

Communication. The following types of communication are distinguished depending on: 1) from the base:

- verbal – non-verbal; – contact – distant; – direct – indirect; – oral – written; – dialogical – monological;
- interpersonal – mass; – private – official (business); – sincere – manipulative; 2) goals: – "contact masks" – formal communication, when there is no desire to understand and take into account the personality characteristics of the interlocutor, familiar masks are used (politeness, severity, etc.) – a "set" of facial expressions, gestures, standard phrases that allow one to hide true emotions, attitudes to the interlocutor; – primitive communication, when they evaluate another person as a necessary or interfering object: if necessary, they actively come into contact, if it interferes, they will push away or aggressive rude remarks will follow. If they get what they want from their interlocutor, they lose further interest in him and do not hide it; – formal-role communication, when both the content and means of communication are regulated and instead of knowing the personality of the interlocutor, they make do with knowledge of his social role; – business communication, when the personality, character, age, and mood of the interlocutor are taken into account, but the interests of the business are more significant than possible personal differences; – spiritual, interpersonal communication between friends, when you can touch on any topic and do not necessarily resort to words; a friend will understand you by facial expression, movements, intonation. Such communication is possible when each participant has an image of the interlocutor, knows his personality, can anticipate his reactions, interests, beliefs, attitudes; – manipulative communication is aimed at extracting benefits from the interlocutor, using various techniques (flattery, intimidation, deception) depending on the personality of the interlocutor; – secular communication – the essence is its pointlessness, i.e. people say not what they think, but what is supposed to be said in such cases; this communication is closed, because people's points of view on a particular issue do not matter and do not determine the nature of communications. Research shows that the "specific weight" of words (their role) in establishing mutual understanding is 7%, intonation – 39%; non-speech interaction

Communication culture and its influence on the professional growth of a doctor

Outside of communication, i.e. communicative basis, the profession of a doctor is in principle impossible. According to the criterion of the purpose of communication, eight functions of communication are distinguished: 1) contact – establishing contact as a state of mutual readiness to receive and transmit messages and maintain relationships in the form of constant mutual orientation; 2) informational – exchange of information, as well as exchange of opinions, plans, decisions, etc.; 3) incentive – stimulation of the partner's activity to direct him to perform certain actions; 4) coordination – mutual orientation and coordination of actions when organizing joint activities; 5) the function of understanding – not only adequate perception and understanding of the meaning of the message, but also mutual understanding – intentions, attitudes, experiences, states, etc.; 6) emotive – arousing the necessary emotional experiences in a partner, as well as changing one's experiences and states with his help; 7) the function of establishing relationships – awareness and fixation of one's place in the system of role, status, business, interpersonal and other connections of the community in which the individual operates; 8) the function of exerting influence – changing the state, behavior, personal and semantic formations of the partner, including his intentions, attitudes, opinions, decisions, ideas, needs, actions, activities, etc. The nonverbal side of communication includes external manifestations of human feelings and emotions,

which is the subject of the study of kinesics: 1) facial expressions – movement of facial muscles; gesticulation – gestural movements of individual parts of the body; pantomime – motor skills of the whole body: poses, posture, bows, gait; 2) takeshika – touching in a communication situation: handshakes, kisses, touching, stroking, pushing away; 3) proxemics – a special field that deals with the norms of spatio-temporal organization of communication; arrangement of people in space when communicating. The communication procedure includes the following stages: 1) the need for communication (it is necessary to communicate or find out information, influence the interlocutor, etc.) prompts a person to come into contact with other people; 2) orientation for the purposes of communication, in a communication situation; 3) orientation to the personality of the interlocutor; 4) planning the content of one's communication: a person imagines (usually unconsciously) what exactly he will say; 5) unconsciously (sometimes consciously) a person chooses specific means, speech phrases that he will use, decides how to speak, how to behave; 6) perception and assessment of the interlocutor's response, monitoring the effectiveness of communication based on establishing feedback; 7) adjustment of direction, style, communication methods. These skills are called "social intelligence", "practical-psychological intelligence", "communicative competence", "communication skills".

Communication barriers: 1) stereotypes – simplified opinions regarding individuals or situations; 2) "preconceived ideas" – rejection of everything that does not correspond to one's own views; 3) a hostile attitude towards the interlocutor (or the interlocutor towards you) creates difficulties in the process of convincing a person; 4) lack of attention and interest of the interlocutor until he realizes the meaning of the information for himself; 5) neglect of facts, that is, the habit of drawing conclusions and conclusions based on superficial information; 6) incorrect choice of words, illogicality; 7) incorrect choice of communication strategy.

professional communication of a doctor is of a sociocultural nature, manifested by: 1) in his ability to be an exponent of collective professional consciousness and a condition for the formation of professional culture; 2) in the historical connection of acts of communication, where there is historical continuity in the development of the medical profession, people master its achievements and, in general, the culture of the past; 3) in the sociocultural significance of the doctor and his role. This includes non-verbal expressions: pauses, laughter, coughing, etc.

Types of communication. 2.3