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The Communicative Resource as an Acmeological Determinant of the Success of Professional Formation of Experts in the Field of Medicine

The article reviews the relevance of the research of the role of the communicative resource in the success of professional formation of experts of the anthropocentered professions during training in the institute of higher education. The results of the empirical study of indices of development of the communicative resource of medicine students are presented. Psychological portraits of "successful" and "unsuccessful" students are described. The structure and the content of the communicative resource are disclosed. The authors distinguish risks and areas of the psychological and acmeological support of the development of the communicative component of the future experts' professional formation.

Key words: *communicative resource, success, sociability, socio-communicative competence, communicative control, empathy, self-efficiency, risks, modeling.*

Communicative success in professional interactions is considered within the modern paradigm of the assessment of the professional along with professionalism, competence. The correctly designed and realized subject – subject communication becomes a powerful factor of ensuring productivity and efficiency of the person in the field of the anthropocentered professions. In the system of vocational training of experts they put the accent on the development of technology, modern ways of activity, development of professional competence; the communicative aspect of training in the educational process of the institute of higher education runs a deficit. It contradicts modern ideas of science and practice about the content, essence and criteria of professional success. Accordingly, the communicative resource of the future experts may be an acmeological determinant of successful professional formation of students of the anthropocentered specialties [5]. The training period in the institute of higher education is the most sensitive to the development of the person's communicative resource; the communicative resource includes communicative abilities, communicative interactive and socio-perceptual abilities, communicatively significant qualities of the subject. Today it is reasonable to use the developing potential of the period of students' professional formation for the communicative success formation in the future professional interaction.



Thus, the communicative resource is an acmeological determinant of successful professional formation that is determined, first of all, by profession requirements, specifics of the modern model of the professional co-being space, social expectations concerning the nature of interaction with the representatives of these professions.

In foreign psychology the problem of efficiency, success is considered in close interrelation with the level of the person's development of the ability to interact productively [5, 6]. In psychological science there is a certain theoretical and empirical material disclosing phenomenological and operational characteristics of the psychological component of experts' vocational training in the institute of higher education; they show its connection with other areas of vocational training, its role in the success of the subject of educational and professional activity and the future professional efficiency. Today there are various approaches to modeling of the development of communicative competence at various stages of professional development [4].

First of all, the development of this area is connected with the general humanitarization of approaches to research of professional activity and factors of its efficiency, with improvement and modernization of the system of higher education.

At the same time they note the deficit of conceptually reasonable researches in the field of the communicative component of success of experts' professional formation and the communicative resource as a factor of their professional success. It makes actual carrying out deep studies in the field of communicative resources as an acmeological determinant of successful professional formation of students of the anthropocentered specialties, development of constructive address programs of their development.

The model of the program of empirical studying was realized on the basis of Rostov State Medical University. The total number of respondents was 223: first-year and second-year students at the age from 16 to 21 year, young men and girls, students of various levels of academic progress and social activity. Four years (2009–2013) we have conducted the research. The choice of the contingent for realization of the research plan is caused by that medical professions belong to a professional area with the expressive anthropocentered component.

The research purpose was studying features of the communicative resource as an acmeological determinant of the successful professional formation of medical students as representatives of the anthropocentered area. There were the following aims in the research:

- studying the intensional originality of the communicative resource of medical students;
- revealing the tendencies of the successful professional formation of medical students with a different level of the communicative resource expressiveness;



- studying the specifics of manifestation and projections of the communicative resource of medical students in the educational and professional activity and social interaction;
- on the basis of empirical data developing the model of development of the communicative resource as an acmeological determinant of professional formation of medical students;
- revealing psychological and pedagogical conditions of the optimization of the future experts' communicative training of during education in the medical institute of higher education.

