

## **PECULIARITIES OF COMMUNICATION ATTITUDES AND COPING BEHAVIOR OF PEDIATRICIANS IN A SITUATION OF THERAPEUTIC INTERACTION**

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### **ABSTRACT**

When providing medical care in pediatrics, a pediatrician needs special skills necessary to establish contact not only with the child, but also with the parent of the child-patient. The effectiveness of such interaction is determined by the conditions of providing medical care to the child-patient and the peculiarities of the communicative features of the pediatrician. The article examines the peculiarities of communicative attitudes and coping behavior of pediatricians in a situation of therapeutic interaction, taking into account the conditions of providing medical care in pediatrics.

**Keywords:** Communication attitudes, coping behavior, situation of therapeutic interaction, compliance in pediatrics.

### **INTRODUCTION**

Many foreign and domestic researchers are of the opinion that effective communication interaction in the process of providing medical care is an important factor in increasing patient compliance and treatment success. Developing trusting relationships in the "doctor-patient" dyad, forming "professional communication" [4], the "communicative potential" of the doctor [2], "communicative competence" [3] - all this stimulates the patient to communicate honestly and openly.

The situation of a somatic disease is quite emotional for the parent of a child-patient. Identification, interpretation and translation of complaints of the child-patient, the choice of a doctor and treatment strategy - all this falls on the fragile shoulders of anxious parents. In order to obtain reliable information about the child's condition, the doctor must build a trusting relationship with the parent of the child-patient.

Semke V.Ya. Stoyanova I.Ya., indicate in their works that strong pressure from the authorities, demands for full information of the patient's parents-child, threats of civil liability in case of unsuccessful treatment create a powerful motivational superdominant. That "energetically steals the doctor's behavior in the process of information exchange with parents", disrupts communication, provokes professional deformations [4].

### **MATERIALS AND METHODS**

In the process of forming compliant behavior of the parent, not only high professional qualities of the doctor, but also his personal characteristics play an important role. Now the parent expects from the doctor not only the prescribed treatment, but also demands justification of the appointment in an accessible and understandable form. Unfortunately, the organizational conditions of the provision of medical care do not contribute to the establishment of high-quality contact between the doctor and the parent [3]. We consider the interaction of the doctor and the parent of the child-patient as a multilateral process: 1) interaction regarding the

treatment of the child-patient; 2) information interaction; 3) the relationship between the doctor and the parent-child patient (influence, experience, understanding). Information interaction regarding the treatment is conditioned by the situation of the child-patient's illness, and the system of relations between the doctor and the parent-child is determined by a certain readiness of both parties to interact. The readiness of communication partners "doctor" and "parent-child-patient" to react in a certain way in the process of interaction is mediated by previous communication experience, assessments and expectations, established attitudes towards communication in the healthcare system.

The purpose of the study: to study the features of communication attitudes and coping behavior of pediatricians when providing medical care in a clinic and hospital.

## **RESULTS AND DISCUSSION**

The organization of the empirical study was carried out in three stages.

The objective of the first stage was to determine the main components of compliance and their characteristics in the provision of medical care in pediatrics in a hospital (infectious disease specialists and pediatricians) and a polyclinic (district pediatricians). We conducted interviews with practicing doctors providing medical care to children, developed a map of included observation and questions for a clinical interview, and selected a package of psychodiagnostic methods.

The second stage of our study was actually a clinical and psychological empirical study. The examination of doctors was carried out individually in accordance with informed consent. As a result of the study of destructive attitudes in interpersonal relationships, we obtained statistically significant differences between the groups of district pediatricians and hospital pediatricians in terms of the indicators of "open rigidity" (p-level = 0.014); "grumpiness" (p-level = 0.01), "negative social experience" (p-level = 0.02). For clarity, we will present the obtained data in the form of a histogram of average values.

We also found statistically significant differences between the groups of district pediatricians and hospital pediatricians in terms of non-verbal communication criteria: "posture (upright/slouched)" (p-level=0.045 /0.268); "eyebrows (frowning/relaxed)" (p-level=0.035/0.027).

The study of the characteristics of coping behavior in stressful situations of the studied groups of pediatricians showed no significant differences in the coping strategies demonstrated at a significance level of p-level = 0.025. However, we found a positive significant correlation between the "grumpiness" indicators and coping behavior aimed at solving the problem in the group of district pediatricians ( $r=0.6$ ).

The results of the theoretical analysis, clinical observation data, interviews with pediatricians, and the results of the empirical study showed that the conditions for providing medical care in a polyclinic and a hospital have fundamentally different characteristics, which affects the situation of therapeutic interaction and the entire process of providing medical care. The district pediatrician is familiar with the parents of the child-patient for quite a long time (monthly visits during the first year of life, home calls and visits to the clinic in cases of somatic diseases, preventive examinations); the inpatient pediatrician gets to know the patient and the patient's parent-child in the case when hospitalization is required to restore health. The

duration of communication between the inpatient doctor and the parents of the child-patient is approximately 14 days, while the district pediatrician often contacts the child and parents from birth to 18 years. Doctors at a polyclinic are characterized by a more "personal" experience of the disease situation and communication with patients, in contrast to hospital doctors.

The obtained results of the study showed that it is typical for district pediatricians not to hide or soften their negative assessments and experiences regarding communication with the parents of a child patient; their conclusions about them are sharp, unambiguous and stable. District pediatricians tend to make unfounded generalizations of negative facts in the area of relationships and observations with the parents of a child patient. This indicates the presence of a pronounced negative communication attitude in communication with the parents of a child patient, which probably indicates a negative experience of this type of communication. Destructive attitudes in interpersonal communication are also typical for inpatient pediatricians, but the degree of their expression is much lower. This indicates that pediatricians have an emotionally neutral attitude towards interaction in a hospital setting and solving the main task of their professional activity - healing the patient.

## **CONCLUSION**

In modern psychology and medicine there are no clear ideas about compliance in pediatrics. It is only obvious that this phenomenon has its own unique specifics in various systems of interaction between the doctor, parent and child. The nature of this interaction, one way or another, affects the treatment process and its outcome. Modern medicine is characterized by the availability of a large amount of information and the ability of the patient to choose the sources of its receipt, which is not always beneficial to the patient, especially in pediatrics. In the process of forming compliance in pediatrics, not only high professional qualities of the doctor, but also his personal characteristics play an important role. The parent expects from the doctor the validity of treatment prescriptions, presented in an accessible and understandable form, attentive and emotionally involved communication. Unfortunately, the conditions for the provision of medical care do not always contribute to the establishment of high-quality contact between the doctor and the parent. The results of our study of the characteristics of communication attitudes and coping behavior of pediatricians in a situation of therapeutic interaction showed that the formation of stable positive compliance in pediatrics is difficult and is due to many reasons. The object-subject area of these reasons and conditions of compliance is within the competence of clinical psychology.

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