

## THE IMPORTANCE OF THE SPEECH CULTURE AND ITS ROLE IN THE MEDICAL PROFESSION

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### ABSTRACT

This article serves to develop future medical staffs' communication with patients. The article includes various aspects of speech culture, including the history of speech culture, the style of speech, types of communication, and etc. The recommendations given in the article can be used to enrich the textbooks and manuals of medical higher education institutions.

**Keywords.** Physician culture, medical staff morale, professional speech culture, types of speech, speech etiquette, means of communication,

### INTRODUCTION

Development of the professional speech culture of future doctors in medical universities is one of the important stages in the higher education system. In one of his speeches, the head of our country emphasized the need to include special courses such as "Medical staff morale", "Physician culture"[1]. The development of professional speech culture is primarily a process related to the implementation of measures aimed at increasing the efficiency of the health care system in our country, the introduction of new state standards into the system and, in accordance with them, improving the speech skills of future doctors.

The science of speech culture has been introduced in medical higher education institutions, and through this science, future doctors learn the art of communicating with patients and establishing professional relationships with them. Professional speech culture is inextricably linked with language culture. It is a field dealing with language rules, literary language and its norms. The culture of medical speech is very different from the art of public speaking. The goal of teaching this subject is not to train future doctors to be eloquent, but to help them to establish professional relationships between patients.

### DISCUSSIONS

The doctrine of speech culture also has a long history. Although it was first formed as a doctrine in Rome and Athens, we can learn from sources that this art existed in India, Assyria, Babylon and Egypt before it was accepted as a doctrine. It is known that in those times, statesmen had to be aware of public speaking in order to be promoted to a high position [2]. We can see as an example the life of the Greek orator Demosthenes (384-322 BC) and Cicero (106-43 BC), who were able to create a unique school of speech and rhetoric in human society.

In Russia, attention to oratory developed in the 17th-18th centuries, that is, during the reign of Peter I. In that period, public speaking branched into 5 areas:

1. Eloquence among people in the above circle;

2. Military oratory;
3. Public speaking;
4. Religious speech;
5. Diplomatic speech[3].

It is known that in the history of Central Asian culture, the art of oratory has its own level and has been studied on the basis of sources since ancient times. We can find proof of our words through Mahmud Koshgari's work "Devonu lug'otit turk". This work describes the "rules of speech etiquette" [4].

Speaking about speech culture, we should mention the great Uzbek poet Alisher Navoi. The works of the great poet "Mahbubul-qulub", "Muhokamatul lug'atayn" and "Majolisun nafois" are dedicated not only to the study of the Uzbek language and its place and the culture of Uzbek speech, but also to the whole world. It is also focused on solving problems related to linguistics studied by linguists.

So, mankind's desire to speak effectively, correctly, fluently and beautifully, and the rules related to it, have their own past. The desire for eloquence, the rules and standards of the language have been improving according to the needs of the times. In order for future doctors to be able to successfully continue their professional activities, it is necessary to have professional speech culture. Because the correct and effective communication between the doctor and the patient serves to facilitate the treatment of the disease.

There are speech styles in linguistics, which are divided into 5 types:

1. Conversation style (free and informal speech).
2. Scientific style (discourse on science, technology).
3. Formal style (speech in which working papers, documents are conducted).
4. Artistic style (speech with artistic coloring).
5. Journalistic style (report, newspaper, broadcast speech).

Having analyzed the above speech styles, future doctors should know how to use the appropriate style based on the situation. Since ancient times, it has been believed that the word has great power, that is, with one word, it can heal a person, or on the contrary, it can cause the death of a healthy person. Therefore, doctors should pay attention to their speech culture in the process of professional activity.

The literature related to the development of professional speech culture in medicine, including professional speech standards, medical-linguistic literature, theoretical and practical information, professional activity in the field of medicine, analysis of communication between doctor and patient shows that this topic is not sufficiently covered in the field. is showing. The development of professional speech culture of students of medical higher education institutions is a set of interrelated components of the medical field and linguistics, and this connection serves to develop the skills of reading, writing and speaking related to the field in students. In addition, students are required to concentrate, act independently in acquiring professional and linguistic knowledge, actively participate in the pedagogical process and complete the necessary tasks.

Professional-linguistic competence is developed in the process of forming reading, writing, listening comprehension and speaking skills, as well as performing exercises and tasks related to the field and actively participating in questions and answers. In most cases, professional-linguistic-didactic competence in non-philological areas is developed through dialogue, conversation, question-and-answer, independent activity of students, use of scientific literature, and creation of short stories on the topic.

