



THE COMMUNICATION PROCESS BETWEEN THE HEALTH WORKERS AND THE PATIENTS IS BUILT TO IDENTIFY THE PATIENT'S HEALTH STATUS

Yorova Sayora Karimovna

Teacher of Foreign Languages Chair, Samarkand State Medical Institute

ABSTRACT

In this article is analyzed the process of performing medical speech of health care experts with patients expressing it by linguistic style that describes characterization of sufficiency appropriate form in successful treatment of language acting. The article includes the main goal of investigation progress and emphasizes to express the function of language units by subjective modality. The author proposes that subjective modality is a negative or positive emotional response to expression, a quantitative assessment of expression, and a social attitude to expression development research activities. This article illustrates the characteristic of describing the syntactic forms that with the features of the medical speech, which are characterized by morphological features, especially in broader considerations.

KEY WORDS: *linguoculturology, pragmalinguistic, communication, conceptsphere, competence, medical discourse, semantic-functional, emotional, self-correction, culture of speech.*

АННОТАЦИЯ

В статье рассматривается процесс выполнения речи между медицинскими персоналами, выражающие лингвистический стиль, который описывает характеристику достаточных подходящих форм успешного лечения в языковом действии. Статья включает основные цели прогресса исследования и подчеркивает выражение функций языковых единиц при субъективной модальности. Автор утверждает что субъективная модальность является негативным и позитивным ответом на выражения количества оценок и социального отношения к развитию исследовательских деятельности. Это статья иллюстрирует свойству синтаксических форм, описывающие медицинскую речь, которая характеризует морфологическими структурами особенно в широком рассмотрении.

Ключевые слова: лингвокультурология, прагмалингвистика, коммуникация, концептосфера, компетенция, медицинский дискурс, семантическая-функция, эмоциональный, само-коррекция, культура речи.

DISCUSSION

Medical discourse is subject to careful analysis and within the framework of a pragmalinguistic approach to build professional communication between the doctor and the patient, the main purpose of which is the final cure of the patient. The main goal of the analysis of communication in this pragmalinguistic direction is the direct diagnosis of personality traits of an individual by the features of his speech. Each genre introduces communication not only standardization, systematic and semiotic principles, but also acts as a flexible category of live communication. This circumstance indicates that genre differentiation in any sphere of professional communicative interaction makes it possible to "establish the existing boundaries of the" horizons of expectation "for the recipients of speech works and the

construction models for speech subjects formed in the language".

The article discusses the concept of health, the concept of health and the means of expressing it, and the use of linguistic units in the literary context to represent health. The word "concept", which has now become a new term in linguistics, has been used not only in cognitive linguistics but also in many areas related to speech activity. Due to the semantic-functional nature of the concept, each researcher treats it as a field term. Therefore, what is the essence of this phenomenon, and what its peculiarities are, requires a serious approach to the subject. The fact that a person's health in medicine has an impact on public life, the health of the body and the soul in a healthy person is recognized in the science of sociology, and the fact that the former man who lived for almost a century as a



key component of the system. Thus, the concept is a multidimensional phenomenon, and for linguists working in linguoculturology, the concept is a hallmark of a particular linguistic culture, which depends on the perception and categorization of all things according to each nation, lifestyle and culture.

The semantic core of units considered within the conceptsphere contains normative and cognitive signs that allow natural and healthy behavior of a healthy organism to function.

The medical discourse focuses on the analysis of the communication process between the medical practitioner and the client within the context of pragmalinguistics approach. At the same time, the main goal is to find out and market the patient's casuality. In addition, communication is a diagnostic analysis of the patient's personal characteristics. The main focus of medical care is addressee "An individual psychologist with an appropriate professional background". In the dialogue, it is not only the exchange of words between two persons, but also the purpose of the dialogue is to integrate into a particular context. The construction of speech in physician-patient communication relies heavily on scientific text. Of course, in the course of this conversation, the syntactic features of the written scientific text are retained, without sacrificing the use of syntactic units. Health care providers need to be able to communicate with the patient in a communicative culture. Expressionism and emotionality are considered as a separate area of research in pragmalinguistics. Linguists have different views on these concepts. V.N. Teliya connects expressivity with subject modality. She noted that the express function of language units is important in expressing subjective modality. The author proposes that subjective modality is a negative or positive emotional response to expression, a quantitative assessment of expression, and a social attitude to expression that usually most linguists comment on expressiveness and emotionality as being close or identical to each other. In particular, I.P. Susov combines expression and emotionality into one function according to the given information and situation. Phrase is expressed in terms of the emotional reactions of the participants, rather than being related to any meaning. For this reason, emotionality reflects the inner and outer psychological state of the communicants, while expressivity is a means of enhancing communication.