During professional formation of the expert in institute of higher education they not only form the basis of technological and operational foundations of future skill, but also they form the motivational basis of professional activity, develop self-conception – “I am professional”; they gain the individual thesaurus of effective ways of the realization of creative plans, develop the communicative competence. Here the efficiency of development is defined by success in two areas: development of educational activity and the positive experience of the approbation of professional algorithms, schemes, models. As a result there is an individual program of the development of professional activity and communication. In many respects the success of formation of the professional in the institute of higher education is defined by the content, stability and adequacy of the educational and professional motivation, and also existence of communicative resources.

During profession mastering in the institute of higher education, besides acquisition of knowledge, expansion of the individual system of skills and abilities, students acquire new interests, needs, values; they develop the system of individual senses, form a new sense reality adequate to the area to future professional activity [1]. They improve special abilities, strengthen professional important qualities, master professional genres of communication. These personal changes, in their turn, promote more effective development of professionalism; they develop professional important personal qualities, such as: purposefulness, initiative, persistence, consistency, creativity, independence, sociability.

During personal and professional development there take place specific qualitative changes of personality: increase in experience, broadening of a range of interests and a system of needs, development of competences (autopsychological, cognitive, communicative, social), actualization of motives of achievement, increase in the need for self-realization and self-development; development of professional important qualities, subjectivity and increase in willingness for activity in the system of use of the communicative resource.

The analysis of researches in the field of medical workers' training shows that despite its importance the problem of the development of communicative components of the physician's professionalism remains insufficiently elaborated; often it comes to nothing more than a list of obligations for the physician, a complex of



professional important qualities: benevolence, attentiveness, kindness, responsiveness. The development of communicative competence and the technology of creation of the effective system of the “physician – patient” interaction remains beyond the educational process in the medical institute of higher education [3].

The physician’s training in psychology should include the following subject matter: human study, the psychology of personality and its treatment in medicine, features of influence of an illness on the person’s mentality, the dependence of treatment on the patient’s psychological condition, the role of the physician’s personality, psychologically reasonable behavior of the physician, the development of communicative competence [2].

We should take into account that in modern medical psychology they distinguish three main paradigms of the “physician–patient” relationship: paternalistic and esoteric, medical and technical, and confidential.

The first is based on the physician’s authoritative guidance over the patient; here the physician is a significant figure, his/her word and action is the law for the patient. The second model assumes the “physician-expert” position; he/she establishes the diagnosis and formulates suppositions concerning possible prospects and schemes of treatment. In this context there is a monological type of communication.

In modern practice they prefer the subject-subject interaction, cooperation, and realize the model of joint decision-making on treatment with the prevalence of the patient’s values at the received result assessment; they realize the “dialogue” type of communication.

The problem of the achievement of consensus with the patient concerning and also comprehension of understanding and adequate assessment of received information has a special relevance in the last decades.

Modern medicine is focused on help for the patient in achievement of wellbeing, increase in the standard of living by elimination of a medical problem, but not just effective treatment. It broadens the idea about the psychological component of the physician’s vocational training as a significant component of professionalism.

The problem of the development of communicative competence as a component of professional formation can be understood widely that makes it possible to include into the content of developing programs the measures oriented towards development of characteristics of competence, the semantic sphere of the subject of activity when ethical orientation of professional interaction gains personal sense.

The system of mechanisms of the subjective control understood as the integrated personal construct and including strategic or conceptual, tactical, and operational control plays a great role in the qualitative vocational training of the physician. In the developed form subjective control makes it possible to take the responsibility in problem professional situations, to show the oversituational ac-



tivity, to take a certain subject position, designing own scenarios of the “physician–patient” professional interaction.

The results of the scientific and theoretical analysis ensure us to distinguish the group of characteristics of the physician which are indicators of the level of development of the communicative component of professionalism. They estimate the extent of the “physician–patient” successful interaction. They include in this complex: empathy, sociability, locus of control, frustration tolerance, flexibility, communicative control, socio-communicative success level, behavior strategy in the conflict. Diagnostics of these parameters makes it possible to make the individual prognosis of success of future professional activity, to see problems of the development of professional competence of this form and to simulate the address program of psychological assistance to the expert in the development of a competent style of communication in training in the institute of higher education.

