, verbal and non-verbal levels of information's transmission. In the context of communication between the doctor and the patient feedback there is a patient's reaction to the

doctor's behavior. The goal of a feedback is to help physician to understand how he, his behavior and his information are evaluated by the patient. During the dialog the doctor and the patient constantly change their communicative roles.

In the process of communication it is not so much a problem of information sharing as its adequate understanding. What does it depend on? First, the shape and the content of a message are significantly associated with personal characteristics. Second, any message is transformed by the influence of the listener's features, his attitude to the author's message, text and situation.

For example, the same words which were heard by the patient from a doctor, a neighbor in the ward or relative may cause different reactions. Doctor's remarks are likely to be perceived with attention while neighbor's remarks with irritation. The same information may be perceived by different people quite differently. It depends on education, personality traits and even political affiliation. The same physician's phrase may be perceived as fair comment by one patient and as the eternal nagging by another one. Adequate information's perception depends on the presence or absence of communication barriers in the communication process. In this case we can speak about the existence of patient's mental protection from the health information and its predictions and possible barriers to the adequate perception of information from the doctor. M. Bytyanova identifies phonetic, semantic, stylistic, logical, social and cultural barriers in relations. Phonetic barrier may occur when the doctor and the patient speak quickly and indistinctively or in different languages and dialects, have defective speech and diction.

Semantic barrier is associated with the problem of jargons as people's peculiarities of certain age groups, professions or social status (e. g., language, teen, drug addicts, sailors, hackers, residents of remote areas, etc.). Destroying of this barrier is main issue for the representatives of the medical profession because success of therapeutic contact depends on its eradication. Therefore, a physician should have skills of assimilation of other's semantic systems. It's especially important for the ambulance doctors. Specificity of the emergency services requires a physician to master to the full extent all the methods of communication psychology and to be able

to orient quickly and establish contact with patients and relatives, eyewitnesses, police officers, etc.

In situation of emergency properly collected information and quick contact with patients often cost a human life. On the other hand, doctor may provoke the occurrence of patient's semantic barrier by using professional terms without need. In the future it may lead to the development of pathological reactions due to adverse influence on the patient's psyche.

The emergence of stylistic barrier may occur when physician's speech isn't appropriate in communicative situations, for example, when he calls all patients of elderly age as "old lady" or "old man" without taking into account their psychological characteristics and psychological state. When the doctor holds psychological prophylactic conversations with patients, teaches them how to take medication or use equipment, introduces the different methods of healthy lifestyle the logical barrier of misunderstanding may occur. It means that the doctor's reasoning logic may be too difficult for the patient or it may seem to him as unconvincing or treacherous. Logic of patient's argument may also be false from the doctor's point of view. The perception of the patient as a person of a certain profession, nationality, gender, age or social status may cause the social and cultural barriers. The physician should be ready for the emergence of such kind of barrier and for the fact that he is lacking experience for some of the patients; this is especially true for young doctors. In case of equal terms both partners are perceived as active participants of the communicative process, who have the right to defend or form their own opinion in the process of communicating.

In an authoritarian influence "speaker" implies a subordinate position of a "listener" and perceive him as a passive receptor without regarding his features. For example, in this case the doctor believes that the patient should listen to him and to absorb all the information without critic and that the patient has no strong opinion to the specific issue and if he has, he can change it in the right direction of a doctor.

On the one hand, manipulation by the patient during the process of information's transmission contradicts the principles and ethical norms but, on the

other hand, it is a major form of influence on a patient in our medical prophylactic institutions. It is associated with the traditional model of relations between doctors and patients in our country, ignorance of laws and the reluctance of the doctors' bulk to put them in practice. How can the doctor strive to achieve understanding in a conversation with the patient? In particular, Susan E. Brennan's research suggests that lexical consensus can be achieved if the speaker uses in conversation those patterns whose application during previous meetings helped to find common grounds even if in this case their views could be expressed much easier and clearer. In this context, special importance has the first meeting of a doctor with a patient and its outcome depends on the settings to achieve the understanding. Communication style adopted by the physician at the first meeting will define the constructive dialogue in general.

Thus, the role of culture of speech in vocational training of the prospective doctors is significant. Each communicative situation requires its own communication strategy. It is necessary to form the methodological basis of a study and communication training of modern doctors as it will set our prospects for future research.

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Статтю присвячено розгляду проблеми професійної соціалізації студента-лікаря. Досліджено шлях соціалізації лікаря через отримання ним інформації. Охарактеризовано елементи професійної підготовки лікаря. Доведено, що підготовка майбутнього лікаря-професіонала є складним і тривалим процесом, урахування кожного з елементів якого вже починаючи з першого року навчання студента сприятиме досягненню кінцевої мети. Визначено, що одним з важливих елементів професійної підготовки лікаря є спілкування. Традиційне спілкування передбачає взаємозв'язок трьох його сторін: комунікативної, інтерактивної і перцептивної, які в реальній дійсності, звичайно, не реалізуються ізольовано. Варто зазначити, що діяльність лікаря відзначається значною емоційною забарвленістю, високим рівнем емоційних переживань. Тому важливим фактором професійного становлення лікаря являється відповідність спрямованості особистості професійним вимогам. Таким чином, можна констатувати величезну роль культури мовлення в підготовці сучасних медиків. Зроблено висновки, що у кожній ситуації спілкування використовується своя комунікативна стратегія.

Ключові слова: комунікативність, культура мовлення, комунікативна стратегія, спілкування лікаря, бар'єри відносин.

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Статья посвящена рассмотрению проблемы профессиональной социализации студента-врача. Исследован путь социализации врача через получение им информации. Охарактеризованы элементы профессиональной подготовки врача. Доказано, что подготовка будущего врача-профессионала является сложным и длительным процессом, учет каждого из элементов которого уже начиная с первого года обучения студента будет способствовать достижению конечной цели. Определено, что одним из важных элементов профессиональной подготовки врача является общение. Традиционное общение предусматривает взаимосвязь трех его сторон: коммуникативной, интерактивной и перцептивной, которые в реальной действительности, конечно, не реализуются изолированно. Стоит отметить, что деятельность врача отличается значительной эмоциональной окрашенностью, высоким уровнем эмоциональных переживаний. Поэтому важным фактором профессионального становления врача является соответствие направленности личности профессиональным требованиям. Таким образом, можно констатировать огромную роль культуры речи в подготовке современных медиков. Сделаны выводы, что в каждой ситуации общения используется своя коммуникативная стратегия.

Ключевые слова: коммуникативность, культура речи, коммуникативная стратегия, общения врача, барьеры отношений.

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