Expressive words and phrases and proper use of emotional communication are considered to be communicative competences, which are among the criteria for communicative culture. Communicative competence is a way of communicating based on the personal and professional experience of the professional, which means that he or she can work effectively in colleagues and in the community. Communicative competence also includes the ability to

accurately assess the patient's psychological state during the conversation with the patient, and to choose the appropriate speech style (advice, humor, compliment, use of encouraging words and phrases).

In the example given by the health worker, he used two different semantic characters and styles, such as complimentary (not perfect, heart-driven, steam-powered) and humorous. The compliment is used to improve the emotional state of the addressees, and if we do not lose weight, the jokes in the form of irritated jokes can be regarded as a way of encouraging patients to follow a diet that is essential to their treatment.

The communication process between the health worker and the patient is built to identify the patient's health status. This process is regarded as a unifying process that defines the communication and communication between the medical officer and the patient. In this process, a health worker needs to use his communication skills in addition to his or her professional knowledge.

The course of communication depends on the patient's health and physical condition. The direction of communication is determined based on the results and information obtained during the examination. Nonverbal communication methods, such as head and hands, are also used to interpret and interpret certain information. Consider the following example:

The floor in the ward was rotated and replaced. The nurse measured her throat and bit her lip.

"What's wrong with you, baby?" Did you notice anything?

The wrestler shook his head. Istat Fayzullaevna again measured blood pressure as she was panicking.

- You can't get excited. Remember the good days you have seen" said Istat Fayzullaevna.

-Don't tell me now, please. Thank God, my kidneys have become healthy. I can treat the heart in Tashkent.

Aunt (Istat Fayzullaevna) shook her head.

- Don't joke with the kidneys. Not yet recovered. You know, your kidneys moved. Do not think to leave until you are healed.

Health care provider's speech "You can't get excited" encourages people to choose the right path through their speech. "To get the result you need, you should remember a good day".

Do not joke with Kidney next. Not yet recovered. Do you know that after the explanatory work as your kidneys have been moved, the Prohibition Speech Act, such as don't think of leaving until you are healed. Typically, prohibitive speech acts are used by health care providers to indicate that patients are not in a position to act or that they represent a threat to public health.

This process is carried out in various ways. In particular, the explanation of the consequences of the action is taken in such a way as to warn that it is not



appropriate in certain situations. Of course, the implementation of the ban may differ in the way that the professional of the health care professional can use the language. This process takes into account the age, ethnic, cultural, social and gender aspects of the patient.

In fact, the level of familiarity of the participants in the speech process depends on the communication delay and the choice of communication style. (communication takes place, taking into account lifestyle, area of activity, and mental state. V.V. Zhura, considering the oral medical discourse in his scientific research, defines it as a genre, which is a stable and pragmatically determined verbalizable form of cognitive-communicative activity that accompanies a typified event within the framework of a professional medical expert.

The key indicators of a future health care worker's communication culture are: emotional, empathy (talker's attitude and communication status, helping the interviewer in expressing his / her feelings, expressing his / her feelings, attentively observing other's feelings) demonstration);

In the cognitive field - reflection (preparation and preparation for listening to the audience, checking the correctness of the hearings, identifying the rational component of the hearing, self-correction, stimulation, self-evaluation, etc.); actions (planning communication in the field, initiating the conversation, establishing a common connection, personalizing relationships, resolving conflicts, proposing joint actions, discussing, negotiating, clarifying and disseminating information, expressing the ethical norms of interpersonal relationships).