The practice of including the science of professional speech culture in the curriculum of medical universities in our country has shown that linguist pedagogues are aimed at developing the professional speech of medical students, forming the necessary culture in them, and establishing the relationship between future doctors and patients. It is the need of the hour to set goals and guide students towards these goals.

Within the scope of the science of speech culture, the teacher explains and teaches the methods of communication, communication and relationship between the doctor and the patient, and linguistically analyzes how to behave in different situations. However, from the point of view of language and speech, students have the right to decide what to do in a professional situation, how to speak and how to communicate with patients based on their own style. Therefore, the main task of the teacher is to teach the students the manners between the doctor and the patient and the methods of establishing speech communication in a professional situation, and the students develop their professional-linguodidactic competences through these methods.

The main goal of developing professional-linguodidactic competence is to improve communication between future doctors and patients. So, communication is understood as the establishment of speech communication between people, exchange of information, listening and understanding of the interlocutor. Professional-medical communication means psychological and social interaction between doctors and patients, receiving and giving information, providing therapeutic effect, and organizing a verbal response to the situation.

Unlike other fields, communication in the medical field is a very important tool, which doctors use correctly to solve medical problems, to successfully implement treatment processes, to organize a professional relationship between a doctor and a patient, and to help patients. It can be used as a socio-psychological solution in treatment. In addition, future doctors will be able to establish good communication with their colleagues and exchange information about the field by developing their professional-linguistic-didactic competencies.

It is known that the process of information exchange and its understanding is a communicative aspect of communication. There are the following types of means of communication used in the process of communication: oral (speech); non-verbal (mimicry, gestures, pantomime); extralinguistic (laughing, crying, pauses in speech, speed of speech); paralinguistic (voice range, timbre, voice quality) [5]. Australian scientist A. Piz believes that 50% of information is received through gestures and facial expressions; More than 30% of information is received through paralinguistic means; Less than 10% of information is understood through content. It should be noted that only information is transmitted through sentences and words, but through non-verbal means a relationship with the interlocutor is established.

Basically, the purpose of communication is different depending on the origin and content of the fields. For example, communication in the field of entrepreneurship is aimed at improving the organization, production, scientific, commercial and other goals of a certain subject. The goal of psychological communication is to understand the person, sympathize with him, and find a solution to his mental problems. In the communication between the doctor and the patient, the balance of business and psychological communication goals should be maintained, that is, it should be embodied in convincing the patient, establishing a reliable and warm relationship with him, and so on. At this point, it should be noted that in order to improve the patient's quality of life and successfully treat the disease, the doctor

must communicate with his relatives and exchange information. The doctor's communication with relatives can significantly contribute to the recovery of the patient from the disease.

In communication between the doctor and the relatives of the patient, the doctor is often expected to: inform about the patient's condition; hospitalization of the patient; answer questions in a vernacular language; listen to and respond to the opinions of loved ones; taking into account the patient's faith in life, his own thoughts and opinions; treat the patient and his relatives with respect; correct understanding and acceptance of their feelings and thoughts.

In many cases, we can face big differences in the communication between the doctor and the patient and his relatives. Doctors do not fully and adequately explain the disease, often use medical terms and terms, do not take into account the patient's family situation, problems and circumstances. On the contrary, they give brief information about the disease and rush to take treatment measures as soon as possible. Such a situation can cause uncomfortable and difficult situations for the patient and his relatives.

In most cases, the first question or indicator asked in questionnaires and sociological studies conducted by scientists is "the doctor's communication with the patient", and the second is "the doctor's attitude towards the patient and his relatives". In the remaining places, the doctor's work experience, patients' opinions about them, the doctor's personal qualities, and finally the doctor's education are asked. It can be seen that professional communication of a doctor is one of the most important aspects that he should master.

The professional linguistic and didactic competence of the doctor is manifested in the following: determining the presence of pathology and explaining it to the patient, studying the psychological state of the patient, calming him down, giving spiritual encouragement, comforting, communicating with the patient, obtaining the necessary information and giving, reducing the anxiety of the patient, instilling hope in him, eliminating misconceptions and perceptions about the disease and convincing him of goodness, hiding about the symptoms or consequences of a serious illness only for the benefit of the patient, or giving information only to his relatives .

## **CONCLUSION**

It is known that the course of any disease depends not only on its causes and triggers, but also on the patient's body and mental state. Therefore, a qualified doctor should stabilize the patient's psychological peace and eliminate negative thoughts before treating the patient's illness. For example, it is necessary to give the necessary advice to patients who think a lot about the disease, or, on the contrary, to conduct appropriate explanatory work for patients who do not pay attention to their health. Some patients may be tempted to think about their illness, and in such cases, they may develop the illness themselves through self-hypnosis. Therefore, doctors are required to have an individual approach to each patient, study their psychology, and have the appropriate art of communication.

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