



Psychological Characteristics Of Doctor And Patient Communication

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ABSTRACT

In modern healthcare, the ability of a doctor to combine pharmacological methods and communication skills is becoming increasingly valuable. Respect, trust and empathy are critical to communication between doctor and patient. They reduce dissatisfaction and promote better patient discipline. In addition, these qualities influence the decisions that patients make regarding treatment. The physician must be flexible enough to deal with a wide variety of patients. The article discusses specific approaches to different types of patients.

Keywords:

Communication, Physician, Psychoanalysis, Hypochondriac Syndrome, Asthenic Syndrome, Neurotic Phobia.

Communication is the exchange of information between two or more people, which has a cognitive or affective-evaluative nature. The patient's confidence in life should increase from communication with the physician. Mahmud Qashqari used the advice of wise people, because the wise saying that a good word settles in the heart when it is affected is proof of this.

The great Austrian psychologist Z. Freud's contribution to medical psychology is enormous. Freud introduced the doctrine of psychoanalysis to medical psychology. Psychoanalysis is a doctrine that can easily see the human heart and the processes that are hidden in its depths. The theory of psychoanalysis aims to unravel the mysteries of deep psychological processes hidden in the depths of consciousness, and in this way organizes the factors that cause neurosis. In the formation of psychoanalysis lies physiology, neurology and psychology. It is impossible to imagine psychoanalysis without the participation of these three sciences. This means that in communicating with patients,

great attention should be paid to their psychological state.

Asthenic syndrome. The clinical condition of these patients is: extreme fatigue, decreased work activity, deterioration of memory and attention, mood swings. Such patients are characterized by impatience, dislike of waiting, anger at various things, and irritability. In these patients, sleep disturbances are seen, with multiple awakenings throughout the night. The patient often has different types of protective equipment in the form of rituals. There are various doubts, unimaginable accounts, the possibility that any name, surname or date will not be unimaginable. This disorder makes communication and social adjustment difficult. Neurotic phobia means fear of oneself. Often such fears are found in cardiophobia, agoraphobia, claustrophobia. Phobic syndrome becomes more common with age. Older people are afraid to be alone at home, to cross the street. They are wrapped in their own shell and don't trust anyone.

Hypochondriac syndrome. Hypochondria is an inadequate attitude to one's condition, that is, an over-emphasis on one's own health and

the absence of disease. Usually it is a pathological formation and requires a direction of communication and daily psychological correction. In suicide, there are various ways to help: resuscitation, psychiatric and most importantly - to prevent this condition. Of course, a person is not a machine, it is difficult to know in advance its condition or the work it intends to do. It is necessary to work with the most difficult group of patients to achieve the desired result. At the same time, a confident conversation with patients, that is, when they open their hearts, talk about their inner experiences, can free the patient from the impulse of suicide. Patients in need of special attention are the elderly who suffer from high blood pressure. When their blood pressure rises, a violation of the dynamic state of blood circulation to the brain in them can lead to a pre-stroke state or a stroke state. The psychotic state that leads to these disorders often occurs in the evening and is clinically seen as a loss of direction or cessation of thinking.

Psychological characteristics of a patient with ischemic heart disease - in an ischemic attack the patient has a feeling of anxiety, fear of dying from a heart attack. Such patients live in fear of recurrence. Their main goal in life is health, which will be "valuable". Pain around the heart is formed in a state of stress as a result of difficult adaptation and life situation. However, these are unrealistic "false ischemic" pains, in which the patient has no pain after sedation or qualified psychotherapeutic intervention.

Depending on the psychological characteristics, patients can be divided into low, medium and high adequate reactions. They trust the medical staff completely and do everything they can to be treated properly. She is in a bad mood. He listens carefully to every word of the medical officer, is very careful, and always measures his pulse. He approaches his illness in a pessimistic mood. The patient's behavior is slightly elevated from the level of anxiety, but there is no room for risk. All of the above details should be communicated to patients by a highly qualified professional psychological psychologist.

And, of course, in cardio phobic and anxiety-depressive types, the conversation should be calming and encouraging: of course, tell the patient that the disease is not severe, that it can be cured compared to other diseases, that the disease is widely reported in medical science and practice. In the anosognic round, however, the opposite must be said of the consequences if coldness is done.

But even in this case, the explanation should be encouraging. In the type of hypochondriac reaction, the patient should be told that the change in the body has nothing to do with the disease. Patients of the hysterical type should not talk about different symptoms during the conversation, they should think about what they are saying at intervals. In addition to emotional changes, a decrease in mental activity is observed in patients with ischemic heart disease. In most of these cases, a dynamic disruption of the comprehension process is found. Sometimes patients say they can't watch the movie until the end. On the basis of these complaints, it is said that admission at the expense of heart failure is difficult in brain activity.