The impact of a health worker on the patient has a cognitive and communicative purpose. On the basis of this it is necessary to provide treatment to the patient, to change the patient's attitude towards the disease, to improve the psychological state of the patient. In many cases, the communicative purpose used by a physician is to advertise and promote one's self-esteem.

Not without reason, in the recent past, nurses were called "sisters of mercy": this reflected not only the professional, but also the moral side of their work. Indifferent, unbalanced people who are not capable of sympathy for a suffering person should not be allowed to work in medical institutions. When communicating with patients, performing manipulations, often unpleasant and painful, the nurse should distract the patient from heavy thoughts, inspire him with vivacity and faith in recovery.

Moreover, she must be a psychologist, i.e. take into account the individual characteristics of the patient and his condition at the moment: one patient must be persuaded to tolerate. (*"It will be a little unpleasant, but then you will feel relief"*), to distract the other with an outside conversation, etc.

Often patients ask nurses about their diagnosis and prognosis. In no case should the patient be informed of the presence of an incurable disease, especially a malignant tumor. As for the forecast, one should always express firm confidence in a favorable outcome. At the same time, one should not assure a seriously ill patient that the disease is "trifling" and he will "be discharged soon", as often patients are well aware of the nature of their disease and lose their confidence in the staff with overly optimistic answers. It is better to answer something like this: *"Yes, your illness is not easy and it will take a long time to treat, but, in the end, everything will be fine!"* However, all the information that the nurse gives patients should be agreed with the doctor.

Often, patients enter into a conversation with the nursing staff, receiving from him unnecessary information. The nurse should stop such conversations and at the same time constantly educate the nurse, explaining to them the basics of medical deontology, i.e. relationship with patients.

In the presence of the patient, one should not use obscure and frightening terms: "arrhythmia", "collapse", "hematoma", as well as such characteristics as "bloody", "purulent", "fetid", etc. It must be remembered that sometimes patients who are in a state of narcotic sleep and even a superficial coma can hear and perceive conversations in the ward. The patient must be fully protected from mental trauma, which can worsen his condition, and in some cases lead to refusal of treatment or even attempted suicide. Sometimes patients become impatient, negative towards treatment, suspicious. They may have impaired consciousness, hallucinations, delirium may develop. In dealing with such patients, patience and tact are especially necessary. It is unacceptable to engage in bickering with them, but it is necessary to explain the need for therapeutic measures, try to perform them in the most gentle way.

REFERENCES

1. Chigiridova N.Yu. "To the question of diagnostic of typical behavior of speech individuals" // *Individuality, speech practice of scientific material* - Number. 5. - Rostov, Donu, 2002. - p.138-141.;)
1. Ajej Claude. "Speaking man": *The Linguist in the Humanities: Per.M. : Editorial URSS, 201J 2003. - 304).*
3. Kolesova N.N. "Problems of medical discourse genre for treating professional speech of foreign students institutions" // *Vestnik Costrom state. Pedagogy.Psychology. Sociokinetics. - 2016. - № 2. - C. 184-186.*
4. Telia, V.N. *Russian phraseology. "Semantical, pragmatical and linguoculturological aspects". - M. : Shkola "Yazy Russian Language", 1996. 308p.*
5. Susov, I.P. *Formalny and semantic aspects of prediction // Theoretical problems of syntax. L. : Nauka, 1975. - p. 61-88; Susov, p. 67.*



6. Zhura, V.V. *Discursive competence of a doctor in oral medical communication: author. dis. ... Dr. Filol. Sciences / - Volgograd, 2008. - 40 p.*
7. Golovanova, E.I. *Professional discourse, sub-discourse, professional communication genre: Correlation of concepts / Bulletin of the Chelyabinsk state. un-that. - 2013 (b). - No. 1 (292) .- S. 32-35.J.*
8. Akhmad C, "Acts encompass all the features of the language".- 2015, 167 pages
9. <http://moodle.sammi.uz>
10. <https://books.google.co.uz>
11. <http://elib.bsu.by/>
12. www.meddean.luc.edu