In the research at the diagnostic level we have ascertained that indices of the development of sociability of medical students is in the range of values reflecting the professionally acceptable and optimum level, providing constructiveness, efficiency and success of professional interaction. At the same time we have emphasized certain risks: carelessness to the partner in communication, tiredness and annoyance produced by the duration of contact, excessive sociability or, on the contrary, low level of sociability. The revealed risks show the area and intentional orientation of actions of correction of this professional important quality in professional formation.

Social intelligence and socio-communicative competence play a great role in the success of a medical profile experts’ professional formation. Modern viewpoint of the medical profession as the anthropocentered one demands special attention to the subject’s social intelligence providing the efficiency of solution of professional tasks within the client-oriented medicine. Socio-psychological competence is closely connected with social intelligence of the professional; the level of its development makes it possible to state the degree of readiness and self-efficiency in the space of professional interaction, and also to construct the prognosis of the future professional success.

Diagnostics of socio-communicative competence by the questionnaire of CSC produced the following results. By the “socio-communicative awkwardness” scale 39,9% of students show a low level of manifestation, 36,3% – below an average level, 16,1% – an average level, 7,7% – a high level. It is possible to characterize these students as rather flexible, adaptive and effective subjects of communication. By the “intolerance towards uncertainty” parameter more than a half of examinees had the number of scores corresponding to an average level – 54,3%. Such students are characterized by openness to innovations and experimenting in communication, ease in development of new means of interaction. By the “excessive aspiration to conformity” scale as to an indicator of dependence on ste-



reotypes and social attitudes, indecision in defending own ideas and decisions we have obtained the following results: a low level – 25,6% of students, below an average level – 37,2%, an average level – 24,7%, above an average level – 10,8%; 1,7% of the respondents showed a high level. The scale of “the increased aspiration to the status growth” reflects a high level of claims on success. In the majority of the examinees have an above average level – 39,9% and an average level – 31,7%, only 10,8% of students show a high level of the aspiration to the status growth. The majority of respondents have a low level of orientation to avoiding of failures. 4% of students have higher than average results on this scale. 17% of respondents show instability in relation to frustration and stress in interaction, impossibility to work hard, with the subjects of the complicated communication.

Thus, we have clearly distinguished two groups of students by a level of development of socio-communicative competence. The first group – “successful” – is characterized by social adaptability and success, self-efficiency and flexibility in social contacts, a sufficient level of the development of social intelligence, constructiveness of social behavior, a high degree of tolerance to entropy in communication situations, tolerance, readiness to work in innovative situations with partners with uncommon and unpredictable behavior. This group is characterized by social success and social recognition, ability to show communicative success, expressiveness of the motivation of achievements in communication situations, aiming at solutions of difficult communicative problems and finding of constructive decisions at interaction with the patient as the subject of the complicated communication, and also to reflexive relation towards own communicative activity, tolerance to stressors and frustrators in professional and communicative situations.

The second group – “unsuccessful” – is characterized by insufficient social adaptability, uncertainty in self-efficiency, insufficient flexibility in social contacts, centration on self, deficit in the development of social intelligence, unconstructiveness of social behavior, tension, emotional instability in communication situations with a high status of uncertainty, intolerance, difficulties in communication in the context of innovative situations with partners with uncommon and unpredictable behavior. This group is characterized by the insufficient level of orientation to social success and social recognition, the expressed aspiration to avoiding failures in communication situations, desire to avoid the necessity of solution of difficult communicative situations at interaction with the patient as the subject of the complicated communication, and also insufficient self-reflection, intolerance to stressors and frustrators in professional and communicative situations. The obtained range of indices of socio-communicative competence of medical students gives grounds for creation of the prognosis of further professional development and reveals the main vectors of orientation of needs for psychological and acmeological support of personal and professional growth of experts in the field of medicine.