In communicating with patients, great attention should be paid to their psychological state. For example, the clinical condition of patients with asthenic syndrome: extreme fatigue, decreased work activity, deterioration of memory and attention, mood swings. Such patients are characterized by impatience, dislike of waiting, anger at various things, and irritability. In these patients, sleep disturbances are seen, with multiple awakenings throughout the night. The patient often has different types of protective equipment in the form of rituals. There are various doubts, unimaginable accounts, the possibility that any name, surname or date will not be unimaginable. This disorder makes communication and social adjustment difficult.

Neurotic phobia refers to fear of oneself. Often such fears are found in cardiophobia, agoraphobia, claustrophobia. As you grow older, phobic syndrome becomes more widespread. Older people are afraid to be alone at home, to cross the street. They are wrapped in their own shell and don't trust anyone. O.M.

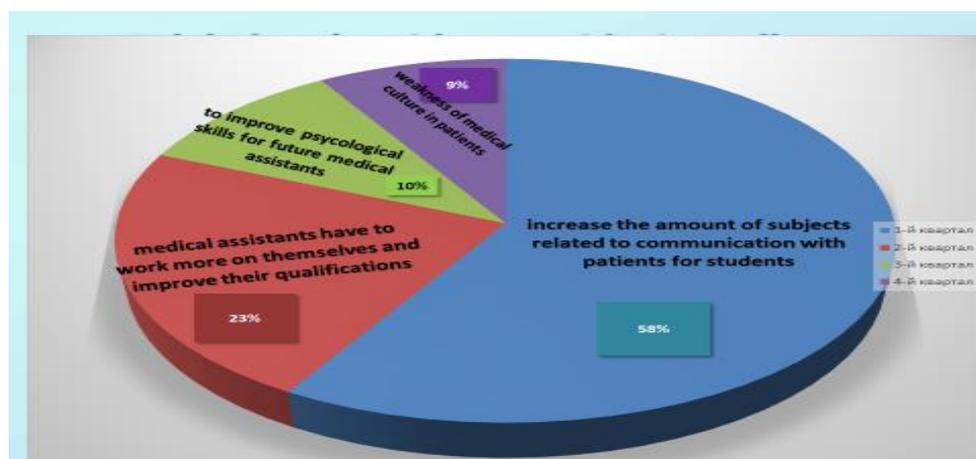
Lesnyak identifies 5 main models for building relationships between a doctor and a patient - active-passive.

The essence of the model: the doctor himself knows what the patient needs. The role of the doctor: based on the performance of his work without the participation of the patient. The role of the patient: passive, does not participate in decision-making; • patronizing. The essence of the model: the patient is informed only the necessary (according to the doctor) information. Physician's role: mentor who tells the patient what to do to help with the treatment. The role of the patient: passive, does not participate in decision-making; • informative. The essence of the model: the patient is informed of all the information about his condition. Physician Role: Competent technical expert. The role of the patient: active, the patient himself makes decisions; • interpretive. The essence of the model: the patient only needs to clarify what is happening to him, with the help of a doctor. Physician role: advisor who advises and helps the patient

make decisions. The role of the patient: active, makes decisions himself; • deliberative, or contractual. The essence of the model: the doctor actively influences the formation of the patient's opinion and helps him in making decisions. The role of the doctor: to involve the patient in the discussion concerning his health. The role of the patient: active, makes decisions together with the doctor.

According to O.M. Lesnyak, the optimal model of the relationship between the doctor and the patient is precisely the deliberative one, since the patient turns from a passive listener, following the doctor's orders, into an active participant in the treatment process, interested in a speedy recovery.

In a survey on the topic, we studied the opinions of medical students on how to communicate with the patient, what knowledge to have to avoid conflicts between doctor and patient. According to the results of the survey, the following indicators were identified. (Diagram 1)



Communication is inevitable in everyday life and in medical activities. In both cases, communication has a certain meaning and psychological characteristics. It depends on the doctor what type of communication with the patient he chooses. In addition, the doctor must have such features in order to win over the patient not only for the implementation of the treatment process, but also for psychologically comfortable communication with him.

In conclusion, it should be noted that today it is a matter of enhancing the communication

between patients and doctors, that is, the medical doctor to study the inner experiences of patients through communication and convince them. The elixir that most quickly affects a patient who wants to be healed is a sweet word. As I.V. Goethe said, speak the word with confidence, and the effect on the listener is spontaneous. Therefore, every medical professional should first convince the patient to lift his spirits with sweet words, to overcome the disease.

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