



RESEARCH ON THE COMMUNICATIVE CONTROL OF MEDICAL STUDENTS

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ABSTRACT

The paper presents the results of a study on the level of communicative control in first and second year medical students. **Purpose:** The aim of the conducted research is to reveal the level and features of communicative control of respondents. The relevance of the study is based on the competence approach to training in higher educational institutions and the need to develop general cultural and general professional skills of students. In medical education for students of all fields of study is provided formation of competencies in the communicative sphere. **Methods:** The study was conducted using the survey method „Diagnostics of Communicative Control“ (M. Schneider), a literature review was done, as well as content analysis. Controlling the level of formed communicative competence in medical students is a relatively new task in practical terms, as it traditionally mainly concerns language and speech competence. **The conclusions** of the study indicate that communicative qualities play a leading role in the formation of general cultural and professional competencies of medical students, provide the mastery of psychological knowledge in the field of interpersonal conflict resolution, abilities to build constructive relationships and skills for emotional self-regulation in a communication situation.

Keywords: communication, communicative sphere, level of development, medical education, medical students.

INTRODUCTION

Medical education at the present stage is included in the system of general modernization of Bulgarian education, which involves qualitative restructuring of the educational process, creation of modern educational infrastructure, introduction of new educational standards, and introduction of competency-based approach. General cultural competencies, which students should master after studying a number of disciplines, imply their readiness to work in a team, the ability to solve communicative tasks; to

communicate effectively with colleagues, patients and their relatives; to resolve conflicts constructively.

The communicative sphere, communicative abilities and communicative qualities of the personality are widely enough presented in the scientific literature by A. Bodaleva, A. Asmolova, C. Rogers, S. Rubinstein, K. Horney and many others. In the works of V. Stolina and A. Shmeleva, the concept “communicative qualities” is used as a universal basis for the research of the communicative sphere of personality and is understood as the end-to-end characteristics of the person, pervading all substructures of his personality (1).

Among the communicative abilities of a person, communicative control occupies a special place – it is any verbal and/or non-verbal action of a

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person, which contains information about the distribution of control between the subjects of communication. In general „control means actualization of power and realization of some influence“ (2). Provides a person with his qualitative abilities on the type of self-determination on perception and interaction with other people (3).

Communication is a complex and multifaceted process, which can act at the same time and as a process of interaction between individuals, and as an information process, and as an attitude of people to each other, and as a process of their mutual influence on each other, and as a process of empathy and mutual understanding of each other. The following may be considered the most complete and accurate definition of communication: „Communication is „the transfer of information from person to person,“ a complex multidimensional process establishment and development of contacts between people (interpersonal communication) and groups (intergroup communication), generated by the needs of joint activity and including at least three different processes: communication (exchange of information), interaction (exchange of actions) and social perception (perception and understanding of a partner).“ (4)

Communication as a process of interaction and sociability as a system property of a personality were considered by A. Y. Agapova, A. I. Ilyina, A. I. Krupnov, M. I. Lysina, V. S. Merlin, I. A. Novikova, N. A. Fomina, N. F. Shlyakhta and others. Generally speaking, sociability is a holistic formation, a personality quality that determines verbal activity in interaction with other people and develops in the course of the subject's communicative activity (5, 6). In addition, the content side of the sociability concept refers to character traits and personality properties, and the formal-dynamic side refers to the properties of temperament (7).

The structure of sociability is usually distinguished by a number of components that are closely related to each other: cognitive, dynamic, emotional, regulatory, reflexive and evaluative, motivational, and productive (8). The leading characteristics or parameters of sociability are: need for communication; initiative or passivity of communication; extensiveness (breadth of

communication circle); expressiveness (expressiveness of communication); communication circle (stability of relations); intensity of communication; selectivity of communication; duration of communication (duration of social contact); ease of communication (9).

I. A. Furmanov states that “in its essence communicative control is any verbal or nonverbal action of a person that contains information about the distribution of control between subjects of communication”, and considers communicative control “the most important factor that determines the effectiveness of interpersonal interaction” (10). K. Y. Kogut in his work defines communicative control as “an aspiration of a person to control his emotions in the process of interaction” (11).