The ability to control own communicative behavior in interaction with the patient is a significant determinant of success in the professional activity of medical personnel. In this case communicative control acts as a resource of success of professional communication, an indicator of professionalism, and the person's maturity.

We have used M. Snyder's technique for the estimation of self-control with others. The analysis of data ensures us to note that in medical students' sample 18,8% of the interrogated show a high level of self-control, 52,5% – an average level, 28,7% – a low level.

Thus, insignificant part of respondents showed high communicative control; we may explain this by both the age features and the insufficient level of autopsychological competence, culture in communication, tolerance and problems in the self-control and self-regulation sphere. This position, undoubtedly, demands adjustment during professional formation since the medical worker's low communicative control may provoke emergence of psychological barriers in communication with the patient.

Empathy as an ability to sympathy, compassion, peculiar "inclusiveness" to the world of the patient's experiences is a psychological quality providing adequate communication in the system of the "physician–patient" relationship. The analysis of the results obtained at the study of empathy in the sphere of medical profession shows that the majority of medical students shows an average level of empathy – 72,2%, 22,4% – a high level. 4,9% have shown a very low level of general empathy; 0,5% have shown a low level. Medical students have shown the highest rates by the scale of empathy towards unfamiliar people (78,5% – an average level, 4,5% – a high level), old people (82,5% and 4% respectively), with children (72,6% and 9%). One can find a high (11,2 %) and very high (18,8 %) level of empathy towards parents that is possibly caused by the preadult age of the examinees. Empathy indices concerning heroes of pieces of art (0,5% of examinees have a high level) and animals (0,4 %) is much lower.

Thus, the expressiveness of empathy as a professional important quality of medical students is rather high in the sample as a whole. It is caused by both the individual and personal profile of those who choose a profession in the "medicine" sphere and the orientation of the educational and professional activity in the medical institute of higher education where the value of human life, health, safety of the quality of life and the quality of activity of the person as a subject of life activity is the value which is formed as a component of students' picture of the world in the institute of higher education. At the same time at high rates of empathy they demonstrate a heterogeneity of the group by the "empathy addressee" criterion and the "intensity of empathy" criterion. They have shown the peak of empathy experiences concerning old men, unfamiliar people. They have shown similar indices concerning parents and children; they speak about medical students' sufficient willingness to show empathy experiences in relation to dif-



ferent groups of people. Undoubtedly, it is a resource of professional formation. It should be noted that since empathy is a basis of the construction of dialogue subject-subject relations with the patient, it is necessary to pay closer attention to the development of empathy abilities and adequate professional ways of empathy presentation.

Communicative resources of the physician have a practical embodiment in difficult professional situations of communication, which can be provoked by features of the patient's emotional condition connected with a medical problem (fear, anxiety, restlessness, high vulnerability, aggression), distinction in treatment of a diagnosis by the physician and the patient, prospects of the development of a medical problem and the possibility of its elimination, the patient's unwillingness to observe rules and requirements of treatment, the patient's unrealistic requirements to the rendering of medical care. Besides, in the "physician-patient" interaction one may find barriers of various types; these barriers are characteristic for communication within the anthropocentered professions: psychophysiological, emotional, evaluative, sense and information. In this regard we find it significant to diagnose the medical students' strategy of behavior in the conflict and the possibility of optimization and correction of activity in a constructive conflict resolution.

The analysis of medical students' personal predisposition to a certain type of behavior in the conflict has shown that the dominating strategy is a compromise strategy (40,4 %) as an ability to find an optimum combination of interests of parties, probably, even at the expense of mutual refusal of a number of requirements. 30,9% of examinees choose the adaptation understood as willingness to sacrifice own interests as a dominating strategy. In fact medical students don't use the rivalry strategy at the heart of which there is an aspiration to realize own interests at the expense of others (35,9 %).