In their studies, scientists note the importance of forming communicative control in order to ensure the success of professional activity. So K. Kogut in his study concludes that “besides the need to develop students of pedagogical universities communicative competence skills, it is important to form the skills of communicative control. Because with the help of these skills future specialist can successfully build relationships in their professional environment” (11). G. L. Ryasova in her research established “correlation between conflict indicators and psychological characteristics such as locus of control and communicative control” (12). The scientist notes: “the level of communicative control and the associated coefficient of group adaptation play an important role at the stage of professional adaptation of the personality, thus, high communicative control increases the level of adaptation in a group and thereby decreases the conflict potential of the personality” (12).

In order to study communication control in first and second year medical students, a study was carried out. The respondents were first- and second-year students of Trakia university (Medical faculty). A total of 50 people were interviewed, of whom 19 were boys and 31 girls, aged 17 to 25. Research methods: express-method “Diagnostic of communicative control” by M. Schneider. M. Schneider's Diagnostic of Communicative Control methodology includes 10 statements, each of which the respondent

should mark as true or false (13). Each assertion represents a certain statement that reflects the peculiarities of the individual's behaviour in the current situation of communication.

The essence of the communicative process is not just mutual information, but a joint comprehension of a subject. Therefore, every communicative process is really a unity of activity, communication and cognition (14). There are usually three interrelated sides or aspects to the communication process:

- the communicative side or communicative aspect (transfer of information, exchange of data);
- the interactive side or interactive aspect (the interaction between partners in

communication, their focus on communication);

- perceptive side or perceptive aspect (perception, understanding, knowledge of each other in the process of communication).

The respondents represent 11 different nationalities, as can be seen in **Diagram 1**. Most students are from England, Greece, Ireland, Sweden and Germany. The majority of students indicated that they were originally from England (32 %), i.e. English speakers made up the largest percentage of respondents. During the study it became clear that the countries the students come from are mostly European.

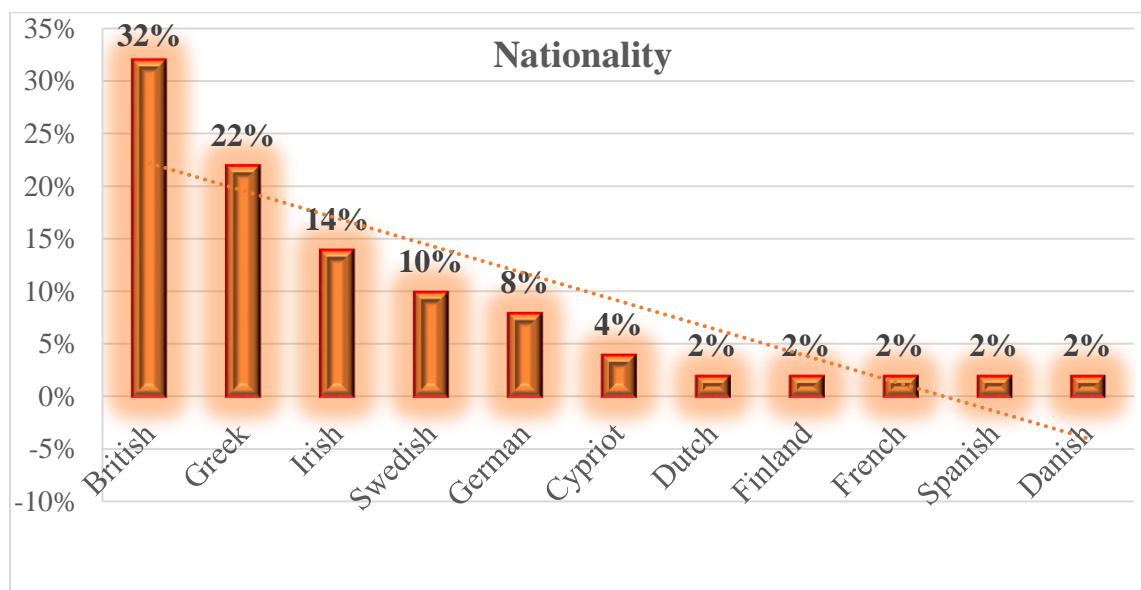


Diagram 1. Distribution of respondents by nationality (%)

The aggregate of communicative abilities, socio-psychological knowledge, skills and abilities in the field of communication constitute the concept of “communicative competence”, the components of which include: personal (communication motives, stress resistance, empathy, communication skills, etc.), cognitive (knowledge of communication, typological features of thinking, organizational abilities, etc.) and behavioural (communication skills, styles

and methods of communication, self-control manifested in communication, etc.) components (15). The ability to predict the communicative situation, to create the necessary atmosphere of communication, and to manage the process of communication itself is assumed by the formed communicative competence in its turn. The percentage distribution of levels of communicative control is shown in **Diagram 2**.

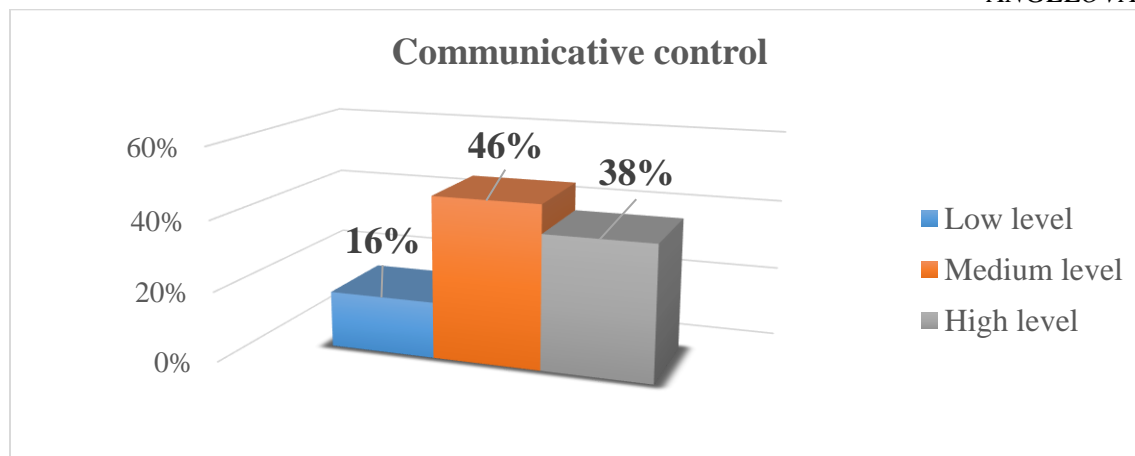


Diagram 2. Distribution of respondents according to their level of communicative control (%)

Communicative control is a psychological feature of a personality, which is a component of general self-control of a personality in a set of cognitive processes, activity control, self-regulation of emotional, volitional, behavioural and motivational processes. As we can see in the presented diagram, 38% of the respondents have a high level of communicative control. Such indicators contribute to high self-control of emotional reactions, control of one's actions, weighted statements, development of the ability to predict the communicative situation. According to M. Schneider, a high level of communicative control (7 – 10 points) indicates a person's ability to constantly control his behaviour and emotional manifestations. The average level of communicative control (4 – 6 points) shows sincere attitude towards other people, directness in communication and emotional displays are characterized by restraint. High and intermediate levels of communicative control allow a person to competently align their behaviour depending on the current situation.

An average level of communicative control is characteristic of the vast majority of young

people surveyed, with 46% showing a similar result, providing them with sincerity and immediacy of communication, the ability to relate their actions to those of others, and the ability to control their primary reactions in a communication situation. A small number of respondents showed a low level of communicative control (16%). Rigidity of behaviour, lack of desire to adjust to the situation, impulsiveness of reactions are some

of the characteristics of behavioural manifestation of this level. „Insufficient mobility, flexibility of mental processes, unpreparedness or inability to restructure one's own behaviour and activity system, indicates the presence of mental rigidity (16). People with a low level of communicative control demonstrate directness in communication, a certain impulsiveness, looseness, which can be perceived by interlocutors as imposing behaviour. This kind of person does not take into account the situation and emotions of the people around them.

CONCLUSION

Communicative control and sociability as important communicative qualities in undergraduate medical students are expressed at average, above average and high levels, which allows them to successfully communicate, predict communicative situations, manage the process of interaction and subsequently constructively build relationships with colleagues, patients and their relatives.

The ability to communicate easily in any company, to find a common language with many people, and to make new acquaintances does not correlate with the ability to manage their emotions in this process and to control their own behavioural reactions in a conflict or frustrating situation. A high level of sociability does not guarantee a high level of communicative control.

Communicative qualities play the leading role in the formation of general cultural and professional

competences of medical university students, provide the mastery of psychological knowledge in the field of interpersonal conflict resolution, the ability to build constructive relationships and the skills of emotional self-regulation in a communication situation.

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