Thus, such behavior strategies in the conflict as compromise, adaptation, and cooperation are the most expressed in whole and in the group. It should be noted that the obtained picture corresponds to requirements of the professional communication "physician-patient". At the same time cooperation gets the third rank that does not correspond to the modern idea of character, the content of the "physician-patient" interaction since in modern representations they suppose that decision-making in the process of treatment and the process of treatment itself, and also the assessment of its result is carried out in a dialogue mode within the framework the subject-subject interaction. In this regard there is a problem of formation of attitudes of cooperation with the patient and the development of the ability to cooperation during formation of experts in the institute of higher education.

Considering that the high school stage of professionalizing is the most sensitive period for the development of communicative resources as an acmeological determinant of professional development for this reason the development and



implementation of the specialized programs focused on the development and increase of the level of training future physicians is of great importance.

Results of the correlation analysis show that the group with a high and very high level of sociability there is a significant connection with frustration intolerance, and, the higher the sociability level is, the lower the level of frustration intolerance is. We have found negative correlation between a high level of sociability and the "adaptation" strategy of behavior in the conflict, activity in labor events and progress in studies. We have found positive correlation between a high level of sociability and the "avoiding" behavior strategy. Therefore, the higher the level of students' sociability is, the more often they use the "avoiding" strategy of behavior in the conflict, and the rarer the "adaptation" strategy of behavior in the conflict is.

The data of the correlation analysis of interrelation between the sociometric status as a marker of the projection of the level of development of communicative resource and its certain components is of interest.

We have noted significant correlations of the educational status in the "leaders and the preferred" group. The coefficient of range correlation of Spirmen: the educational status and the excessive aspiration to conformity $-0,209^*$ (при $p \leq 0,05$).

We have revealed negative correlation between the educational status and the excessive aspiration to conformity in the group of leaders and the preferred. Therefore, the higher the educational status in the group is, the lower the aspiration to conformity is.

We have revealed negative correlation of the educational status and orientation to avoid failure. The lower the educational status in the group is, the more expressed the orientation to avoid failure in the "neglected and isolated" group is.

Following the results of the research we have developed a complete model of the program of the development of communicative resources of medical students. This model includes blocks: attitudinal, target, intensional, tool, development of the competence-based style of communication and communicative success, approbation of models of communicative behavior, reflection and assessment correction.

Training in modeling of the development of own technologies of communicative success of modeling is an important component of the program; it assumes passing of certain stages of understanding of the content of the modelled new formation: assessment of own possibilities, prospects, risks, barriers, difficulties; choice of adequate ways of self-development; formation of willingness for I-changes; definition of the profession-based environment for approbation of the acquired competence; selection of experts for receiving feedback in professional communication, in this case – classmates, teachers, physicians, medical personnel, patients, administration of a medical institution. In practice it is also important to define the ways by means of which they will collect the information on the occurred changes, criteria and markers of communicative success.



As the undertaken research shows the following parameters may be considered as such indices: self-efficiency in communication situations; stabilization of the satisfaction in contacts with colleagues, teachers, and patients; reduction of the quantity of the situations causing difficulties; real positive achievements in relationship; change of a ratio of results and efforts; steady motivation to the information search, helping to adjust effective communication; growth of the communicative self-control which helps to control expression and emotional states in a direct interaction; recognition of own competence by classmates, teachers.

Thus, it was shown that the communicative resource of students of the anthropocentered specialties is a subjective determinant of successful professional formation that is caused by the value of the communicative component in the general structure of professionalism of experts of a medical profile; it is a system of the interconnected components of the cognitive, personal, socio-communicative competence, individual models of communicative activity. The markers of the level of development of the communicative resource of students of this profile are sociometric status, communicative success, academic and social success.

There are gender distinctions in the content, structure and projections of communicative resources of students: sociability level, empathy manifestation, preference of the strategy of behavior in the conflict, tolerance towards empathy in communication, manifestations of communicative activity.

The quality of the development of communicative resources of experts of the anthropocentered profile during training in the institute of higher education is defined by the system of psychological and pedagogical conditions focused on the creation of the optimum developing environment in the space of the institute of higher education, presence of the address development program and measures of psychological support of the student as a subject of educational professional activity.

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